# **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

2019

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

Inter	nal Reve	nue Service	► Go to www.	irs.gov/Form990 to	r instructions and the la	test informat	ion.	Inspection
A	For the	2019 calend	dar year, or tax year begin	ning January	1st , 2019, and er	nding De	cember 31st	, 20 19
В	Check if	applicable	C Name of organization Gree	n and Gold Founda	tion of Lake Wales, Inc.		D Emple	oyer identification number
	Address	change	Doing business as Green a	and Gold Foundation	n			59-3718203
$\overline{\Box}$	Name cl	nange	Number and street (or P O I	E Teleph	none number			
$\overline{\Box}$	Initial ref	urn	230 B Street		863-679-8091			
$\overline{\Box}$	Final retu	ırn/terminated	City or town, state or province	ce, country, and ZIP or	foreign postal code			
$\overline{\Box}$	Amende	d return	Lake Wales, FL 33853	-			<b>G</b> Gross	receipts \$
$\overline{\sqcap}$	Applicat	ion pending	F Name and address of princip	al officer Clinton Ho	rne	H(a) Is	s this a group return fo	or subordinates? Ves Vo
_		-	507 E. Polk Ave, Lake Wal	les. FL 33853	<b>6</b> 0			es included? 🗌 Yes 🔲 No
ī	Tax-exe	mpt status	✓ 501(c)(3)		4947(a)(1) or 1 5	27	f "No," attach a li	st (see instructions)
J	Website	: ► http://bs	streetcommunitycenter.org	1		H(c) (	Group exemption	number ►
_		organization [		sociation ☐ Other ►	L Year of f	ormation 2	001 M State	of legal domicile FL
P	art I	Summa	ry	<del></del>			•	
	1		cribe the organization's r	nission or most si	anificant activities: To	enhance the	Lake Wales co	mmunity by providing
é		-	al & health services to its p					
Governance			r the poor, elderly, & low w					
ern	2	Check this	box ▶ ☐ If the organiza	tion discontinued	its operations or dispo	sed of more	thần 25% of	its net assets.
δ	3		voting members of the g		L C*	2 5 2020	3921 - 1	16
જ	4		independent voting men			2 b) 2020	SS 4	16
ies	5		per of individuals employ		r 2019 (Part V-line-2a)		JE  5	9
Activities &	6		per of volunteers (estimat		GGD	EN, UT	6	25
Act	7a		ated business revenue fr			TO PERSONAL PROPERTY OF THE PERSONAL PROPERTY	7a	0
-	b		ted business taxable inco			_	7b	0
						Pr	or Year	Current Year
_	8	Contributio	ons and grants (Part VIII,	line 1h) .			35463.53	54387.64
Jue	9		ervice revenue (Part VIII,	·		-	21045.00	14320.00
Revenue	10	•	t income (Part VIII, colum	<u>-</u> ,	nd 7d)		10.67	10.15
æ	11		nue (Part VIII, column (A)	• •	·		9357.25	4070.00
	12		nue-add lines 8 through		· · · · · · · · · · · · · · · · · · ·	<sub>2)</sub>	65876.45	75757.79
_	13		d similar amounts paid (P			<del>-</del> /	500	
	14		aid to or for members (Pa		•		692.86	510.65
	15	•	ther compensation, employ			n	25861.14	21613.19
Expenses	16a		ial fundraising fees (Part I	-		" ├──		
en en	l .		raising expenses (Part IX,				0	0
EX	17		enses (Part IX, column (A)	• • •			20200 27	30505.04
	18		nses. Add lines 13-17 (m				39299.37	36505.94
	1 _		· ·	•	Column (A), line 25)		66353.37	58629.78
_ <u>v</u>	19	Revenue le	ess expenses Subtract III	ne ro from line 12	• •	Pograna	-476.92 of Current Year	17128.01 End of Year
ts or inces	00	T-4-14	t- (Dowl V. line 16)			Beginning		
Sse Bala	20		ts (Part X, line 16) .				479710.20	508676.08
a e	21		ties (Part X, line 26)		- 00		-1318.12	1193.78
(E.)	22		or fund balances Subtra	act line 21 from lin	e 20		481028.32	507482.30
	art II		re Block				11.11.1	
			<ul> <li>I declare that I have examined e Declaration of preparer (other</li> </ul>					ny knowledge and belief, it is
		1	7 + - /				272	2 / 2 2
) i	•••	0	Linton Haral				$\frac{1}{2}$	0/20
Sig He			<sub>ure of officer</sub> nton Horne, Pas	+ Drecident			Date	
He	ere	! <b>B</b>	<del></del>	1 Prosident	· · · · · · · · · · · · · · · · · · ·			
	_	<u> </u>	or print name and title	<del></del>	<del>_</del>	1		
Pa	id	Print/Type	e preparer's name	Preparer's signa	ture	Date	Check [	_
	epare	r			<del>-</del>		self-emp	pioyed
	e Onl	[m.]a man	me ►	···			Firm's EIN ▶	
		Firm's add		. <u> </u>			Phone no	
Ma	y the IF	RS discuss t	this return with the prepa	rer shown above?	(see instructions)	<u> </u>	<u> </u>	✓ Yes □ No
For	Paperv	vork Reduct	tion Act Notice, see the se	parate instructions		Cat No 11282	·	Form <b>990</b> (2019)

