

# Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2016, or tax year beginning \_\_\_\_\_, 2016, and ending \_\_\_\_\_, 20

# 2016

Department of the Treasury  
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Name of exempt organization

Employer identification number

THE GREATER MARCO FAMILY YMCA, INC.

59-2498619

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (a) line 1)	1b	2,865,424
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, 1120-POL, and 8868, line 1)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance due (Form 8868, line 3c)	5b	

## Part II Declaration of Officer (Whole Dollars Only)

- 6  I authorize the U.S. Treasury and its designated Financial Agent to initiate an automatic (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account specified in that line of the return for payment of the organization's federal taxes owed on this return, and the amount shown on that line of the return. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-588-3811. I also authorize the financial institutions involved in the return to provide information necessary to answer inquiries and resolve any issues related to the payment (settlement) date. I also authorize the financial institutions involved in the return to provide information necessary to answer inquiries and resolve any issues related to the payment (settlement) date.
- If a copy of this return is being filed with a state or local tax authority, I certify that I executed the electronic disclosure consent contained within the return for the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to receive confidential information necessary to answer inquiries and resolve any issues related to the payment (settlement) date.

Under penalties of perjury, I declare that I am an officer of the organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that I am not the preparer of the return. I consent to allow my internal or external return preparer to send the organization's return to the IRS and to receive from the U.S. Treasury and its designated financial agent the reason for rejection of the transmission, (b) the reason for any delay in processing the return, and (c) the reason for any delay in processing the return.

Sign Here

Signature of officer Date

Treasurer Title

If a copy of this return is being filed with a state or local tax authority, I certify that I executed the electronic disclosure consent contained within the return for the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to receive confidential information necessary to answer inquiries and resolve any issues related to the payment (settlement) date.

## Part III Declaration of Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector of information and not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business receive if I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only

ERO's signature  
Firm's name or yours if self-employed, address, and ZIP code

*Phillips Harvey Group, P.A.*  
Date: 6/12/17  
PHILLIPS HARVEY GROUP, P.A.  
801 LAUREL OAK DR. STE. 303, NAPLES, FL 34108

Check if also paid preparer

Check if self-employed

ERO's SSN or PTIN  
P00189856

EIN 59-2840381

Phone no. (239) 586-1600

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check if self-employed

PTIN

Firm's name

Firm's EIN

Firm's address

Phone no.

# Return of Organization Exempt From Income Tax

**2016**

**Open to Public Inspection**

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

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A** For the 2016 calendar year, or tax year beginning **2016**, and ending **20**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: **THE GREATER MARCO FAMILY YMCA, INC.**  
 Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**PO BOX 2629**  
 City or town, state or province, country, and ZIP or foreign postal code  
**MARCO ISLAND, FL 34148**

**D** Employer identification number  
**59-2498619**

**E** Telephone number  
**(239) 394-3144**

**F** Name and address of principal officer: **T.J. BOONE**  
**101 SANDHILL STREET, MARCO ISLAND, FL 34148**

**G** Gross receipts \$ **2,907,268**

**H** Is this a group return for subordinates?  Yes  No  
 (b) A subordinates included?  Yes  No  
 (c) Attach a list. (See instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **WWW.MARCOISLANDYMCA.ORG**

