# 2949321201617 706

Form **990** (Rev. January 2020) Department of the Treasury **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! Go to www ire gov/Form990 for instructions and the latest info

Open to Public Inspection

		2 2019 calendar year, or tax year beginning JUL 1, 2019 and		JUN 30, 2020	1
			citaling		
BC	heck if oplicabl	C Name of organization		D Employer identifi	cation number
		FLORIDA CULTURAL GROUP, INC.			
L.	Addre	(FORMERLY THE MANATEE PLAYERS, INC.)			
X	Name	Doing business as		<u>59-11960</u>	43
$\overline{}$	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/su	ute E Telephone numbe	r
$\vdash$	Final	502 3PD AVENUE WEST		941-749-	
_	Ireturn termir		1	G Gross receipts \$	2,122,583.
_	ated ∏Arnen	City or town, state or province, country, and ZIP or foreign postal code  BRADENTON, FL 34205			
느	_return  Applic	H(a) Is this a group r			
$ldsymbol{\sqcup}$	_tion pendi	F Name and address of principal officer OANBING IT ANTICK	2	for subordinates	s?
		SAME AS C ABOVE	<u> </u>	H(b) Are all subordinates in	ncluded? Yes No
		empt status X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1)			list (see instructions)
JV	Vebsi	te: ► HTTP://WWW.MANATEEPERFORMINGARTSCENTE	₹÷ĆOM	H(c) Group exemption	n number
K F	orm o	organization: X Corporation Trust Association Other	LY	ear of formation: 1948	M State of legal domicile; FL
	rt I	Summary			
	_		ΜΑΝΙΔΙ	TEE PERFORMIN	G ARTS
ě	1	CENTER DOES MORE THAN ENTERTAIN; WE CHANGE			
ä					
Governance	2	Check this box  if the organization discontinued its operations or dispositions of voting members of the governing body (Part VI. line 1a)	sed of m	OTE THAT 25 W OF Its HET AS	sets
Š	3	Number of voting members of the governing body (Part VI, line 1a)		LCLIVED (1	
	4	Number of independent voting members of the governing body (Part VI, line 14)		1 354	15
တ္	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	입사 없	V 0 3 2020 1 94	27
iţi	6	Total number of volunteers (estimate if necessary)	110	1 0 0 5050	327
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	Ľ	<u>47</u>	0.
ĕ		Net unrelated business taxable income from Form 990-T, line 39	Q(	GDEN, UT 175	0.
		Net differenced business taxable income from 1 offi 350-1, inte 65		Prior Year	Current Year
		0		708,270.	1,028,887.
e e	8	Contributions and grants (Part VIII, line 1h)			
eu.	9	Program service revenue (Part VIII, line 2g)		1,336,686.	901,799.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		129.	78.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		287,472.	191,819.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,332,557.	2,122,583.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		683,153.	618,442.
es				0.	0.
Expense	16a	Professional fundraising fees (Part IX, column (A), line 11e)	00		
<u>.</u>	b	Total fundraising expenses (Part IX, column (D), line 25)	<del>33.</del>	2 012 402	1 050 071
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,013,482.	1,958,071.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,696,635.	2,576,513.
	19	Revenue less expenses. Subtract line 18 from line 12		-364,078.	-453,930.
or ses				<b>Beginning of Current Year</b>	End of Year
ets	20	Total assets (Part X, line 16)		17,175,019.	16,687,316.
ASS Ba	21	Total liabilities (Part X, line 26)		5,873,553.	5,839,780.
Net Assets or Fund Balances	22	Net assets or fund balances Subtract line 21 from line 20		11,301,466.	10,847,536.
	rt II	Signature Block		11/301/1000	
		<u> </u>			. I was a land a land of the land
		lities of perjury, I declare that I have examined this return, including accompanying schedule			knowledge and belief, it is
true,	corre	t, and com <del>plete. D</del> eclaration of preparer other than effice, is based on all information of w			
		I Janes M. M. Mines	<u>ه دو</u>		18/2020
Sigr	1	Signature of officer		Date /	
Her	е	JANENE M AMICK, CEO			
		Type or print name and title			<u> </u>
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		BYRON E. SHINN BYRON E. SHINN		10/22/20 If self-empto	<b>—</b> 1
			_		72-1396621
Prep		Firm's name CARR, RIGGS & INGRAM, LLC		Firm's EiN	14-1330041
Use	Unly	Firm's address 1001 3RD AVENUE W., STE 500			4 848 0500
		BRADENTON, FL 34205		I Phone no. 9 4	1.747.0500

SCANNED FEB 0 9 2022

LHA For Paperwork Reduction Act Notice, see the separate instructions. 932001 01-20-20

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes Form 990 (2019)

932002 01-20-20

Form 990 (2019) (FORMERLY THE MANATEE PLAYERS, INC.)

Part IV | Checklist of Required Schedules

			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
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	4		Х
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		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ū	Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ū	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		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	Ť		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	х	
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		x
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		x
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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
ь	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
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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	14b		х
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	15		X
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		X
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	17		X
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"			
	complete Schedule G, Part III	19		X
20a		20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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	21		X
	2010000	Form	990	(2019)

FLORIDA CULTURAL GROUP, INC.

