Return of Organization Exempt From Income Tax 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.

and ending

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2018 calendar year, or tax year beginning

Open to Public Inspection

R	Check i	C Name of organization	THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE OWNE		
	Check i applical	- 1		D Employer identif	ication number
	X Addr				
	Nam chan	ge Doing business as		** *	**8321
L	Initia retur	Alternation and about four DO have the state of the state	Room/suite		
	Final	2937 SW 27TH AVENUE	203	E Telephone number	
	termi ated	City or town, state or province, country, and ZIP or foreign postal code	200		618-9479
	Amer	MIAMI, FL 33131		G Gross receipts \$	3,026,638.
	Appl	F Name and address of principal officeruITM MCDITFTTE	Marie William Andrews Charles Co.	H(a) Is this a group r	
	pend	9 2937 SW 27TH AVENUE, MIAMI, FL 33131		for subordinates	
1	Tax-ex	tempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4047(a)(1) a	or 527	H(b) Are all subordinates i	
J	Webs	te: WWW.BONEFISHTARPONTRUST.ORG	JI 3ZI	If "No," attach a	list. (see instructions)
K	Form o	forganization: X Corporation Trust Association Other	I Voor	H(c) Group exemption	n number
P	art I	Summary	L real	n normation: 1999	State of legal domicile: FL
0	1	Briefly describe the organization's mission or most significant activities: TO CO	NSERV	E AND PECTO	DE
Activities & Governance		BONEFISH, TARPON AND PERMIT FISHERIES AND	HART	DIVER WINDLING	IV.C.
rns	2	Check this box if the organization discontinued its operations or dispos	od of warm	TAIS INKOUG	n
OVe	3				
ග	4	Number of independent voting members of the governing body (Part VI, line 1b)		3	15
es	5	rotal number of individuals employed in calendar year 2018 (Part V. line 2a)		-	15
Viti	6	Total number of volunteers (estimate if necessary)			10
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	***************************************	7-	13 774
-	b	Net unrelated business taxable income from Form 990-T, line 38		7a	13,774.
					0.
Revenue Ac	8	Contributions and grants (Part VIII, line 1h)	-	Prior Year 2,324,014.	Current Year 2,721,316.
		Program service revenue (Part VIII, line 2g)		0.	
Sev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		106,011.	0.
id.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9,487.	29,019.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	·····	2,439,512.	14,772.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-	1,037,084.	2,765,107. 1,234,887.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		389,802.	0.
IIIS(	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	724,776.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	0.	0.
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,042,019.	653,104.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,468,905.	
	19	Revenue less expenses. Subtract line 18 from line 12		-29,393.	2,612,767. 152,340.
SOF			Bea	inning of Current Year	
alar	20	Total assets (Part X, line 16)		1,748,460.	End of Year 1,777,003.
A P	21	Total liabilities (Part X, line 26)		263,268.	139,471.
20	22	Net assets or fund balances, Subtract line 21 from line 20		1,485,192.	1,637,532.
9 5	45 6 52	Oignature Block			
Und	er pena	ties of perjury, I declare that I have examined this return, including accompanying schedules	and statemen	its and to the heet of my	knowledge and helief it is
rue	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whic	ch preparer h	as any knowledge	knowledge and belief, it is
		N M CM	on properti n	as any knowledge.	4
Sig	n	Signature of officer (2)		Date Date	
Her	e	JIM MCDUFFLE, PRESIDENT			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	Da	te Check	II PTIN
Paic	,	CAL BRANTLEY, CPA CAL BRANTLEY, CP.	A 05	/21/10#	-
	arer	Firm's name NICHOLS, CAULEY & ASSOCIATES, LL		Firm's EIN	**-***5857
Use	Only	Firm's address 1300 BELLEVUE AVENUE		- I I I I I I I I I I I I I I I I I I I	3037
		DUBLIN, GA 31021-4152		Phone no. 478	3-275-1163
Vlay	the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No
	01 12-31	-18 LHA For Paperwork Reduction Act Notice, see the separate instruction	1S.		Form <b>990</b> (2018)
	~	EE SCHEDIILE O FOR ORGANITATION MICCIONA			(5010)