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

**L** Year of incorporation: **1987** (See instructions) **M** State of legal domicile: **FL**

**Part I Summary**

		Prior Year	Current Year
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO PUT THE D-C PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT FOR ALL</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or dissolved		
	<b>3</b> Number of voting members of the governing body (Part VII, line 1) or foreign postal code	<b>3</b>	<b>13</b>
	<b>4</b> Number of independent voting members of the governing body (Part VII, line 1)	<b>4</b>	<b>13</b>
	<b>5</b> Total number of individuals employed in calendar year (Part VII, line 2)	<b>5</b>	<b>158</b>
	<b>6</b> Total number of volunteers (estimate if necessary) (Part VII, line 3)	<b>6</b>	<b>587</b>
	<b>7a</b> Total unrelated business revenue from Part IX, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income (Part IX, line 34)	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 4)	1,381,758	874,036
	<b>9</b> Program service revenue (Part VIII, line 5) (organization's mission or most significant activity)	1,743,395	1,866,033
	<b>10</b> Investment income (Part VIII, line 6)	11,902	9,292
	<b>11</b> Other revenue (Part VIII, line 7) (A) (B) (C) (D) (E) (F) (G) (H) (I) (J) (K) (L) (M) (N) (O) (P) (Q) (R) (S) (T) (U) (V) (W) (X) (Y) (Z)	55,488	96,063
	<b>12</b> Total revenue—add lines 8 through 11 (if the organization discontinued its operations, line 12)	3,192,553	2,865,424
<b>Expenses</b>	<b>13</b> Grants and similar payments to or for the benefit of (Part VIII, line 8)	0	0
	<b>14</b> Benefits paid to or for members, independent contractors, or directors (Part VIII, line 9)	0	0
	<b>15</b> Salaries, other compensation, and benefits of individuals employed (Part VIII, column (A), lines 5–10)	1,678,164	1,864,974
	<b>16a</b> Professional fees (Part VIII, column (A), line 11)	55,500	48,000
	<b>b</b> Total for Part IX, column (A), line 25	51,948	
	<b>17</b> Other expenses (Part IX, column (A), line 25)	1,000,918	1,056,935
	<b>18</b> Total expenses (Part IX, column (A), line 25)	2,734,582	2,769,909
<b>Net Assets or Fund Balances</b>	<b>19</b> Revenue less contributions and grants (Part IX, column (A), line 12)	457,971	95,515
	<b>20</b> Total assets (Part X, line 1)	4,125,569	3,918,811
	<b>21</b> Total liabilities (Part X, line 26)	509,145	206,672
	<b>22</b> Net assets or fund balances—subtract line 21 from line 20	3,616,424	3,711,939

**Part II Signature Block**

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: **SCOTT HANSEN, TREASURER**  
 Date: \_\_\_\_\_  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: **NATHAN A. PHILLIPS, CPA**  
 Preparer's signature: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Check  if self-employed  
 PTIN: **P00189856**  
 Firm's name: \_\_\_\_\_  
 Firm's EIN: \_\_\_\_\_  
 Firm's address: \_\_\_\_\_  
 Phone no.: \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2016)