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Part	· ·	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:	•
	We, the members of the Green & Gold Foundation, Inc., will diligently and collectively dedicate our time, expertise, effort and	
	resources to educate, motivate, inspire, and prepare our youth and community for a higher standard of success, pride, self-estee	
	and independence. We will succeed in these endeavors with financial assistance, building character & self-esteem, role modeling	g
	educational programs, moral principles, cleaning, beautifying, and building up our community.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O	NO
9		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
	If "Yes," describe these changes on Schedule O	NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 17717.80 including grants of \$ ) (Revenue \$ 7135.00 )	
	Public Service Activity (Department of Children and Family (DCF) – Access Program). This is an Economic Self-Sufficiency Progr	ram
	that provides the following services to Floridians: Temporary Cash Assistance, Food Stamps, Medicaid, Free Wireless Telephone	
	(250 minutes per month), and Refugee Assistance. The Green & Gold Foundation has collaborated with "Access Florida" by provi	
	online application assistance to those in need of the aforementioned services. The service is provided Monday – Friday, from 9:0	
	12:00pm. As of the end of the 4th Quarter approximately 2,250 individuals either renewed their benefits or completed new	,oaiii
	applications (there were a great many repeats, i.e.: most individuals will visit from 1 to 4 separate occasions before their cases h	
	F ()	1010
	•	
4b	(Code) (Expenses \$5862.98 including grants of \$) (Revenue \$40000.00)	
	Intake and Referral Program: This program was mandated through a contract with both the City of Lake Wales and Polk County to	o
	service all citizens seeking individual service and / or assistance. The city of Lake Wales was to provide annual Grant assistance	
	to cover the cost of administration and in turn the Green & Gold Foundation was to serve as program Managing Agent of the	
	"B" Street Community Service Center and also provide scheduling usage and some administrative assistance to the center's 4 of	her
	resident agencies. The Basis of the agreement, "Intake and Referral Case Activities" were to include, but not be limited to:	
	(1) Rent, utility (water & light) issues (2) Property taxes (3) Social Security issues (4) Unemployment / Worker's Compensation issues	ues
	(5) Insurance issues (6) Parenting issues (7) Job Discrimination (8) Auto accidents (9) Job issues (10) Legal separations	
	(11) Housing (general) (12) Legal (general) (13) Social issues (14) Medical assistance (15) Meetings - clubs, churches, associations	s
	(16) Meetings - City and County (17) Tax issues and seminars (18) Family conflict issues (19) After School Enrichment Program	
	(20) Social skills problems (21) Various Workshops.	
	In summary, the Green & Gold Foundation was to provide vital Intake and Referral services to local citizens and organizations.	
4c	(Code) (Expenses \$13608.45 including grants of \$) (Revenue \$14225.00)	
	Summer Programs:	
	We, the Green & Gold Foundation, have been sponsoring the Summer Enrichment, Academic & Recreational Program for area	
	elementary children in order to support and reiterate the basic skills students learn during the academic year. In some instances,	<b>'</b>
	Personnel, workers, and volunteers are paid by participating community partners. Mostly, we provide supervision (by parents,	
	retired teachers and principals), space, computers, maintenance, materials and supplies.	
	The B Street Community Service Center has partnered with the local county & area schools to Feed from 120 - 150 youths (ages 4	-18)
	throughout the summer. Breakfast & lunch are provided daily during the entire Summer Program.	
		<b></b>
		<b></b>
		<b></b>
A AI	Other program continue (Decembe on Schodule C.)	
4d	Other program services (Describe on Schedule O )  (Expenses **	
40	(Expenses \$ including grants of \$ ) (Revenue \$ )	-
4e	Total program service expenses ► 37189.23	