	m 990 (2018) BONEFISH & TARPON TRUST, INC. **-***8321 Page 2
Pé	art III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	briefly describe the organization's mission:
	TO CONSERVE AND RESTORE BONEFISH, TARPON AND PERMIT FISHERIES AND
	HABITATS THROUGH RESEARCH, STEWARDSHIP, EDUCATION AND ADVOCACY
2	Did the organization undertake any significant program services during the year which were not listed on the
	DVIOY Form 000 000 E70
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by exposses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	
	PROVIDING SUPPORT TO VARIOUS PROGRAMS STUDYING THE BEHAVIOR OF
	BONEFISH, TARPON, AND PERMIT
4b	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$ }
	including grants of \$ ) (Revenue \$ )
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4d	Othor program positions (Describe in Caladata Ca
~U	Evenence &
4e	(expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses 2 148 369

#### Page 3 Part IV | Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X 1 Is the organization required to complete Schedule B, Schedule of Contributors? 2 2 X 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 X 3 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X 4 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 X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X 6 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 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII X 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 14b 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 X 15 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 X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I X 17 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 X 18 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 X 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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

	orm 990 (2018) BONEFISH & TARPON TRUST, INC. **_***	3321	. Р	age 4
L	Part IV Checklist of Required Schedules (continued)			Personal Property of the Personal Property of
		_	Yes	No
22	5 State of S			
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	ļ
23	of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		v	
24	Schedule J  4a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	X	-
	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	04-		X
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b	<del>                                     </del>	A
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240	-	-
	any tax-exempt bonds?	24c		
	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25	5a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	by the state of th			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
-	complete Schedule L, Part II	26		X
27	5 - San Starting			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			32
28	of any of these persons? If "Yes," complete Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27	-	X
-	instructions for applicable filing thresholds, conditions, and exceptions):			
	A CUrrent or former officer director to place an low complete 20 K N/Co II consolida Calcadida I Davi II /	28a		X
	b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			-
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29		29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
3	1 Did the organization liquidate, terminate, or dissolve and cease operations?			
1200	If "Yes," complete Schedule N, Part I	31		X
32	2 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?If "Yes," complete			
22.00	Schedule N, Part II	32		X
33	3 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
0.	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	-	X
34	the state of the s			X
31	Part V, line 1  5a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	-	X
0.	b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a	-	A
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
3(				
	If "Yes," complete Schedule R, Part V, line 2	36		X
37		-	1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38				
-	Note. All Form 990 filers are required to complete Schedule O	38	X	
F	Part V Statements Regarding Other IRS Filings and Tax Compliance	ma'eta esta esta esta esta esta esta esta e	en-explorer constant	
-	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 10	7		
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b (	4		
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		1

(gambling) winnings to prize winners? .....

Form 990 (2018) BONEFISH & TARPON TRUST, \*\*-\*\*\*8321 INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Page 5 Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 10 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3a b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O X 3b 4a 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)? X 4a b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? X 6b Organizations that may receive deductible contributions under section 170(c). 7 a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? X 75 c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? X 7c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 71 g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?... 79 h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year?

a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities \_\_\_\_\_\_ 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the

organization is licensed to issue qualified health plans c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

excess parachute payment(s) during the year?

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Sponsoring organizations maintaining donor advised funds.