Form 990 (2019) (FORMERLY THE MANATEE PLAYERS, INC.) 59-1196043 Page 4

Part IV Checklist of Required Schedules (continued)

<u> </u>	Continued)			
	Did the assessment report many than \$5,000 of grants or other applications to or for democitic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	├ <del></del>	<u> </u>	<del></del>
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		х
24 2	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
274	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		ĺ	
	Schedule K If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	ļ		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	Ь—	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	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%	ŀ		l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	├──	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,		ł	
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			٦,
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	—	X
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)	<u> </u>		<del> </del>
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	١	<b> </b> ₩	
	"Yes," complete Schedule L, Part IV	28a	X	х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	_	<u>├</u>
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		х
	"Yes," complete Schedule L, Part IV	28c 29	$\vdash$	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25	<del>                                     </del>	1
30	•	30	İ	x
~4	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	<b>—</b>	X
31	Did the organization required the complete scriedule is, Part in the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>	<del>                                     </del>	
32		32		х
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<u> </u>
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	<u> </u>		
•	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	$oldsymbol{ol}}}}}}}}}}}}}}}}}$	Х
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	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		l	
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			لطر
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	ł	]	
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	1	1	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		<u> </u>	ļ
	(gambling) winnings to prize winners?	1c	000	<u></u>
02200	3.01-20-20	Form	1 <del>2 2</del> 0	(2019)

Га	Statements Regarding Other Ind Fillings and Tax Compliance (continued)			<del></del> -
			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 2a 27		<del></del>	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<u>2b</u>	Х	<u> </u>
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<u></u>	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	_3b_		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4		х
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		_
D	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)	'		
E.	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>——</u> 5а		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
O <sub>4</sub>	any contributions that were not tax deductible as charitable contributions?	6a	X	
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b	X	
7	Organizations that may receive deductible contributions under section 170(c).			
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?	7a	x	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			,
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	-	ļ
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		
9	Sponsoring organizations maintaining donor advised funds.		—	
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b_		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
_	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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			ليبا
14a	Did the organization receive any payments for indoor tanning services during the tax year?	_14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15		X
16	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?		—	<u></u>
16	If "Yes," complete Form 4720, Schedule O	10		<del>                                     </del>
	ii 100, complete i ditti 1720, contequio c	Form	990	(2019)
				/

(FORMERLY THE MANATEE PLAYERS, INC.) 59~1196043 Form 990 (2019) 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 on Schedule O. See instructions  $\mathbf{x}$ Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 15 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 15 b Enter the number of voting members included on line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee, or key employee? 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? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 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 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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a X **b** Each committee with authority to act on behalf of the governing body? **8**b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No 10a Did the organization have local chapters, branches, or affiliates?

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	_X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 .	12a	_X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	_X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	_X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b_		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			-
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		X
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		

ection C.	Disc	losure
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17	List the states with which a copy of this Form 990 is re	quired to be filed 🕨	FI	

502 THIRD AVENUE WEST, BRADENTON,

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) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain on Schedule O)

X Own website X Another's website X Upon request

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and reco JEFFREY EVANS - (941) 749-1111

rds	▶.	 		

Form 990 (2019)

FL

 $3420\overline{5} - 7815$ 

Form 990 (2019) 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 See instructions for the order in which to list the persons above.

Name and title	Average hours per week (list any hours for	box offi	not cl unles	s per	nore	than c		Reportable	Reportable	Estimated	
	week (list any	box offi	, unles	s per				ricportable	nepolitable	Laumateu	
	(list any		box, unless person is both an officer and a director/trustee)				an	compensation	compensation	amount of	
				a a a	recto	rrtrus	(66)	from	from related	other	
	nours for	recto						the organization	organizations (W-2/1099-MISC)	compensation from the	
	related	b or d	tee			sated		(W-2/1099-MISC)	(VV-2/1099-WIISC)	organization	
	organizations	Individual trustee or director	Institutional trustee		)ee	mpen		(***2/1000*******************************		and related	
	below	len	utio	_	mpfo	st co	-e-			organizations	
	line)		Instit	Officer	Key employee	Highest compensated employee	Former				
(1) RON LENNON, PH.D	0.00		П								
CHAIR		X		X				0.	0.	0.	
(2) JOHN C. DIEM	0.00							_			
TREASURER		X		X				0.	0.	0.	
(3) SUSAN ROMINE	0.00										
SECRETARY		Х		Х	L			0.	0.	0.	
(4) RONALD ALLEN	0.00										
BOARD MEMBER		X						0.	0.	0.	
(5) STEVE BAYARD	0.00										
VICE CHAIR		X		X				0.	0.	0.	
(6) NANCY CHRISTIAN	0.00										
BOARD MEMBER		X						0.	0.	0.	
(7) JOHN CONTE	0.00										
BOARD MEMBER		X						0.	0.	0.	
(8) VERNON DESEAR	0.00							,			
BOARD MEMBER		X						0.	0.	0.	
(9) JACK HAWKINS	0.00										
BOARD MEMBER		X						0.	0.	0 .	
(10) EILEEN HOFFNER	0.00										
BOARD MEMBER		Х						0.	0.	0 .	
(11) JON SEELEY, PHD.	0.00										
BOARD MEMBER		X	L					0.	0.	0.	
(12) ALVIN STEINBERG	0.00									_	
BOARD MEMBER		X						0.	0.	0.	
(13) JOHN TUCKER, JR.	0.00									_	
BOARD MEMBER		X	Щ					0 <u>.</u>	0.	0.	
(14) JOHN HARGREAVES	0.00							_ `		_	
BOARD MEMBER		X	Ш					0.	0.	0.	
(15) CAROL COUSE	0.00	Į									
BOARD MEMBER		X	Щ					0.	0.	0.	
(16) JANENE M. AMICK	40.00							_ : : : : :			
CEO		<u> </u>	Щ	X		Щ		84,446.	0.	7,956.	
	ļ										