Part	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	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
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	3		<b>✓</b>
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? <i>If "Yes," complete Schedule C, Part II</i>	4		✓
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	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	11b		1
С	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	11c		1
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	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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	11f		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>∀</b>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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.	145		
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.	14b		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<i>y</i>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<i>y</i>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			Ť
20-	If "Yes," complete Schedule G, Part III	19 20a	-	<b>√</b>
20a b	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<b>✓</b>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	24		· ,

Part	IV Checklist of Required Schedules (continued)		<u>.</u>	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		* /
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		<b>√</b>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		<b>√</b>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a	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		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		<b>✓</b>
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		1
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<b>√</b>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	i	1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
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 .	35b		✓
36	<b>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	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		✓
38	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	38	✓	
Part				_
	Check if Schedule O contains a response or note to any line in this Part V			<u>_</u> _
10	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .   1a   0	حدين	Yes	No
1a b	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
C	reportable gaming (gambling) winnings to prize winners?	1c		<b>✓</b>

Part \	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2 <del>a</del>	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  2a 9			l
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) .		<u> </u>	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		Ż
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	-		<u> </u>
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
	If "Yes," enter the name of the foreign country ►			<u> </u>
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
		5c	_	<u></u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		-
	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?	6a		1
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		1
	Organizations that may receive deductible contributions under section 170(c).			
	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?	7a		1
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		1
	If "Yes," indicate the number of Forms 8282 filed during the year		1	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<b>V</b>
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<b>1</b>
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<b>✓</b>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		✓
	Sponsoring organizations maintaining donor advised funds.			
а	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?	9b		<b>✓</b>
	Section 501(c)(7) organizations. Enter			-
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .   12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		<b>✓</b>
	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			1
	Enter the amount of reserves on hand			l
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	•	1
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		1
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		1
	If "Yes," see instructions and file Form 4720, Schedule N.			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		1
	If "Yes," complete Form 4720, Schedule O.			_

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O Check if Schedule O contains a response or note to any line in this Part VI	See in	ístruc	
Secti	on A. Governing Body and Management		-	-
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year La 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 on Schedule O			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 16			1
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	<b>✓</b>	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	•	1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u> </u>
6	Did the organization have members or stockholders?	6	<b>√</b>	Ť
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		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	<b>√</b>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue Co	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<b>✓</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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<u> </u>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			لــِـــا
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		✓
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c		
13	Did the organization have a written whistleblower policy?	13		<b>✓</b>
14	Did the organization have a written document retention and destruction policy?	14	<u> </u>	<del></del> i
15	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?			
a	The organization's CEO, Executive Director, or top management official	15a		<b>√</b>
b	Other officers or key employees of the organization	15b	<u></u>	1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		<b>✓</b>
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?	16b		
Secti	on C. Disclosure			L
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(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 on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	finter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	<b>&gt;</b>	
	Clinton Horne, 230 B Street, Lake Wales, FL 33853			

Form	990	(201	9)
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		· · · · · · · · · · · · · · · · · · ·
Part VI		Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and
	•	Independent Contractors