If "Yes," see instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

Form 990 (2018)

X

X

X

9

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

-	Check if Schedule O contains a response or note to any line in this Part VI			X			
Sec	tion A. Governing Body and Management	THE PERSON NAMED IN	MANAGEMENT	distant kenakaya			
runaco.			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year1a15			-16			
	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.						
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer, director, trustee, or key employee?	2	- 121	X			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	<u> </u>					
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X			
6	Did the organization have members or stockholders?	6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-					
	more members of the governing body?	7a		Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			-23			
	persons other than the governing body?	7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		21			
а	The governing body?	00	X	tu.di,			
b	Each committee with authority to act on behalf of the governing body?	8a	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	8b					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		-22			
			16				
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No			
b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	10b	77				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	X				
	Did the organization have a written conflict of interest walks of if "Alo II as to III a 10		37				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X				
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b	X				
	in Schedule O how this was done		77				
13	in Schedule O how this was done	12c	X				
14	Did the organization have a written whistleblower policy?	13	X				
15	Did the process for determining composed to a filtration and destruction policy?	14	Х				
	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
h	The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization	15a	X	-			
U	***************************************	15b	X				
160	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
100	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			77			
<u>.</u>	taxable entity during the year?	16a		X			
D	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						
0	exempt status with respect to such arrangements?	16b					
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ► NONE						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	ble			
	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	finan	cial				
	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						
	JIM MCDUFFIE - 786-618-9479						
	2937 SW 27TH AVENUE, MIAMI, FL 33131	100					

#### 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

### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0 in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organizati		orga	aniza	ation	CO	mpe	nsat	ted any current officer,	director, or trustee.	
(A)	(B)	Testadolese.			2) !#iox			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos heck	more	than	опе	Reportable	Reportable	Estimated
	hours per week					is bot or/trus		compensation	compensation	amount of
	(list any	Į ja	Г	Г	Г	T		from the	from related organizations	other
	hours for	direc				-		organization	(W-2/1099-MISC)	compensation from the
	related	tee or	stee			nsate		(W-2/1099-MISC)	(11 27 1000 111100)	organization
	organizations	al trus	nal tru		loyee	ompe			8	and related
	below	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) HAROLD BREWER	10.00	Ĕ	Ē	5	호	三二	훈			
CHAIRMAN	10.00	X		Х						
(2) BILL HORN	5.00	Δ	-	Δ	-	-	-	0.	0.	0.
VICE CHAIRMAN	3.00	x		Х				0.	0	_
(3) JIM MCDUFFIE	40.00	Δ	-	A		-	-	0.	0.	0.
PRESIDENT	20.00	X		X		Profession of the Profession o		164,280.	0.	10 000
(4) TOM DAVIDSON	0.00	12		12		-	-	104,200.	U.	18,000.
CHAIRMAN EMERITUS	0.00	x		X				0.	0.	0
(5) RUSS FISHER	0.00			44		-		0.	0.	0.
VICE CHAIRMAN EMERITUS		x		х				0.	0.	0.
(6) BILL STROH	0.00									
MANAGING DIRECTOR FL		X		X				0.	0.	0.
(7) BILL KLYN	0.00									
CO-CHAIR MEMBERSHIP		X		X				0.	0.	0.
(8) JEFF HARKAVY	0.00									The second secon
SECRETARY		X		X				0.	0.	0.
(9) AARON ADAMS	40.00									
DIR OF SCIENCE		X		X				0.	0.	0.
(10) STU APTE	0.00									
DIRECTOR		X						0.	0.	0.
(11) JOHN ABPLANALP	0.00									
DIRECTOR		X						0.	0.	0.
(12) RICH ANDREWS	0.00									
DIRECTOR		X						0.	0.	0.
(13) RODNEY BARRETO	0.00									
DIRECTOR		X						0.	0.	0.
(14) DAN BERGER	0.00									
DIRECTOR	0.00	X				Ш		0.	0.	0.
(15) BOB BRANHAM	0.00									_
DIRECTOR (16) MONA BREWER	- 000	X						0.	0.	0.
DIRECTOR	0.00	X						_	0	_
(17) CHRISTOPHER BUCKLEY JR.	0.00	4				$\vdash$	_	0.	0.	0.
DIRECTOR	0.00	Х						0.	0.	^
020007 10 24 10		47	لـــا	لـــا		Ш		U o	U • J	0.