**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 (see instructions)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets on behalf of or in service to a museum? If "Yes," complete Schedule D, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for excess business holdings, or have a custodian for amounts not listed in Part X; or provide credit counseling, debt negotiation, or debt negotiation services? If "Yes," complete Schedule D, Part IV or 501(c)(3) organization that receives contributions of securities, complete Schedule D, Part V	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, have a permanent endowment, permanent endowments, or quasi-permanent endowments? If "Yes," complete Schedule D, Part VI	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. <ul style="list-style-type: none"> <li>a Did the organization report an amount for a permanent endowment, or a quasi-permanent endowment, in Part X, line 10? If "Yes," complete Schedule D, Part VI</li> <li>b Did the organization report an amount for a permanent endowment, or a quasi-permanent endowment, in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 15? If "Yes," complete Schedule D, Part VII</li> <li>c Did the organization report an amount for a permanent endowment, or a quasi-permanent endowment, in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 15? If "Yes," complete Schedule D, Part VIII</li> <li>d Did the organization report an amount for a permanent endowment, or a quasi-permanent endowment, in Part X, line 14 that is 5% or more of its total assets reported in Part X, line 15? If "Yes," complete Schedule D, Part IX</li> <li>e Did the organization report an amount for a permanent endowment, or a quasi-permanent endowment, in Part X, line 25? If "Yes," complete Schedule D, Part X</li> <li>f Did the organization's permanent endowments, or quasi-permanent endowments, for the tax year include a footnote that addresses the organization's liabilities? If "Yes," complete Schedule D, Part X</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 a Did the organization file its financial statements for the tax year? If "Yes," complete Schedule D, Part VII	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization's financial statements for the tax year audited by an independent auditor? If "Yes," and the organization reports "Yes" on 12a, then completing Schedule D, Parts XI and XII is optional	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a foreign organization, or does it have a total assets reported in Part X, line 15, of more than \$100,000? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14 a Did the organization have a principal office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at year end of more than \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 11a? If "Yes," complete Schedule G, Part I (see instructions)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>20 a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .		<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		<input checked="" type="checkbox"/>
<b>21</b> 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 . . . . .		<input checked="" type="checkbox"/>
<b>22</b> 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 . . . . .		<input checked="" type="checkbox"/>
<b>23</b> 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 . . . . .		<input checked="" type="checkbox"/>
<b>24a</b> 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 . . . . .		<input checked="" type="checkbox"/>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period? . . . . .		<input checked="" type="checkbox"/>
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow account for any year to defease any tax-exempt bonds? . . . . .		<input checked="" type="checkbox"/>
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		<input checked="" type="checkbox"/>
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization or other person engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Parts I and III . . . . .		<input checked="" type="checkbox"/>
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in any year, and that the transaction has not been reported on any of the forms, transactions, or reports required by the organization? If "Yes," complete Schedule L, Part I . . . . .		<input checked="" type="checkbox"/>
<b>26</b> Did the organization report any amount on Part X, line 5, and issue withdrawal statements to any current or former officers, directors, trustees, key employees, or disqualified persons? If "Yes," complete Schedule K. If "No," go to line 25a . . . . .		<input checked="" type="checkbox"/>
<b>27</b> Did the organization provide a grant or any proceeds of tax-exempt bonds beyond a temporary period to a substantial contributor or employee thereof, a grant account manager, or a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .		<input checked="" type="checkbox"/>
<b>28</b> Was the organization a party to a trust or an "on behalf of" issuer for the following parties (see Schedule L, Part IV Instructions for applicability): (a) a disqualified person during the year? If "Yes," complete Schedule L, Part IV . . . . .		<input checked="" type="checkbox"/>
<b>a</b> A current or former officer, director, trustee, or key employee (or a family member thereof) who was an officer, director, trustee, or key employee of the organization? If "Yes," complete Schedule L, Part IV . . . . .		<input checked="" type="checkbox"/>
<b>b</b> A family member of a disqualified person? If "Yes," complete Schedule L, Part IV . . . . .		<input checked="" type="checkbox"/>
<b>c</b> An entity of which a disqualified person was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee of the organization? If "Yes," complete Schedule L, Part IV . . . . .		<input checked="" type="checkbox"/>
<b>29</b> Did the organization report or former officers, directors, trustees, or key employees received more than \$5,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .		<input checked="" type="checkbox"/>
<b>30</b> Did the organization report or former officers, directors, trustees, or key employees received more than \$5,000 in contributions of principal treasures, or other similar assets, or qualified conservation easements? If "Yes," complete Schedule M . . . . .		<input checked="" type="checkbox"/>
<b>31</b> Did the organization report or former officers, directors, trustees, or key employees received more than \$5,000 in contributions of substantial contributor, employee and cease operations? If "Yes," complete Schedule N, Part I . . . . .		<input checked="" type="checkbox"/>
<b>32</b> Did the organization report or former officers, directors, trustees, or key employees received more than 25% of its net assets? If "Yes," complete Schedule N, instructions for . . . . .		<input checked="" type="checkbox"/>
<b>33</b> 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 . . . . .		<input checked="" type="checkbox"/>
<b>34</b> 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 . . . . .	<input checked="" type="checkbox"/>	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		<input checked="" type="checkbox"/>
<b>b</b> 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 . . . . .		<input checked="" type="checkbox"/>
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .		<input checked="" type="checkbox"/>
<b>37</b> 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? If "Yes," complete Schedule R, Part VI . . . . .		<input checked="" type="checkbox"/>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	<input checked="" type="checkbox"/>	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question number, description, sub-questions (1a-14b), and Yes/No checkboxes. Includes questions about Form 1096, W-2G, W-3, foreign accounts, and charitable contributions.