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

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

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

Check this box if neither the organization no	r any relate	d orga	anız	atıc	n c	ompe	nsa	ted any current	officer, director,	or trustee
				((	C)			[		
(A)	(B)	İ			ition			(D)	(E)	(F)
Name and title	Average hours	(do not check more than one box, unless person is both an officer and a director/trustee)					an tee)	Reportable compensation	Reportable compensation from related	Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Narvell Peterson	ļ									
President		✓		✓				0	0	0
(2) Alice Sanders Exec. Vice President		1		1				0	0	0
(3) Clinton Horne										
Past President		✓		✓				0	0	0
(4) Terrye Y. Howeli										
Past President		✓		✓				0	0	0
(5) Jerome Mack Past President	ļ	1		1				0	0	0
(6) Roscoe Williams		<del>                                     </del>		<u> </u>			<u> </u>	-	<u>_</u>	
Past President		1		✓				0	0	0
(7) Terrance Horne										
Vice President - Operations		✓		✓				0	0	0
(8) Janice Snell										
Vice President - Programs		✓		✓				0	0	<u> </u>
(9) Ivory Wilson	<u> </u>			,					_	_
Treasurer	_	1		<u> </u>		-		0	0	0
(10) Sara Jones	<u> </u>			,				_	_	_
Secretary		✓		✓	<u> </u>	-		0	0	0
(11) C. Deming Cowles, Esg.	<b>_</b>									_
Director		<b>/</b>			_			0	0	0
(12) Cassandra L. Denmark, Esq.	ļ									_
Director		<b>✓</b>			<u> </u>			0	0	0
(13) Bernie Hayes	ļ	,						:		
Director	<del> </del>	<b>✓</b>	<u> </u>	<u> </u>			<u> </u>	0	0	0
(14) Alton Norwood	<b>_</b>	,								
Director	ì	<b> </b>	I		1	ŀ		1 0	l 0	l 0

Part	Section A. Officers, Directors,	rustees,	Key	Em			s, an	d F	lighest Compe	nsated Emplo	yees (continued)
					•	C)					
	(A)	(B)	Position (do not check more than obox, unless person is both						(D)	(E)	(F) →
	Name and title	Average							Reportable	Reportable	Estimated amount
		hours per week		т —	,	lirect	or/trust	. <u> </u>	compensation from the	compensation from related	of other compensation
		(list any	Individual trustee or director	Institutional trustee	Officer	F G	en F	Forme	organization	organizations	from the
		hours for	lirec vid	喜	еq	em	hest oloy	mer	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
		related organizations	or a i	ona		Key employee	8 8				related organizations
		below	rust	2		ee ee	npe				
		dotted line)	8	stee			Highest compensated employee				
							8	<u> </u>			<u> </u>
	Rodney Rackley		,								
Direct			✓			┢			0	(	0
Direct	Ralph Roberts	<del> </del>	/			1				,	0
			-		-				0		0
Adviso	Howard Kay, Esq. Dry Board	†	1			1			0	(	o
	Allison Snyder		Ė								
	tive Assistant to the President					1			6400.00	(	o
	Cayreen Neely										
Summ	er Program Director					✓			4740.43	(	0
(20)	Cynthia Robinson	ļ									
Front	Desk				<u> </u>	✓			12500.00		0
(21)	······································	ļ				•					
				├		<b> </b>		<u> </u>			
(22)											}
(23)											
(24)							]				
		<u>.</u>						_			
(25)		ļ	-								
1b	Subtotal	<u> </u>					1		23640.43		
c	Total from continuation sheets to Part	VII. Sectio	n A	•				•	23040.43		
d	Total (add lines 1b and 1c)			•			•	<b>•</b>	23640.43		
2	Total number of individuals (including but	not limited	to th	nose	lıst	ted	above	e) w		e than \$100,000	) of
	reportable compensation from the organi	zation ►									
											Yes No
3	Did the organization list any former of							mpl	oyee, or highes	t compensated	
	employee on line 1a? If "Yes," complete 3										3 ✓
4	For any individual listed on line 1a, is the										
	organization and related organizations individual	greater th	an \$	150,	UUU	) / 1	r "Ye:	S,	complete Sched	uie J for sucr	' 4 V
5	Did any person listed on line 1a receive of		·	neat	· tion	· froi	m anv	 	rolated organizat	on or individua	
	for services rendered to the organization										5 🗸
Secti	on B. Independent Contractors										
1	Complete this table for your five high	nest compo	ensat	ed	ınde	eper	ndent	СО	ntractors that r	eceived more	than \$100,000 of
	compensation from the organization Repo	ort compen	satio	n foi	r the	ca	lenda	r ye	ar ending with or	within the orgai	nization's tax year.
	<b>(A)</b> Name and business add	race							(B) Description of serv	uces.	(C) Compensation
	riame and pusitiess add									.003	
								_			
-										-	
2	Total number of independent contractor							th	ose listed above	e) who	
	received more than \$100,000 of compens	ation from f	the or	gan	ızat	ion l	▶		0		