Section A. Officers, Directors, Trus	-	ploy	ees			ighe	st (			<del></del>		***************************************
(A)	(B) Average			Pos	C) sition	3		(D)	(E)		(F)	
Name and title	hours per		not c	heck	more	than		Reportable	Reportable		stimat	
	week					is bo or/trus		compensation	compensation from related	ai	mount	
	(list any	cţo			Π	T	Π	the	organizations	СОП	other	
	hours for	rdire				peq		organization	(W-2/1099-MISC)	1	rom th	
	related	stee o	ustee			eusal		(W-2/1099-MISC)	110000000000000000000000000000000000000	org	ganizat	tion
	organizations	altrus	nal tr		loyee	dwoo				ar	nd relat	ted
	below (ine)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer			org	anizat	ions
(18) ADOLPHUS A. BUSCH IV	0.00	=	=	5	2	主与	8			+-		tirecensor are the n
DIRECTOR		x						0.	0.			0.
(19) SARAH CART	0.00					T	$\vdash$		<u> </u>	$\vdash$		
DIRECTOR		X						0.	0.			0.
(20) GREG FAY	0.00				-			_				PARAMETERS
DIRECTOR	0 00	X			_	_	_	0.	0.			0.
(21) MIKE FITZGERALD DIRECTOR	0.00	77										
(22) ALLEN GRANT JR.	0.00	X		-	_	╀-	-	0.	0.	╀		0.
DIRECTOR	0.00	X						0.	0.			0
(23) GUS HILLDENBRAND	0.00	122		-	-	$\vdash$	┢	0.	U 0	$\vdash$		0.
DIRECTOR		X						0.	0.			0.
(24) RICK HIRSCH	0.00					T			<u> </u>	t	-	
DIRECTOR		X						0.	0.			0.
(25) DAVE HORN	0.00											eather recipion and
OIRECTOR (26) JERRY KLAUER	0 00	X		_	_	_	-	0.	0.		-	0.
DIRECTOR	0.00	x					new particular special		^			_
		_						164,280.	0.		0 0	0.
1b Sub-total c Total from continuation sheets to Part VI	I Section A							0.	0.		0,0	0.
d Total (add lines 1b and 1c)								164,280.	0.		Ω Λ	00.
Total number of individuals (including but n	ot limited to th	ose	liste	ed al	boy	e) w	B-			1 1	0,0	00.
compensation from the organization						-,			,ooo or roportable			1
			· · · · · · · · · · · · · · · · · · ·		279/2 (49)	NAME OF TAXABLE PARTY.					Yes	No
3 Did the organization list any former officer,	director, or tru	uste	e, ke	y er	nplo	yee	, or	highest compensated e	mployee on			
line 1a? If "Yes," complete Schedule J for sa	uch individual									3		X
4 For any individual listed on line 1a, is the su	m of reportab	le co	omp	ensa	atior	n and	d oti					
and related organizations greater than \$150 5 Did any person listed on line 1a receive or a										4	X	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	iccrue compei olete Schedul	nsat	ion i	rom	any	/ uni	elat	ted organization or indivi	dual for services	-		X
Section B. Independent Contractors	pioto obriodur	001	01 30	2011	porc	3011	· ·			5		42
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of compens	sation	from	
the organization. Report compensation for												
(A) Name and business	addrona	220	<b>\</b> NTT	-				(B)			C)	
Name and pusitiess	address	MC	INC	5			$\dashv$	Description of s	ervices	Compe	nsatio	'n
							$\dashv$	the second secon				
							1					
											-	enconstruction
19.												
	***************************************						$\dashv$					
2 Total number of independent contractors (ii	ncluding but n	ot li	mite	d to	tho	se li	stec	d above) who received m	ore than			a talk m
\$100,000 of compensation from the organiz	zation >				1	0			1			
SEE PART VII, SECTION	V A CONT	LI	NUZ	TY	LO]	N S	SH.	EETS		Form	990	(2018)