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year. 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.	13	
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent.	13	
<b>2</b>	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?		<input checked="" type="checkbox"/>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management committee, or others, person?		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the beginning of the year?		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of assets?		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders?	<input checked="" type="checkbox"/>	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power during the year to elect or remove one or more members of the governing body?	<input checked="" type="checkbox"/>	
<b>7b</b>	Are any governance decisions of the organization reserved (by or for the executive committee or by) similar stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meeting(s) of the governing body during the year by the following:		
<b>8a</b>	The governing body?	<input checked="" type="checkbox"/>	
<b>8b</b>	Each committee with authority to act on behalf of the organization?	<input checked="" type="checkbox"/>	
<b>9</b>	Is there any officer, director, trustee, or key employee who cannot be reached at the organization's mailing address? If "Yes," describe in Schedule O.		<input checked="" type="checkbox"/>

**Section B. Policies** (This Section B requests information on the policies significant to the organization.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, members, stockholders, or other persons?		<input checked="" type="checkbox"/>
<b>10b</b>	If "Yes," did the organization have a policy regarding the activities of such chapters, affiliates, and branches to ensure their decisions of the organization are in the organization's exempt purposes?		
<b>11a</b>	Has the organization provided services or programs other than the governing body before filing the form?	<input checked="" type="checkbox"/>	
<b>11b</b>	Describe in Schedule O the organization's policy to review this Form 990.		
<b>12a</b>	Did the organization have a conflict of interest policy?	<input checked="" type="checkbox"/>	
<b>12b</b>	Were officers, directors, or trustees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
<b>12c</b>	Did the organization have a committee with authority to monitor and enforce compliance with the policy? If "Yes," describe in Schedule O.	<input checked="" type="checkbox"/>	
<b>13</b>	Did the organization have a mailing list policy?	<input checked="" type="checkbox"/>	
<b>14</b>	Did the organization have a document retention and destruction policy?	<input checked="" type="checkbox"/>	
<b>15</b>	Did the organization have a process of the following persons include a review and approval by independent persons:		
<b>15a</b>	The organization's CEO, president, or top management official.	<input checked="" type="checkbox"/>	
<b>15b</b>	Other officers or key employees of the organization.	<input checked="" type="checkbox"/>	
<b>16a</b>	Did the organization invest, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed:  FL
- 18** Section 5104 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
  - 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:  CINDY LOVE, 101 SANDHILL STREET, MARCO ISLAND, FL 34145, (239) 394-3144

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

Check if Schedule O contains a response or note to any line in this Part VII

**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 line in this Part VII, a director or trustee of the organization, more than \$10,000 of reportable compensation from the organization.

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

Check this box if neither the organization nor any related organization or trustee (where current officers or organization trustee compensation was paid).

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below)	(C) Position (do not check more than one box, unless person is officer and/or trustee)	(D) Highest compensated employee (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	(E) Former director or trustee of the organization who received more than \$10,000 of reportable compensation from the organization	(F) Estimated amount of other compensation from the organization and related organizations
(1) PAUL TATEO PRESIDENT		Individual trustee or director			0
(2) SCOTT HANSEN TREASURER		Individual trustee or director			0
(3) LINDA CASSENS SECRETARY		Individual trustee or director			0
(4) JAYME LOWE PRESIDENT ELECT	5.0	Individual trustee or director			0
(5) TJ BOONE BOARD MEMBER		Individual trustee or director			0
(6) ALLYSON RICHARDS BOARD MEMBER	0	Individual trustee or director			0
(7) CARL TITGEMEIER BOARD MEMBER	2.0	Individual trustee or director			0
(8) SANA ITAYEM BOARD MEMBER	2.0	Individual trustee or director			0
(9) ASHLEY LUPO BOARD MEMBER	2.0	Individual trustee or director			0
(10) ROGER RAYMOND BOARD MEMBER	2.0	Individual trustee or director			0
(11) GENE D'ONOFRIO BOARD MEMBER	2.0	Individual trustee or director			0
(12) FRITZI HOLMES BOARD MEMBER	2.0	Individual trustee or director			0
(13) CHUCK THOMAS BOARD MEMBER	2.0	Individual trustee or director			0
(14) CINDY LOVE CHIEF EXECUTIVE OFFICER	55.0	Individual trustee or director	105,876	0	21,649

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15)									
(16)									
(17)									
(18)									
(19)									
(20)									
(21)									
(22)									
(23)									
(24)									
(25)									
<b>1b Sub-total</b>						105,876	0	21,649	
<b>c Total from continuation sheets</b>						0	0	0	
<b>d Total (add lines 1b and c)</b>						105,876	0	21,649	

**2** Total number of individuals (limited to those listed above) who received more than \$100,000 of reportable compensation **1**