932007 01-20-20

Form 990 (2019)

Part VII Section A. Officers, Directors, T	rustees, Key Emp	oloye	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			(0	<b>C)</b>			(D)	(E)			(F)	
Name and title	Average	(do		Pos		than c	ne	Reportable	Reportable		Es	tımate	d
	hours per	box,	untes	s per	son ı	s both	an	compensation	compensation	ו		ount o	of
	week (list any	$\vdash$	, Gran	uau	1 3010	1,003	50,	from the	from related organizations			other pensat	tion.
	hours for	direct				٦		organization	(W-2/1099-MIS			om the	
	related	ee 0r	stee			nsate		(W-2/1099-MISC)	(** 2	-/		anızatı	
	organizations	1 trust	nal tru		oyee	ompe		,			and	i relate	ed
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			l	orga	ınızatıd	ons
	line)	르	th	₽	ē,	훈등	For		<del></del>	$\dashv$			
		П											
		Щ				_				$\dashv$			
					$\vdash$	┢			-				
		Ш					L					_	
	<u></u>												
	· · · · · · · · · · · · · · · · · · ·				┝	┝							
		L				_							
					_	†	$\vdash$	-	" <del></del>				
											<del></del>		
1b Subtotal								84,446.		0.	<u> </u>	7,9!	
c Total from continuation sheets to Par	t VII, Section A							0.		0.		7,9	0.
d Total (add lines 1b and 1c)			1 - 4 -			· · · · ·	<u> </u>	84,446.	000 -6			1,9:	
Total number of individuals (including be compensation from the organization		ose	liste	o ac	oove	e) wn	o re	eceived more than \$100,	ood of reportable				0
compensation from the organization								<del></del>	<del></del> -			Yes	No
3 Did the organization list any former offi	cer, director, trust	ee, k	ey e	mpl	loye	e, or	hıg	hest compensated empl	oyee on				
line 1a? If "Yes," complete Schedule J f			•	·	-		Ī	•	-		3		X
4 For any individual listed on line 1a, is th		е со	mpe	nsa	tion	and	oth	ner compensation from t	ne organization				
and related organizations greater than \$											4		X
5 Did any person listed on line 1a receive							elate	ed organization or individ	lual for services				- <del></del> -
rendered to the organization? If "Yes."	complete Schedul	e J fo	or su	ıch i	oers	on			··-		5		X
Complete this table for your five highes:	t compensated inc	lene	nder	nt co	ontra	acto	rs th	nat received more than \$	100.000 of comp	ensaí	ion fro	m	
the organization Report compensation	•												
(A)								(B)		_	(C		
Name and busin	ess address	NC	ONE	3			$\dashv$	Description of s	ervices		omper	nsation	1 
							┪						
							_		-				
2 Total number of independent contracto	rs (including but o	nt lun	nıtec	l to	thos	a lie		above) who received me	ore than				
2 Total number of independent contracto \$100,000 of compensation from the org		J. 1111				)	.cu	above, who received me	,, o unull				
			_			_					Form 9	990 (2	2019)

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FLORIDA CULTURAL GROUP, INC.

Form 990 (2019) (FORMERLY THE MANATEE PLAYERS, INC.)