Part VII Section A Officers Direct	toro Turatana Kana	OIN	,T.	RU.	ST		IN	C.	**_**	8321
Part VII   Section A. Officers, Direction (A)	iors, Trustees, Key E	mp	loyee	es, a	and I	High	nest	Compensated Employ	yees (continued)	
Name and title	(B) Average hours		checl	Pos	c) sitior	1		(D)  Reportable compensation	(E) Reportable compensation	(F) Estimated
(27) BILL LEGG	per week (list any hours for related organizations below line)	Individual trustee ordirector	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
DIRECTOR	0.00	x								
(28) WAYNE MELAND	0.00	1	-	_		_	$\vdash$	0.	0.	0
DIRECTOR	0.00	X								_
(29) SANDY MORET	0.00	1	$\vdash$		$\vdash$	_	$\vdash$	0.	0.	0
DIRECTOR		x						0.	0	•
(30) CARL NAVARRE	0.00	+-	$\vdash$				Н	0.	0.	0.
DIRECTOR		X						0.	0.	0
(31) JOHN NEWMAN	0.00								0.	0.
DIRECTOR		X						0.	0.	0.
(32) DAVID NICHOLS	0.00									0.
(33) STEVE O'BRIEN JR		X						0.	0.	0 .
DIRECTOR	0.00			and the same of th						
(34) JOHN O'HEARN		X						0.	0.	0.
DIRECTOR	0.00									
(35) DAVID PERKINS	0.00	X		_	_		_	0.	0.	0.
DIRECTOR	0.00	X								
(36) AL PERKINSON	0.00	Δ		$\dashv$	$\dashv$	$\dashv$	$\dashv$	0.	0.	0.
DIRECTOR	0.00	X				1				
(37) CHRIS PETERSON	0.00	25	$\dashv$	$\dashv$	$\dashv$	-	$\dashv$	0.	0.	0.
DIRECTOR	0.00	х			-			0.		•
(38) JAY ROBERTSON	0.00		$\dashv$	$\dashv$	$\dashv$	$\dashv$	$\dashv$	U o	0.	0.
DIRECTOR		X				-		0.	0.	
(39) BERT SCHERB	0.00		$\dashv$	$\dashv$	$\dashv$	$\dashv$	$\dashv$	0.	0.	0.
DIRECTOR		X						0.	0.	0.
(40) CASEY SHEAHAN	0.00			7	$\neg$	$\forall$	$\dashv$	,		<u> </u>
OIRECTOR (41) NELSON SIMS		X						0.	0.	0.
DIRECTOR	0.00	1				T	T			
(42) ADELAIDE SKOGLUND	0.00	X	_	$\perp$	$\perp$	_		0.	0.	0.
DIRECTOR	0.00									A Complete Company of the Company of
(43) STEVE STANLEY	0.00	X	+	+	+	+	$\perp$	0.	0.	0.
DIRECTOR	0.00	x		-	Personal Party Spinster	-	- Contraction			
(44) JOHN TURNER	0.00	Δ	+	+	-	+	-	0.	0.	0.
DIRECTOR		x		-		and the last	SACONIA SACONI			
(45) PAUL VAHLDIEK	0.00	4	+	+	+	+	+	0.	0.	0.
DIRECTOR		x				-		0.	0.	0
		$\dashv$	十	1	+	$\dagger$	+		0.	0.
Total to Bost VIII Continue of the										
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenue excluded from tax under sections 512 - 514 (C) Total revenue Related or Unrelated exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues 219,811. 1b c Fundraising events 463,626. 10 d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ..... 11 2,037,879 Noncash contributions included in lines 1a-1f: \$ 124,739. h Total. Add lines 1a-1f ... 2,721,316. **Business Code** Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 29,019. 29,019. Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents ..... b Less: rental expenses c Rental income or (loss) ..... d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities assets other than inventory b Less: cost or other basis and sales expenses ...... c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 463,626. of contributions reported on line 1c). See Part IV, line 18 \_\_\_\_\_ a 249,933 b Less: direct expenses b 249,933 c Net income or (loss) from fundraising events 0. 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances 25,372 b Less: cost of goods sold 11,598. b c Net income or (loss) from sales of inventory 13,774. 13,774. Miscellaneous Revenue **Business Code** 11 a MISC REVENUE OTHER 611710 998. 998 b C d All other revenue ..... e Total. Add lines 11a-11d 998. Total revenue. See instructions ,765,107. 30,017. 13,774. 0.