Part	, AIIÎ	Check if Schedule			rospor	see or note to a	ny line in this Da	ort V/III		С
•	••••	Check it Schedule	0 00	ritairis a	respoi	ise of flote to a	(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 b c d	Federated campaig Membership dues Fundraising events Related organization Government grants	ns . (cont	ributions	1b 1c 1d 5) 1e	775.00 6335.00	-1;			
ontributions nd Other Si	f g	All other contribution and similar amounts no Noncash contribution lines 1a–1f	ot inclu ons in	uded abo	ve 1f n 1g	47277.64    \$				
S E	h	Total. Add lines 1a-	-1f .		· ·	<u></u>	54387.64			
Program Service Revenue	2a	Summer Program				Business Code 14225.00 -	5			
le se	ь	Exercise Program				95.00 -	7			
gram Ser Revenue	C.				•					
<b>F a</b>	d									
§ _	e	All -4b				<u> </u>	<del> </del>			
₾	Ţ	All other program se Total. Add lines 2a-				•	44222.00			
	g				· ·	<u> </u>	14320.00			
	4 5						10.15			
		_		(i) F	Real	(II) Personal	1		Tables Tables -	
:	6a	Gross rents	6a	1	7015.00					
	b	Less rental expenses	6b	1			]			
	С	Rental income or (loss)	6с		_		1			
	d	Net rental income of	r (loss	s)		▶	7015.00			
	7a	Gross amount from		(ı) Sec	urities	(II) Other	,			
		sales of assets other than inventory	7a							
evenue	b	Less cost or other basis and sales expenses	7b		-		1			
Š	С	Gain or (loss) .	7c		••		1			
		Net gain or (loss)				. •				•
Other R		Gross income from	m fu	ndraising	g _					
		of contributions rep 1c). See Part IV, line		d on line	e 8a					
	b	Less direct expense			8b					
	С	Net income or (loss)	from	fundrais	sın <u>g eve</u>	ents 🕨				
		Gross income factivities. See Part I	V, lın	e 19 .	9a					
		Less direct expens			9b	<u> </u>	<u>,,</u>			
		Net income or (loss)				es . ▶	<del> </del>	<u> </u>		· · · · · · · · · · · · · · · · · · ·
		Gross sales of in returns and allowan	ces	·	10a	<del> </del>				
		Less. cost of goods			10b					
	С	Net income or (loss)	irom	sales o	invent		<del> </del>			
Sno		0				Business Code				,
e e		Copies/Faxes					25.00	<del>-</del>		
<u> </u>	b	***************************************					<del> </del>	-		
Miscellaneous Revenue	2	All other revenue					<del>                                     </del>			
Ξ̈́	d	Total. Add lines 11a				•	35.00			
	12	Total revenue See			<u>···</u>	· · · ·	25.00			

Statement of Functional Expenses

	n 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a response	or note to any line	in this Part IX .		<u>.</u> 🗆
	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22.				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	510.65	324.72		
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	19800.35	12591.04	7209.31	· · · · · · · · · · · · · · · · · · ·
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	172.64	109.78	62.86	· · · · · · · · · · · · · · · · · · ·
10	Payroll taxes	1640.20	1043.00	597.20	
11	Fees for services (nonemployees).				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
40	(A) amount, list line 11g expenses on Schedule O.)	1492.65	949.18	543.47	
12 13	Advertising and promotion	3523.04	2240.30	1282.74	
14	Information technology	1322.69	841.10	481.59	
15	Royalties				
16	Occupancy				
17	Travel	756.83	481.27	275.56	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	730.03	401.27	273.30	
19	Conferences, conventions, and meetings	300.25	190.93	109.32	
20	Interest		130.33	109.32	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				<del></del> ·
23	Insurance	4250.72	2703.03	1547.69	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Maintenance Expense	1924.04	1223.50	700.54	
b	Utilities Expense	9327.27	5931.21	3396.06	
С	Summer Program	13608.45	8653.61	4954.84	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	58629.78	37282.68	21347.10	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here   ☐ if following SOP 98-2 (ASC 958-720)				