Part VIII Statement of Revenue

			Check if Schedule O co	onta	ains a resi	onse	or note to any lir	ne in this Part VIII			
			<del> </del>					(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
									function revenue	business revenue	sections 512 - 514
~ ·	_	_	Federated campaigns	_	la.	1		-			
Contributions, Gifts, Grants and Other Similar Amounts			, ,		1a	<u> </u>					į
<b>8</b>			Membership dues		1 <u>1</u>	<del>                                     </del>					ļ
A, a			Fundraising events		<u>1c</u>	1		-			
ig ig			Related organizations		10	1	15 501	-			]
S,		е	Government grants (contrib	out	ons) <u>le</u>	<u> </u>	45,591.	1			
ΪŠ		f	All other contributions, gifts, g	rani	ts, and	ļ		-			
절력			similar amounts not included a	abov	/e <b>1f</b>		<u>983,296.</u>	,			
들의		g	Noncash contributions included in li	nes 1	1a-1f 1g	\$					
ပ္ပိုင္တိုင္တ		h	Total. Add lines 1a-1f				•	1,028,887.			
							Business Code				
ارها	2	а	ADMISSIONS/DUI	ΞS			711110	627,597.	627,597.		
ķ			RENTALS				711110	139,097.	139,097.		·
že.			FEES				711110	107,375.	107,375.		
Program Service Revenue		_	CONSERVATORY I	900	OCRAM	<u>c</u>	711110	27,730.	27,730.		
gra Re		a	CONSERVATORI		OGKAM	<u> </u>	711110	27,7300	21,130.		
ğ		е									
-			All other program service re	eve	nue			001 700	<del></del>		
-			Total. Add lines 2a-2f					901,799.	<u></u>		
	3		Investment income (includi	ng (	dıvıdends	ıntere	st, and				
			other similar amounts)				<b>&gt;</b>				78.
	4		Income from investment of	tax	-exempt l	ond p	roceeds				
	5		Royalties				<b>•</b>				
					(i) Re	al	(iı) Personal				
1	6	а	Gross rents	6a				1			1
		b	ł	6b				1			
			·	6c							
			Net rental income or (loss)	<u> </u>	1						<del></del>
			Gross amount from sales of		(i) Secu	rities	(iı) Other	· · · · · · · · · · · · · · · · · · ·			
	′	а		_	(1) 0000	11103	(ii) Other	1			
			· 1	<u>7a</u>	<del>                                     </del>		_	1			
		b	Less cost or other basis								
2			·	<u>7b</u>							
ē		C	Gain or (loss)	7c				<u> </u>			
Other Revenue		d	Net gain or (loss)			_	<u> </u>				<del></del>
إخ	8	а	Gross income from fundraising	g ev	ents (not	ļ	J				]
5			including \$		of						
			contributions reported on I	ne	1c) See						
			Part IV, line 18			8a	1				
		b	Less direct expenses		•	8b		1	1		
			Net income or (loss) from fi	ınd	raising ev	_	<b></b>				
- 1			Gross income from gaming		•		l				
ŀ	9	a	Part IV, line 19	ac	viuca. Ot			]			į
		L				9a	<del>                                     </del>	1			ļ
			Less direct expenses	_		9b	L				
			Net income or (loss) from g		_	es					<del></del>
	10	а	Gross sales of inventory, le	SS I	returns	1					
ł			and allowances			10a					
		b	Less cost of goods sold			10b					
		С	Net income or (loss) from s	ales	of invent	ory	▶_	<u> </u>			
T			<del></del> _				Business Code				
ã ,	11	а	OTHER INCOME				711110	175,519.	175,519.		
že j			PROGRAM ADVERT	rI:	SING		541800	16,300.	16,300.		
ee a		c									
Miscellaneous Revenue			All other revenue								
Σ			Total. Add lines 11a-11d					191,819.			1
		<u>-</u>	Total revenue. See instruction					2,122,583.	1.093 618	0.	78.
00000	12	00						_,,	_, 0, 0, 0 1 0 .		Form <b>990</b> (2019)
932009	, 01-	20-7	iu .								(2019)

# Form 990 (2019) (FORMERLY THE MANATEE PLAYERS, INC.) 59-1196043 Page 10 Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A)	
	Check if Schedule O contains a respon				(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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				
	ındıvıduals See Part IV, line 22		<u></u>	· · · · · · · · · · · · · · · · · · ·	
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				
5	Compensation of current officers, directors,				
	trustees, and key employees	92,402.	64,098.	16,176.	<u>12,128.</u>
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and		i		
	persons described in section 4958(c)(3)(B)		054 555	100 100	
7	Other salaries and wages	422,679.	256,777.	122,492.	43,410.
8	Pension plan accruals and contributions (include	0.406	4 004	2 240	000
	section 401(k) and 403(b) employer contributions)	8,106.	4,924.	2,349.	833. 5,366.
9	Other employee benefits	52,248.	31,741.	15,141.	5,366.
10	Payroll taxes	43,007.	26,127.	12,463.	4,417.
11	Fees for services (nonemployees)				
а	· ·			,	
b	-	24 160	F 000	10 160	
С	· ·	24,169.	5,000.	19,169.	
	Lobbying				
e	•				
f	Investment management fees				
g	, ,	21,103.	14,179.	4,991.	1,933.
40	column (A) amount, list line 11g expenses on Sch 0.)	42,355.	42,095.	260.	, 1,555.
12	Advertising and promotion	20,591.	18,311.	1,790.	490.
13	Office expenses Information technology	25,425.	23,314.	1,904.	207.
14 15	Royalties	90,935.	90,935.	1,301.	
16	Occupancy	202,031.	194,798.	5,133.	2,100.
17	Travel	7,184.	7,184.	3,2331	2,2001
18	Payments of travel or entertainment expenses	7,2010	,,1011		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				<del></del>
20	Interest	275,469.	265,607.	6,997.	2,865.
21	Payments to affiliates			- 1.5.5.5	
22	Depreciation, depletion, and amortization	616,466.	604,136.	6,165.	6,165.
23	Insurance	56,525.	54,501.	1,436.	588.
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	COMMENCE TAROR	391,808.	390,418.	1,390.	
b	DENIENT ENDENIES	33,465.	33,465.		<del></del>
c	OUTLET VENUE DISBURSEME	29,063.	29,063.		
d	SHOP SUPPLIES	22,652.	22,646.	6.	
	All other expenses	98,830.	92,944.	2,289.	3,597.
25	Total functional expenses. Add lines 1 through 24e	2,576,513.	2,272,263.	220,151.	84,099.
26	Joint costs. Complete this line only if the organization	<u> </u>			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here f following SOP 98-2 (ASC 958-720)				
					Form 990 (2019)

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Form 990 (2019)

(FORMERLY THE MANATEE PLAYERS, INC.)