Form 990 (2018) BONEFISH & TARPON TRUST, INC.

Part IX Statement of Functional Expenses

Sec	art IX Statement of Functional Expen- tion 501(c)(3) and 501(c)(4) organizations must con	ses			*8321 Page
	Check if Schedule O contains a reason	ripiete ali columns. Ali ol	ther organizations must co	omplete column (A).	
Do	Check if Schedule O contains a respond not include amounts reported on lines 6b,	nse or note to any line ii	n this Part IX(B)		L
7b	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising
1	Grants and other assistance to domestic organizations			general expenses	expenses
0	and domestic governments. See Part IV, line 21	1,156,377.	1,156,377.		
2	Grants and other assistance to domestic			to with the second second second	
_	individuals. See Part IV, line 22	23,465.	23,465.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
А	individuals. See Part IV, lines 15 and 16	55,045.	55,045.		
4	Benefits paid to or for members				
3	Compensation of current officers, directors,	400			
6	trustees, and key employees	182,280.	54,684.	127,596.	
О	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	106 150			
8	Other salaries and wages	496,159.	430,424.	65,735.	
0	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee herefits				
10	Other employee benefits	46 327	24 001		
11	Payroll taxes Fees for services (non-employees):	46,337.	31,991.	14,346.	
 а		1 205			
b	Management	1,305. 1,555.		1,305.	
c	Legal Accounting			1,555.	
d	Accounting Lobbying	10,922.		10,922.	
	Professional fundraising services. See Part IV, line 17				
ŕ	Investment management fees				
g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)				
2	Advertising and promotion				
3	Office expenses	71,798.	20 000		
4	Information technology	11,130.	38,920.	32,878.	0
5	Royalties				
6	Occupancy	19,450.	13 031		
7	Travel	63,684.	13,031. 45,900.	6,419.	
8	Payments of travel or entertainment expenses	03,002.	45,300	17,784.	
	for any federal, state, or local public officials	Table State			
9	Conferences, conventions, and meetings	10,246.		10 046	
0	Interest	20,220		10,246.	
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	16,870.	16,870.		
3	Insurance	57,820.		57,820.	West Control of the C
4	Other expenses, Itemize expenses not covered			31,040.	
	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.)				
a	MEMBERSHIP EXPENSE	168,855.	168,855.		
b	OPERATION MANAGEMENT	117,792.	200,0338	117,792.	
C	JOURNAL EXPENSE	84,310.	84,310.	111,134.	
	RESEARCH FUNDING - OTHE	28,497.	28,497.		
	All other expenses		,,		·
	Total functional expenses. Add lines 1 through 24e	2,612,767.	2,148,369.	464,398.	0
6	Joint costs. Complete this line only if the organization				U
	reported in column (B) joint costs from a combined		and the second		
	educational campaign and fundraising solicitation.				
National legister	Check here if following SOP 98-2 (ASC 958-720)				