	Yes	No
<b>3</b> Did the organization file Schedule J for such individual		<input checked="" type="checkbox"/>
<b>4</b> For any individual listed, the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		<input checked="" type="checkbox"/>
<b>5</b> Did any person listed or receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		<input checked="" type="checkbox"/>

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . .	0			
	b	Membership dues . . . . .	0			
	c	Fundraising events . . . . .	0			
	d	Related organizations . . . . .	0			
	e	Government grants (contributions)	46,507			
	f	All other contributions, gifts, grants, and similar amounts not included above	827,529			
	g	Noncash contributions included in lines 1a-1f: \$	0			
	h	<b>Total.</b> Add lines 1a-1f . . . . .	874,036	In this Part VI.		
Program Service Revenue			<b>Business Code</b>	(A) Total revenue	(B) Related or exempt function revenue	
	2a	HEALTHY LIVING	624110	1,076,588	16	
	b	YOUTH DEVELOPMENT	624110	769,441	7	
	c	SOCIAL RESPONSIBILITY	624110	40,000	40,000	
	d			0		
	e			0		
	f	All other program service revenue . . . . .		0		0
g	<b>Total.</b> Add lines 2a-2f . . . . .		46,507	3		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		827,529.2		9,292
	4	Income from investment of tax-exempt bond proceeds: ▶				
	5	Royalties . . . . .			874,036	
	6a	Gross rents . . . . .	(i) Real	624110	1,076,588	
	b	Less: rental expenses . . . . .		624110		
	c	Rental income or (loss) . . . . .		624110		
	d	Net rental income or (loss) . . . . .			6,062	
	7a	Gross amount from sales of assets other than inventory, net of program service revenue . . . . .				
	b	Less: cost or other basis, net of program service revenue . . . . .				
	c	Gain or (loss) . . . . .				
	d	Net gain or (loss) from investment of assets other than inventory . . . . .				
	8a	Gross income from fundraising events, net of: Gross rents . . . . . of contributions. Less: rental expenses. See Part IV, line 19 . . . . .	(i) Real			
b	Less: direct expenses . . . . .					
c	Net income or (loss) from fundraising events . . . . .		82,507		82,507	
9a	Gross income from gaming activities. See Part IV, line 19 . . . . .		0			
b	Less: direct expenses . . . . .		0			
c	Net income or (loss) from gaming activities . . . . .		0	0	0	
10a	Gross sales of inventory, less returns and allowances . . . . .					
b	Less: cost of goods sold . . . . .					
c	Net income or (loss) from sales of inventory . . . . .					
		<b>Miscellaneous Revenue</b>	<b>Business Code</b>			
11a	MISCELLANEOUS		7,494		7,494	
b						
c						
d	All other revenue . . . . .		0	0	0	
e	<b>Total.</b> Add lines 11a-11d . . . . .		7,494			
12	<b>Total revenue.</b> See instructions. . . . .		2,865,424	1,892,095	0	99,293