Pa	tΧ	Balance Sheet			
		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	345,428.	1	444,824.
	2	Savings and temporary cash investments	5,557.	2	5,636.
	3	Pledges and grants receivable, net		_3	
	4	Accounts receivable, net	6,659.	4_	6,110.
	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		5	
	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)		6	
δ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ĕ	9	Prepaid expenses and deferred charges		9	30,000.
	10a	Land, buildings, and equipment cost or other	•		
		basis Complete Part VI of Schedule D 10a 20,178,960.			
	b	Less accumulated depreciation 10b 3,980,631.	16,814,795.	10c	16,198,329.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets	0.500	14	0.417
	15	Other assets See Part IV, line 11	2,580.	15	2,417.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	17,175,019.	16	16,687,316.
	17	Accounts payable and accrued expenses	55,967.	17	40,909.
	18	Grants payable	477,240.	18	287,895.
	19	Deferred revenue	4//,240.	19	201,093.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%	·····		
ia;		controlled entity or family member of any of these persons	5,340,346.	22	5,377,768.
	23	Secured mortgages and notes payable to unrelated third parties	3,340,340.	24	3,311,1001
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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	0.	25	133,208.
	ac	Total liabilities, Add lines 17 through 25	5,873,553.	26	5,839,780.
	26	Organizations that follow FASB ASC 958, check here   X	3,0,3,333.		3,003,7001
S		and complete lines 27, 28, 32, and 33.		. 1	
2	27	Net assets without donor restrictions	11,295,909.	27	10,841,900.
Jala	28	Net assets with donor restrictions	5,557.	28	5,636.
B	20	Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	·
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
et	32	Total net assets or fund balances	11,301,466.	32	10,847,536.
Z	33	Total liabilities and net assets/fund balances	17,175,019.	33	16,687,316.
					Form <b>990</b> (2019)

Form	990 (2019) (FORMERLY THE MANATEE PLAYERS, INC.)	59-	119604	3 Pa	ge 12
	t 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		22,5	
2	Total expenses (must equal Part IX, column (A), line 25)	2		76,5	
3	Revenue less expenses Subtract line 2 from line 1	3		<u>53,9</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,3	<u>01,4</u>	66.
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			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	10,8	<u>47,5</u>	<u> 36.</u>
Pai	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
			_	Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				]
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		_	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		28	<del>-</del>	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			-
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		<u> </u>	-  <del></del> -	<u> </u> _
b	Were the organization's financial statements audited by an independent accountant?		21	<u> </u>	<del></del>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			l, l
	consolidated basis, or both				l`
	X Separate basis		<u> </u>	_	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		20	: X	
_	If the organization changed either its oversight process or selection process during the tax year, explain on Scho			-	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gie Aud			<sub>v</sub>
	Act and OMB Circular A-133?		3	Н—	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits explain why on Schedule O and describe any steps taken to undergo such audits.	ed audi	t a		
	or audits, explain way on Schedule U and describe any steps taken to undergo such audits		1 34		

Form **990** (2019)

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### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**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

Open to Public Inspection

Name of the organization

FLORIDA CULTURAL GROUP, INC.

(FORMERLY THE MANATEE PLAYERS, INC.)

Employer identification number 59-1196043

Reason for Public Charity Status (All organizations must complete this part ) See instructions. Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) 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 X 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). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 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 I, Type II, 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) (iv) Is the organization listed (v) Amount of monetary (iii) Type of organization (vi) Amount of other (I) Name of supported (ii) EIN in your governing document (described on lines 1-10 support (see instructions) support (see instructions) organization No above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019

	edule A (Form 990 or 990-EZ) 2019 ( rt II   Support Schedule for	FORMERLY '	THE MANATI	SE PLAYERS	S, INC.)	59-119 170(b)(1)(A)(v	
	(Complete only if you checked	<del>-</del>					,
	fails to qualify under the tests						/
Sec	ction A. Public Support		· · · · · · · · · · · · · · · · · · ·	<del></del>			<del>/-</del>
		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	ndar year (or fiscal year beginning in)  Gifts, grants, contributions, and	(a) 2015	(0) 2010	(6) 2017	(0) 2018	(6) 2013	(i) I Gtai
•	membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-			·			/
_	ization's benefit and either paid to						/
	or expended on its behalf					/	1
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						L
4	Total. Add lines 1 through 3						
5	The portion of total contributions					/	
	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)				//	<u></u>	
	Public support. Subtract line 5 from line 4					L	
	ction B. Total Support				/		T
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4				<del>/</del>		<del></del>
8	Gross income from interest,			/			
	dividends, payments received on						
	securities loans, rents, royalties,						
9	and income from similar sources  Net income from unrelated business			/			
9	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)						
11	Total support. Add lines 7 through 10		/				
12	Gross receipts from related activities,	etc (see instruction	ons)			12	
	First five years. If the Form 990 is for	•		d, fourth, or fifth ta	ax year as a section	501(c)(3)	
	organization, check this box and stor	p here	/				<b>▶</b> □
Sec	ction C. Computation of Publi	c Support Per	centáge				
14	Public support percentage for 2019 (l	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	<u>%</u>
15	Public support percentage from 2018		,			15	<u> %</u>
16a	33 1/3% support test - 2019. If the o	,			14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		_				▶□
b	33 1/3% support test - 2018. If the c	,			l line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	. ,			10 10 10		▶∟
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	,				rt villow the orga	mization
	meets the "facts-and-circumstances"	/ -	,		-	170 and line 15 :-	10% or
t	10% -facts-and-circumstances test						
	more, and if the organization meets the	/			-		▶
40	organization meets the "facts-and-circ Private foundation. If the organization						
-10	Frivate Touridation. If the Organizatio	a did not oneck a l	55X 511 1110 15, 100	<u>, , , ου, , , α, οι , , τ</u>			0 or 990-EZ) 2019
					2011		

59-1196043 Page 3 Schedule A (Form 990 or 990-EZ) 2019 (FORMERLY THE MANATEE PLAYERS, Partilly Support Schedule for Organizations Described in Section 509(a)(2) INC.)