Р	art X.	Balance Sheet  Check if Schedule O contains a response or note to any line in this Pai		-	
		Check is Schedule O contains a response of flote to any line in this Fall	(A) Beginning of year	· · ·	(B) End of year
	1	Cash—non-interest-bearing	26465.54	1	38173 61
Assets	2	Savings and temporary cash investments	19726.99		22237.98
	3	Pledges and grants receivable, net	0		0
	4	Accounts receivable, net	837 61		1837.61
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0		0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .	0	6	
	7	Notes and loans receivable, net	95.00	7	95.00
	8	Inventories for sale or use	0		0
As	9	Prepaid expenses and deferred charges	1392.35	9	1392.35
	10a	Land, buildings, and equipment. cost or other basis Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation . 10b	431192.71	10c	444939.53
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities See Part IV, line 11	0	12	0
	13	Investments – program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	479710 20	16	508676.08
	17	Accounts payable and accrued expenses	-2635.24	17	-33.19
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
jab		controlled entity or family member of any of these persons	0		0
_	23	Secured mortgages and notes payable to unrelated third parties	0		0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24) Complete Part X of Schedule D	1317.12	25	1226.97
	26	Total liabilities. Add lines 17 through 25	(-)1318.12		1193.78
seo	20	Organizations that follow FASB ASC 958, check here ▶ □ and complete lines 27, 28, 32, and 33.	(313.10.12	20	1155.76
ā	27	Net assets without donor restrictions		27	
Ba	28	Net assets with donor restrictions		28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ ☑			
<u>o</u>	20	and complete lines 29 through 33.		29	
ţs (	29	Capital stock or trust principal, or current funds	0	~	0700.00
šše	30	Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds	9700.00		9700.00
Ä	31 32	Total net assets or fund balances	471328.32 8381.88	_	480654.29
Š	33	<del>-</del>	479710.20		17128.01
	33	lotal liabilities and net assets/fund balances	4/9/10.20	<b>99</b>	508676.08

_	4	•
Page	1	4

0	20 (20 (3)			Г.	age 12
Par	XI Reconciliation of Net Assets			, +	
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	<u>. U</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		75	757.79
2	Total expenses (must equal Part IX, column (A), line 25)	2		586	629.78
3	Revenue less expenses Subtract line 2 from line 1	3		17	128.01
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .	4			
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 on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10			
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990. ✓ Cash ☐ Accrual ☐ Other		[		
	If the organization changed its method of accounting from a prior year or checked "Other," of	explain	ın		
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were co	mpiled	or		
	reviewed 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		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited on	a		
	separate basis, consolidated basis, or both				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov				
	the audit, review, or compilation of its financial statements and selection of an independent account	ant? .	2c		
	If the organization changed either its oversight process or selection process during the tax year, e	xplain o	on		
	Schedule O.				]
3a		rth in th	ne		
	Single Audit Act and OMB Circular A-133?		3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not uni		I		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such	audits	3b		
			r	000	(0010)

### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **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.

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

	and Gold Foundation of Lake Wale				<u> </u>		18203
Par							ons.
1 2 3	organization is not a private foundar A church, convention of churce A school described in section A hospital or a cooperative ho A medical research organization	hes, or associati 170(b)(1)(A)(ii). spital service org	on of churches descr (Attach Schedule E (F ganization described i	ibed in se form 990 n <mark>sectio</mark> r	ection 17 or 990-E n 170(b)(1	0(b)(1)(A)(i). Z) ) I)(A)(iii).	(iii) Fotor the
4	hospital's name, city, and state	e					·
5	An organization operated for section 170(b)(1)(A)(iv). (Com	plete Part II.)	-		·		ai unii described in
6 7	☐ A federal, state, or local gover☐ An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				n the general public
8	A community trust described i	n section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9	An agricultural research organ or university or a non-land-grauniversity.	ization described int college of agr	d in section 170(b)(1) iculture (see instruction	(A)(ix) op ons) Ente	r the nan	ne, city, and state of	the college or
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	to its exempt full t income and uni	nctions—subject to c related business taxa	ertain exc ble incom	ceptions, ie (less se	and (2) no more that ection 511 tax) from	n 331/3% of its
11	☐ An organization organized and	l operated exclus	sively to test for public	c safety.	See <b>sect</b> i	ion 509(a)(4).	
12	An organization organized and of one or more publicly support	operated exclus	sively for the benefit o	f, to perfo	orm the fu	unctions of, or to cai	
	Check the box in lines 12a thro	ough 12d that des	scribes the type of sur	porting o	rganızatı	on and complete line	es 12e, 12f, and 12g
а	Type I. A supporting organithe supported organization supporting organization. Y	(s) the power to	regularly appoint or e	lect a ma	jority of t		
b	☐ <b>Type II.</b> A supporting organization(s) <b>You must</b>	the supporting o	rganization vested in	the same			
С	Type III functionally integ its supported organization(						ally integrated with,
d	☐ Type III non-functionally that is not functionally integrequirement (see instructional transfer of the contraction of the co	grated. The orga	nization generally mu	st satisfy	a distribi	ition requirement an	
е	Check this box if the organ functionally integrated, or						e II, Type III
f	Enter the number of supported of	organizations					
g	Provide the following information	n about the supp	orted organization(s)				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)		-					
(C)	1.00				_		
(D)							
E)							