Part X | Balance Sheet

L	ar L A	Check if Schedule O contains a response or note to any line in this	Dort V			The same and the s
-		Check if Schedule O contains a response or note to any line in this	Part X	(A)	·····	
-				Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		777,727.	1	443,582
	2	Savings and temporary cash investments		708,916.		823,829
	3	Pleages and grants receivable, net			3	023,023
	4	Accounts receivable, net	1	61,556.		271,673
	5	Loans and other receivables from current and former officers, direct	tors,			271,075
		trustees, key employees, and highest compensated employees. Co	mplete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as def	ined under		-	
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and	contributina			
		employers and sponsoring organizations of section 501(c)(9) volunt	arv			
ets		employees' beneficiary organizations (see instr). Complete Part II of	Sch L		6	
Assets	7	Notes and loans receivable, net			7	
	8	inventories for sale or use	1	3,411.	8	100,766.
	9	riepaid expenses and deferred charges		18,644.	9	17,711.
	10a	Land, buildings, and equipment: cost or other				
			7,036.			
		Less: accumulated depreciation 10b 6	4,666.	23,070.	10c	52,370.
	11	Investments - publicly traded securities		11	11,653.	
	12	investments - other securities. See Part IV, line 11		148,735.	12	49,018.
	13	investments - program-related. See Part IV, line 11			13	22/0200
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		6,401.	15	6,401.
-	16	rotal assets. Add lines 1 through 15 (must equal line 34)		1,748,460.	16	1,777,003.
	17	Accounts payable and accrued expenses		243,733.	17	98,771.
	18	Grants payable	and the second s		18	
	19	Deterred revenue	1	19,535.	19	40,700.
	20	rax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule [	)		21	
es	22	Loans and other payables to current and former officers, directors, t	rustees.			
		key employees, highest compensated employees, and disqualified p	ersons.			
Liabilities		Complete Part II of Schedule L			22	
10000	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related thir	d			
		parties, and other liabilities not included on lines 17-24). Complete Pa	art X of			
	200	Schedule D		~~~	25	
	26	Total liabilities. Add lines 17 through 25		263,268.	26	139,471.
10		Organizations that follow SFAS 117 (ASC 958), check here	X and			
ces		complete lines 27 through 29, and lines 33 and 34.				
lan	27	Unrestricted net assets		1,485,192.	27	1,637,532.
Ba	28	Temporarily restricted net assets			28	
P		Permanently restricted net assets			29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here				
000		and complete lines 30 through 34.				
set	30	Capital stock or trust principal, or current funds			30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
Ne	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances			33	1,637,532.
	34	Total liabilities and net assets/fund balances		1,748,460.	34	1,777,003.

	990 (2018) BONEFISH & TARPON TRUST, INC.	**_**	8321	Pac	ge 12
Pa	rt XI Reconciliation of Net Assets			-	
	Check if Schedule O contains a response or note to any line in this Part XI				
					-
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,765	5,1	07.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,612		
3	Revenue less expenses. Subtract line 2 from line 1	3	152	2,3	40.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,485	5,1	92.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	-		***************************************
9	Other changes in net assets or fund balances (explain in Schedule 0)	9		NAMES AND ADDRESS OF THE PARTY	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				<del></del>
	column (B))	10	1,637	7,5	32.
Pai	rt XIII Financial Statements and Reporting			***************************************	**********
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				100
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			allilary
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	-
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir				
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				al management of the second
			Form !	<del>9</del> 90 (	(2018)

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

Department of the Treasury Internal Revenue Service

Total

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

2018

Open to Public Inspection

Name of the organization Employer identification number BONEFISH & TARPON TRUST, INC. \*\*-\*\*\*8321 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(I). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iv) Is the organization listed (iii) Type of organization (v) Amount of monetary (vi) Amount of other n vour governing document (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2018 BONEFISH & TARPON TRUST, INC. \*\*-\*\*\*83