(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)

Sec	ction A. Public Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not	1					
	include any "unusual grants ")	910,364.	1624171.	1001312.	773,120.	979,341.	5288308.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the	1124990.	981,482.	847,642.	1251685.	987,767.	5193566.
•	organization's tax-exempt purpose Gross receipts from activities that	1124550.	701,102.	017,012.	12310031	307,707	31333001
3	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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	Total. Add lines 1 through 5	2035354.	2605653.	1848954.	2024805.	1967108.	10481874.
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				-		0.
t	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						0.
,	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6)						10481874.
	ction B. Total Support	ļ <del></del>	<del>-</del>				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	2035354.	2605653.	1848954.	2024805.	1967108.	10481874.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	77,567.	150,023.	154,445.	155,606.	139,175.	676,816.
Ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	: Add lines 10a and 10b	77,567.	150,023.	154,445.	155,606.	139,175.	676,816.
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)	19,765.	23,895.	20,067.	34,440.	16,300.	
13	Total support. (Add lines 9, 10c, 11, and 12)	2132686.	2779571.	2023466.	2214851.	2122583.	11273157.
14	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	x year as a section	1 501(c)(3) organiza	ation,
	check this box and stop here				_		
Se	ction C. Computation of Publi	c Support Per	centage			<del></del>	
15	Public support percentage for 2019 (l	ine 8, column (f), d	ivided by line 13, o	column (f))		15	92.98 %
16	Public support percentage from 2018					16	93.29 %
Sec	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	)19 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	6.00 %
18	Investment income percentage from :					18	<u>5.63 %</u>
19 <i>a</i>	33 1/3% support tests - 2019. If the						
	more than 33 1/3%, check this box ar	•		•			<b>►</b> X
b	33 1/3% support tests - 2018. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che		•	-		-	
<u>20</u>	Private foundation. If the organization	n did not check a l	box on line 14, 19	a, or 19b, check th			
9320	23 09-25-19				Scho	edule A (Form 990	or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 (FORMERLY THE MANATEE PLAYERS, INC.)

Part IV Supporting Organizations

Section A. All 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)

Yes No 1 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 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 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 За (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 3b 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 <u>3c</u> 4a Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "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 4h 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) 4c 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) 5a b Type I or Type II only. Was any added or substituted supported organization part of a class already 5b designated in the organization's organizing document? c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 6 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 6 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

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.)

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)

Schedule A (Form 990 or 990-EZ) 2019

8

9a

9b

9с

10a

10b

Sche	dule A (Form 990 or 990-EZ) 2019 (FORMERLY THE MANATEE PLAYERS, INC.) 59-11	9604	3 Pa	age 5
Par	t IV   Supporting Organizations <sub>(continued)</sub>			
			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)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	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		
Sec	tion B. Type I Supporting Organizations		,	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		<b>'</b>	
	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		<u> </u>	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	<u> </u>	
2	Did the organization operate for the benefit of any supported organization other than the supported			_ 1
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	ŀ		1
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		l	
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting 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 Part VI how control		ľ	:
	or management of the supporting organization was vested in the same persons that controlled or managed		ļ	
	the supported organization(s).	1		
Sec	tion 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, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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			,
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	İ	<u> </u>	
	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 Part VI the role the organization's		l	
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see inst	ructions	).	
2	Activities Test. Answer (a) and (b) below.	•	Yes	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	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 Part VI 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		
3	Parent of Supported Organizations. Answer (a) and (b) below.			i
а	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 Part VI the role played by the organization in this regard.	3b		

Sche	dule A (Form 990 or 990-EZ) 2019 (FORMERLY THE MANATEE PLA	AYER	S, INC.)	59-1196043 Page 6
	rt V. Type III Non-Functionally Integrated 509(a)(3) Supporting	Orgar	nizations	·····
1	Check here if the organization satisfied the Integral Part Test as a qualifying to	rust on	Nov 20, 1970 (explain ii	Part VI) See instructions. All
	other Type III non-functionally integrated supporting organizations must comp	olete Se	ections A through E	_ <del></del>
Sect	ion 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	1		
	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		
	ion 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)	,		
а	Average monthly value of securities	1a		
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		
е	Discount claimed for blockage or other		-	1
	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		
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		
Sec	ion 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		
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_		
7	Check here if the current year is the organization's first as a non-functionally	ntegrat	ed Type III supporting o	ganization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2019