Total

Let							
`	(Complete only if you checked the						ality under .
Sect	Part III. If the organization fails to ion A. Public Support	o quainy unde	er the tests in	stea below, p	nease compi	ete Part III.)	
	idar yeàr (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and	(a) 2013	(b) 2010	(6) 2017	(0) 2018	(e) 2019	(i) Total
•	membership fees received (Do not						
	ınclude any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf .						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge \						
4	Total. Add lines 1 through 3				,		
5	The portion of total contributions by	ļ		1			
	each person (other than a						
	governmental unit or publicly	!					
	supported organization) included on ine 1 that exceeds 2% of the amount	<b>\</b> .					
	shown on line 11, column (f)	<b>  `</b> 、					
6	Public support. Subtract line 5 from line 4				+		
	on B. Total Support		I	<u> </u>	<u> </u>	ļ	
	dar year (or fiscal year beginning in)	(a) 2015、	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	(4)233	(2) 2010	(5, 25	(-,	(0) 20.0	
8	Gross income from interest, dividends,						
	payments received on securities loans,		٠.				
	rents, royalties, and income from						
	similar sources		` `				
9	Net income from unrelated business		\				
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets				1		
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10				1	<u> </u>	
12	Gross receipts from related activities, etc	(see instruction	ons) .	<u> </u>	I	12	
13	First five years. If the Form 990 is for th		•	d. third. fourth	n, or fifth tax v		n 501(c)(3)
	organization, check this box and stop he			· · \	<u>`</u> .		`▶ □
Secti	on C. Computation of Public Suppor	t Percentag	е				
14	Public support percentage for 2019 (line 6	3, column (f) di	vided by line 1	1, column (f))		14	%
15	Public support percentage from 2018 Sch	•		-	\.	15	%
16a	331/3% support test – 2019. If the organi				nd line 14 is 33	31/3% or more,	check this
	box and <b>stop here.</b> The organization qua	•		•			-
b	331/3% support test—2018. If the organi				•	ıs 331/3% or m	ore, check
	this box and <b>stop here.</b> The organization	-	• • •	_			. •
17a	10%-facts-and-circumstances test — 20						
	10% or more, and if the organization me Part VI how the organization meets the "						
	organization	iacis-and-circi	umstances te	st. The organi	zation qualifies	s as a publicly	supported -
L	•	 140 lf tha are:				  Go 16h -: 17	ا ۲۰۰۰
b	10%-facts-and-circumstances test – 26 15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization in						
	supported organization						
18	Private foundation. If the organization di	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b. chec	k this box and	see \
	instructions						▶\\□

#### 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 Part II.)

Secti	on A. Public Support		to notog bolo	w, pieuce ce	inploto i di cii	···	
_	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees	` '				. ,	
	received (Do not include any "unusual grants")	43930.02	38818.00	69622.99	56328.53	68612.64	349887.90
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	190.00	9165.75	11013.43	9537.25	7135.00	49567.43
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	44120.02	47983.75	80636.42	65865.78	75747.64	399455.33
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						
с 8	Add lines 7a and 7b						399455.33
Secti	on B. Total Support		L				
Calen	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	44120.02	47983.75	80636.42	65865.78	75747.64	399455.33
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	0	303.69	8.32	10.67	10.15	332.83
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	0	303.69	8 32	10.67	10.15	332.83
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	44120.02	48287.44	80644.74	65876.45	75757.79	399788.16
14	First five years. If the Form 990 is for the organization, check this box and stop her	e organization'					
Secti	on C. Computation of Public Suppor	t Percentage	)				
15	Public support percentage for 2019 (line 8	3, column (f), di	vided by line 1	3, column (f))		15	99.92 %
16	Public support percentage from 2018 Sch			<u> </u>		16	99.90 %
Secti	on D. Computation of Investment Inc						
17	Investment income percentage for 2019 (			-		17	.08 %
18	Investment income percentage from 2018					18	1.06 %
19a	331/3% support tests—2019. If the organi						
_	17 is not more than 33½%, check this box						
b	331/3% support tests—2018. If the organize line 18 is not more than 331/3%, check this back this						
20	Private foundation. If the organization di	d not check a b	ox on line 14,	19a, or 19b, c	heck this box a	and see instruc	tions 🕨 🗌