**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).

Check if Schedule O contains a response or note to any line in this Part IX

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	100,736		147	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	1,259,048			
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	51,431		3	
<b>9</b> Other employee benefits	148,049		8,339	
<b>10</b> Payroll taxes	105,210		4,367	
<b>11</b> Fees for services (non-employees):		0		
<b>a</b> Management				
<b>b</b> Legal	11,253		11,253	
<b>c</b> Accounting	19,950	100,736	19,950	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 10b				48,000
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of the 25% (A) amount, list line 11g expenses on Schedule O.)		1,824	26,824	
<b>12</b> Advertising and promotion and 403(b) employer contributions (include section 401(k) and 403(b) employer contributions)	26,824	45,680	2,941	
<b>13</b> Office expenses	7,997	82,665	5,325	
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel				
<b>18</b> Payment of accounting fees for any federal lobbying activities				
<b>19</b> Conferences	8,179	7,684	495	
<b>20</b> Interest	13,604	12,781	823	
<b>21</b> Payments to affiliates	44,313	41,631	2,682	0
<b>22</b> Depreciation, depletion, and amortization	165,599	155,578	10,021	0
<b>23</b> Insurance	71,888	67,538	4,350	0
<b>24</b> 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.)				
<b>a</b> PROGRAM COSTS	176,136	176,136		
<b>b</b> UTILITIES	118,345	111,183	7,162	
<b>c</b> CONTRACTUAL SERVICES	106,820	100,356	6,464	0
<b>d</b> EQUIPMENT LEASE AND RENTAL	57,890	54,387	3,503	0
<b>e</b> All other expenses	99,543	89,808	5,787	3,948
<b>25</b> Total functional expenses. Add lines 1 through 24e	2,769,909	2,509,623	208,338	51,948
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	397,749	<b>1</b>	596,048
	<b>2</b> Savings and temporary cash investments	337,226	<b>2</b>	250,337
	<b>3</b> Pledges and grants receivable, net	62,562	<b>3</b>	4,562
	<b>4</b> Accounts receivable, net	6,232	<b>4</b>	7,130
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 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 organizations (see instructions). Complete Part II of Schedule L	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges	0	<b>9</b>	29,712
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	5,200,000	<b>10a</b>	62,500
	<b>10b</b> Less: accumulated depreciation	2,504,400	<b>10b</b>	2,791,813
	<b>11</b> Investments—publicly traded securities	0	<b>11</b>	0
	<b>12</b> Investments—other securities. See Part IV, line 11	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11	0	<b>13</b>	0
	<b>14</b> Intangible assets	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11	443,462	<b>15</b>	239,008
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 16)	4,125,569	<b>16</b>	3,918,611	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	125,158	<b>17</b>	32,744
	<b>18</b> Grants payable	0	<b>18</b>	0
	<b>19</b> Deferred revenue	0	<b>19</b>	53,981
	<b>20</b> Tax-exempt bond liabilities	0	<b>20</b>	0
	<b>21</b> Escrow or custodial accounts	0	<b>21</b>	0
	<b>22</b> Loans and other payables to officers, directors, trustees, key employees, and disqualified persons. Complete Part II of Schedule L	0	<b>22</b>	0
	<b>23</b> Secured mortgages (not on program-related third parties)	326,978	<b>23</b>	60,000
	<b>24</b> Unsecured intangible assets (not on program-related third parties)	0	<b>24</b>	0
	<b>25</b> Other liabilities. See Part IV, line 11	57,009	<b>25</b>	59,947
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	509,145	<b>26</b>	206,672
<b>Net Assets or Fund Balances</b>	<b>27</b> Unrestricted net assets	3,366,480	<b>27</b>	3,538,632
	<b>28</b> Temporarily restricted and other net assets	135,030	<b>28</b>	53,933
	<b>29</b> Permanently restricted net assets	114,914	<b>29</b>	119,374
	<b>30</b> Capital stock or trust principal, or current funds	0	<b>30</b>	0
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund	0	<b>31</b>	0
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds	0	<b>32</b>	0
	<b>33</b> <b>Total net assets or fund balances.</b> Add lines 27 through 32	3,616,424	<b>33</b>	3,711,939
	<b>34</b> <b>Total liabilities and net assets/fund balances.</b> Add lines 26 and 33	4,125,569	<b>34</b>	3,918,611

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,665,424
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,769,909
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	95,515
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	3,616,424
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	3,711,939

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual If the organization changed its method of accounting from a prior year or checked X, the 33, column (A), Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidances (explain in Schedule O)		<input checked="" type="checkbox"/>
<b>b</b> Were the organization's financial statements audited by an independent accountant of year. Combine lines 3 through 9 (must equal line 10). If "Yes," check a box below to indicate whether the financial statements were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis	<input checked="" type="checkbox"/>	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a conflict of interest that could result in a lack of objectivity or oversight of the audit, review, or compilation of its financial statements? If the organization changed either its own or the accountant's independence during the tax year, explain in Schedule O.	<input checked="" type="checkbox"/>	
<b>3a</b> As a result of a federal award, did the organization's financial statements receive an audit or audits as set forth in the Single Audit Act and OIG? If "Yes," check a box below to indicate whether the audit was performed by the organization or a contractor: <input type="checkbox"/> Organization <input checked="" type="checkbox"/> Contractor		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," did the organization's financial statements receive an audit or audits as set forth in the Single Audit Act and OIG? If the organization did not undergo the required audit or audits, explain in Schedule O: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis		

was the organization's financial