	dule A (Form 990 or 990-EZ) 2019 (FORMERLY THE  Type III Non-Functionally Integrated 509(			9-1196043 Page 7
<u> </u>	on D - Distributions	u)(o) cupporting cra	(Continued)	Current Year
1	Amounts paid to supported organizations to accomplish exe	mot nurnoses		
_ <u></u>	Amounts paid to perform activity that directly furthers exemp		<del></del>	
_	organizations, in excess of income from activity			
_ <del></del>	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		
_ <del>5</del>	Amounts paid to acquire exempt-use assets	or supported organizations	<del></del>	<del> </del>
- <del></del> -	Qualified set-aside amounts (prior IRS approval required)	<del></del>		<del></del>
- <u></u>	Other distributions (describe in Part VI) See instructions			
_ <del></del>	Total annual distributions. Add lines 1 through 6			
<del>-</del>	Distributions to attentive supported organizations to which the	ne organization is responsive		
٥	(provide details in Part VI) See instructions	ie organization is responsive		
9	Distributable amount for 2019 from Section C, line 6			-
	Line 8 amount divided by line 9 amount		·	
10	Line o amount divided by line 9 amount	/A	(ii)	(iii)
Sect	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 (reason-			
	able cause required explain in Part VI) 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			
_ g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
_ i	Carryover from 2014 not applied (see instructions)	· .		
i	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2019 from Section D,			
	line 7 \$			
a	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			<u> </u>
c	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 Part VI. See instructions.			
- <u>-</u>	Remaining underdistributions for 2019 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			Ì
	Part VI See instructions			
7	Excess distributions carryover to 2020. Add lines 3			
-	and 4c			
8	Breakdown of line 7			
	Excess from 2015			
	Excess from 2016	<del></del>		
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
		<u></u> _		<u></u>

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-EZ) 2019	(FORMERLY	<u> THE MANAT</u> ER	E PLAYERS, I	NC.) 59	-1196043 Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1 line 1, Part IV, Section D, Section D, lines 5, 6, and	mation. Provide the , 2, 3b, 3c, 4b, 4c, 5a, lines 2 and 3, Part IV,	explanations require 6, 9a, 9b, 9c, 11a, 1 Section E, lines 1c, 2	ed by Part II, line 10, Pa 1b, and 11c, Part IV, Se 2a, 2b, 3a, and 3b, Part	rt II, line 17a or 17b, F ction B, lines 1 and 2, V, line 1, Part V, Secti	art III, line 12, Part IV, Section C, on B, line 1e, Part V,
	(See instructions)					
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32028 09-25-1	9				Schedule A (Fo	orm 990 or 990-EZ) 201

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

Open to Public Inspection

FLORIDA CULTURAL GROUP, INC.

**Employer identification number** 

OMB No 1545-0047

<u> </u>	(FORMERLY THE MANATEE PLAYERS, INC.)	39-1196043
Par	·	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fun	ds
	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used of	only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	rıng
	Impermissible private benefit?	Yes No
Pai	t II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
		orically important land area
		tified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation easement on the last
_	day of the tax year.	Held at the End of the Tax Year
2	Total number of conservation easements	2a
h	Total acreage restricted by conservation easements	2b
	Number of conservation easements on a certified historic structure included in (a)	2c
	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
a		2d
_	listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	
3		ization during the tax
4	year ▶Number of states where property subject to conservation easement is located ▶	
-	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
5		Yes No
•	violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation.	
6	Start and volunteer flours devoted to monitoring, inspecting, manding or violations, and emorcing conservation	on easements during the year
~	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	seements during the year
7	Thought of expenses incurred in monitoring, inspecting, narroung of violations, and emorcing conservation earlies.	isements during the year
•		\G\
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B	Yes No
_	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statements.	<del>_</del> · · · <del>_</del>
9	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the	
		lat describes the
Pai	organization's accounting for conservation easements. t III   Organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets.
- 41	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	, , , , , , , , , , , , , , , , , , ,
		lance sheet works
та	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and ball	
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items	a abaaah wada af
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	e of public service,
	provide the following amounts relating to these items	<b>.</b> .
	(i) Revenue included on Form 990, Part VIII, line 1	<b>S</b>
	(ii) Assets included in Form 990, Part X	<b>▶</b> \$ 15,098.
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	provide
	the following amounts required to be reported under FASB ASC 958 relating to these items	
а	Revenue included on Form 990, Part VIII, line 1	<b>&gt;</b> \$
b	Assets included in Form 990, Part X	<b>▶</b> \$ 15,098.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2019

		LY THE MANA					_	96043	Page 2	
Par	<u></u>		· ·				•	(continu	ed)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that n	nake si	ignificant i	use of its			
	collection items (check all that apply)									
а	Yublic exhibition d Loan or exchange program									
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co						se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other	sımılar	assets	_	_		
	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes X No									
Pai	t IV Escrow and Custodial Arrang		ete if the organizatio	n answered "Y	'es" on	Form 990	), Part IV,	line 9, or		
	reported an amount on Form 990, Par		<del></del>							
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributions	s or other asse	ts not	ıncluded		_	_	
	on Form 990, Part X?							_ Yes	No	
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table			r-				
								Amount		
C	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or cu	istodial accour	nt liabil	lity?		Yes	No	
b	If "Yes," explain the arrangement in Part XIII	Check here if the ex	planation has been	provided on Pa	art XIII					
Pai	t V Endowment Funds. Complete	f the organization an	swered "Yes" on Fo	rm 990, Part I	V, line	10	_			
	-	(a) Current year	(b) Prior year	(c) Two years	back	(d) Three	years back	(e) Four y	ears back_	
1a	Beginning of year balance	5,557.	552.		552.		552.		552.	
b	Contributions	79.	5,005.							
С	Net investment earnings, gains, and losses									
d	Grants or scholarships							i		
е	Other expenditures for facilities							ŀ		
	and programs							<u> </u>		
f	Administrative expenses									
g	End of year balance	5,636.	5,557.		552.		552.		552.	
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)	) held as						
а	Board designated or quasi-endowment		%							
ь	Permanent endowment > 100.00	%	_							
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
За	Are there endowment funds not in the posse		tion that are held ar	nd administere	d for th	ne organiz	ation			
	by	_						\	res No	
	(i) Unrelated organizations							3a(i)	<u> </u>	
	(ii) Related organizations							3a(ii)	X	
ь	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the									
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a S	ee Form 990, I	Part X,	line 10.				
	Description of property	(a) Cost or o		or other		ccumulat	ed	(d) Book	value	
	e <del></del>	basis (investr	1 ' '	(other)		preciation				
1a	Land			7,367.		<del></del>		3,917	,367.	
	Buildings			5,995.	3,	345,9	63. 1	1,170		
~	Leasehold improvements							,		
4	Equipment		59	2,091.		397,5	59.	194	,532.	
	Other			3,507.		237,1			,398.	
	Add lines 1a through 1e. (Column (d) must e	aval Form 000 Part				<u>,</u>		6,198		