#### 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.)

Castian	A AII	Cupporting	Overeninetiene
Section	A. AII	Supporting	<b>Organizations</b>

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а		3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
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	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	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 <b>Part VI</b> 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	4c		-
5а	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 <b>Part VI</b> , 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)	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	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.	5c_		
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)	7		
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).	8		
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 <b>Part VI</b> .	9a		
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 <b>Part VI.</b>	9b		
С	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 <b>Part VI.</b>	9c		
l0a	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.	10a		

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 )

10b

Part	V Supporting Organizations (continued)			
•		-	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			<u>,</u>
	below, the governing body of a supported organization?	11a		ļ
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	i	
Secui	on B. Type i Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	110
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year			
	organizations and what conditions of restrictions, if any, applied to such powers during the tax year	1_		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	<b></b>	
Saction	on C. Type II Supporting Organizations			ļ
Jectil	on on type in outpoining organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (ii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	Ė		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	<u> </u>		Щ.
<del></del>		3		
	on E. Type III Functionally Integrated Supporting Organizations		ation	<u></u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below.	nstru	Cuon	S).
a b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (	see in	struct	ions)
2	Activities Test. Answer (a) and (b) below.			No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	<u> </u>		
	•	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		lacksquare
3	Parent of Supported Organizations. Answer (a) and (b) below.	<b></b>		$\vdash \lnot$
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI).			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	1001	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8	•	
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2	t.	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		1
7 Check here if the current year is the organization's first as a non-functionall	y int	egrated Type III support	ing organization (see

Pair V Type III Non-Functionally integrated 509(a)(3) Supporting Organizations (continued)						
Secti	Current Year					
1	Amounts paid to supported organizations to accomplish	_				
2	Amounts paid to perform activity that directly furthers exe					
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purp	,,,				
4_	Amounts paid to acquire exempt-use assets			_		
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions					
7_	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which					
	(provide details in Part VI). See instructions					
9	Distributable amount for 2019 from Section C, line 6					
10	Line 8 amount divided by line 9 amount					
Secti	on E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
1	Distributable amount for 2019 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in <b>Part VI</b> ) See instructions					
_3_	Excess distributions carryover, if any, to 2019					
a	From 2014					
b	From 2015					
C	From 2016					
d	From 2017					
e	From 2018					
f	Total of lines 3a through e					
	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2019 distributable amount					
i	Carryover from 2014 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2019 from					
	Section D, line 7 <sup>-</sup> \$					
a	Applied to underdistributions of prior years					
b	Applied to 2019 distributable amount					
С	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.					
6	Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in <b>Part VI.</b> See instructions					
7	Excess distributions carryover to 2020. Add lines 3j and 4c.					
_8	Breakdown of line 7.					
а	Excess from 2015					
b	Excess from 2016					
С	Excess from 2017					
d	Excess from 2018					
е	Excess from 2019					

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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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#### SCHEDULE O (Form 990 or 990-EZ)

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

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

OMB No 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Name of the organization **Employer identification number** Green and Fold Foundation of Lake Wales Inc. 59-3718203 Form 990, Part VI, a) # 2 Board of Directors – Janice Snell & Alice Sanders are sisters b) # 6. The organization had Members c) # 8a Yes, via Board minutes d) #8b Yes => Each committee has authority to act on behalf of the Green & Gold Foundation of Lake Wales, Inc. - up to the budgeted amounts / or up to \$200, otherwise the Board of Directors must decide upon the request at the next regularly scheduled meeting, or special call meeting. e) # 11b. The entire Board of Directors is provided a copy of the completed Form 990, Return of Organization Exempt from Income Tax via personal folder. Each Board member signs indicating receipt of the report / form. 1) # 19: The governing documents, Board policies, and Financial Statements are provided (in their individual folders) during each Board Member's orientation period, and at the end of each Board meeting (quarterly & annually). The Public is made aware of these items through the Annual meeting, the Quarterly Newsletters, and the Website.