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 📂	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not		Ī				
	include any "unusual grants.")	1,691,501.	1,645,142.	2,019,197.	2,324,014.	2,721,316.	10,401,170.
2	Tax revenues levied for the organ-		T				
	ization's benefit and either paid to		1				
	or expended on its behalf						
3	The value of services or facilities					ĺ	
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,691,501.	1,645,142.	2,019,197.	2,324,014.	2,721,316.	10,401,170.
	The portion of total contributions						territorio de la composición del la composición del composición de la composición del composición del composición de la composición del la composición de la composición de la composición del composición del composición del composición del composición del composici
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						10,401,170.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 💌	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	1,691,501.	1,645,142.	2,019,197.	2,324,014.	2,721,316.	10,401,170.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,		The state of the s	ANTON SQUARAL INSUR			
	and income from similar sources	626.		5,154.	106,011.	29,019.	140,810.
9	Net income from unrelated business			AND THE PARTY SET OF THE PARTY AND SET OF THE P			
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	88,469.	144,084.	121,281.	354,576.	249,933.	958,343.
	Total support. Add lines 7 through 10				V 100 100 100 100 100 100 100 100 100 10		11,500,323.
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
6-	organization, check this box and stop		vo o ni o co				
	ction C. Computation of Publ						90.44 %
14	Public support percentage for 2018 (I	ine 6, column (f) d	vided by line 11, o	column (f))		14	
15	Public support percentage from 2017	Schedule A, Part	II, line 14		44: 00 4 1004	15	
168	33 1/3% support test - 2018. If the c						
	stop here. The organization qualifies						
-	33 1/3% support test - 2017. If the						Proposition of the Proposition o
	and stop here. The organization qual						
17:	a 10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
1	o 10% -facts-and-circumstances tes						
	more, and if the organization meets the organization meets the "facts-and-cire						
40	Private foundation. If the organization						
10	Fireate iouituation. Il the organizatio	on did not check a	DON OFFICE TO, TO	a, 100, 17a, 01 17	o, or room trito box o	occ mondonor	000 777 0040

# Schedule A (Form 990 or 990-EZ) 2018 BONEFISH & TARPON TRUST, INC. Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below please complete Dort II )

Sec	tion A. Public Support	iow, piease com	piete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and		1	(3) 2010	13/2011	15,2010	(i) IVial
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-		1				
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that	S White and the supplemental a					A STATE OF THE STA
	are not an unrelated trade or bus-						
	iness under section 513				_		
4	Tax revenues levied for the organ-				19		
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities				1		and the second s
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						**************************************
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						**************************************
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
-	tion B. Total Support				·	***************************************	
	ndar year (or fiscal year beginning in) 📂 🔼	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	-					***************************************
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties.						
	and income from similar sources	To real transmission of the second					
b	Unrelated business taxable income		3	TO THE RESIDENCE OF THE PROPERTY OF THE PROPER			
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						***
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
72574	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)	Autotic prime to a city and property and it					
	Total support. (Add lines 9, 10c, 11, and 12.)		L	<u> </u>	1		
14	First five years. If the Form 990 is for the					on 501(c)(3) organiz	ration,
_	check this box and stop here						<b>&gt;</b>
	tion C. Computation of Public						
	Public support percentage for 2018 (lin	The second secon				15	%
	Public support percentage from 2017 S					16	%
-	tion D. Computation of Invest			ing 10 makeum (6)		T <sub>4</sub> =1	
	Investment income percentage for 201					17	%
	Investment income percentage from 20 33 1/3% support tests - 2018. If the co					18   22 1/20/ and line 1	%
iag	more than 33 1/3%, check this box and			SALL STEER STATE STORY TO STATE STATE			
h	33 1/3% support tests - 2017. If the c						
IJ	line 18 is not more than 33 1/3%, chec				The state of the s		
20	Private foundation. If the organization						

#### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

_	Yes	No
1		215
2		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
66		
7		
8		
9a	Total Section 2015	
9b		
9c		
10a		
10b		