Schedule D (Form 990) 2019

			•	
(FORMERLY	THE	MANATEE	PLAYERS,	INC.)

Complete if the organization answered "Yes"	on Form 990, Part IV, line 1		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end	l-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)		•	
(F)			
(G)			· · · · <del>-</del> · ·
(H)		<del></del>	
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			-
Part VIII Investments - Program Related.		- · · · · · · · · · · · · · · · · · · ·	
<del></del>	on Form 990 Part IV line 1	11c See Form 990 Part Y line 13	
Complete if the organization answered "Yes"  (a) Description of investment	(b) Book value	(c) Method of valuation Cost or end	l-of-vear market value
····	(b) Book value	(o) Method of Valdation Cook of One	or your market value
(1)	<del> </del>		
(2)	<del></del>		
(3)			·
(4)			· <del></del>
(5)			<del></del> .
(6)	<u></u>		
(8)			<del></del>
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15	<u></u>
(a	Description		(b) Book value
(1)			
(2)			
(3)	<u> </u>		
(4)			•
(5)			
(6)			•••
(7)			
(8)			
(9)	· <del> ,,</del>		
Total. (Column (b) must equal Form 990. Part X. col. (B) lin	n 15 )	•	
Part X Other Liabilities.	<u>e 19,1                                   </u>		
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
(a) Decomption of liability	J J JOO, T dicty, life		(b) Book value
<u>"</u>		<del></del> -	1-7
(1) Federal income taxes			133,208.
(2) ACCRUED INTEREST			133,200.
(3)			
(4)			
(5)	<del>.</del>		
(6)			
(7)	· · · · · · · · · · · · · · · · · · ·		
(8)			<del>-</del>
(9)	· · · · · · · · · · · · · · · · · · ·		
Total. (Column (b) must equal Form 990, Part X, col. (B) lin		<b>&gt;</b>	133,208.
2. Liability for uncertain tax positions. In Part XIII, provide	e the text of the footnote to	the organization's financial statements th	nat reports the
Li Liability to discontain tax poortions in a district, provide	s and toke or the recentles to	and organization o invarious districtions	iat roperto and

Schedu	e D (Form 990) 2019 (FORMERLY THE MANATEE PLAYE	ERS,	INC.)	<u> 59-1</u>	<u> 196043</u>	Page 4
Part 2	·	nts Wit	h Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				3,088	355
	ital revenue, gains, and other support per audited financial statements nounts included on line 1 but not on Form 990, Part VIII, line 12			┝╧╅	3,000	, , , , , , ,
	et unrealized gains (losses) on investments	2a				
	onated services and use of facilities	2b				
c R	ecoveries of prior year grants	2c		]		
<b>d</b> 0	her (Describe in Part XIII)	2d	965,772.			
e A	dd lines 2a through 2d			2e		<u>,772.</u>
-	ubtract line 2e from line 1			3	2,122	<u>,583.</u>
	nounts included on Form 990, Part VIII, line 12, but not on line 1	1 . 1				
	vestment expenses not included on Form 990, Part VIII, line 7b	4a	<u></u>	1		
	ther (Describe in Part XIII )  dd lines <b>4a</b> and <b>4b</b>	4b		4c		0.
-	otal revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,122	
Part	(II   Reconciliation of Expenses per Audited Financial Stateme	nts Wi	th Expenses per F			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1 To	otal expenses and losses per audited financial statements			1	3,542	<u>,285.</u>
2 A	nounts included on line 1 but not on Form 990, Part IX, line 25					
a D	onated services and use of facilities	2a				
b P	nor year adjustments	2b				
	ther losses	2c	965,772.			
	ther (Describe in Part XIII )	2d	905,114.	-	965	,772.
	dd Innes 2a through 2d			2e	2,576	
	ubtract line <b>2e</b> from line <b>1</b> mounts included on Form 990, Part IX, line 25, but not on line 1			<del>                                     </del>	2,370	, 3 1 3 1
	vestment expenses not included on Form 990, Part VIII, line 7b	4a				
	ther (Describe in Part XIII )	4b		11		
	dd lines 4a and 4b			4c		0.
	otal expenses Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)			5	2,576	<u>,513.</u>
	(III Supplemental Information.					
	the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part			, Part X	(, line 2, Part X	KI,
lines 2d	and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any addi	tional info	ormation			
		-				
PART	III, LINE 4:					
ORGA	NIZATION RECEIVED WORKS OF ART TO BE USED	IN '	THEATRICAL P	RESI	IOITATIO	NS
		~~~			<b>-</b>	
AND	TO ENHANCE THE AMBIENCE OF THE PROPERTY.	COL	LECTIONS CON	SIST	<u> </u>	
PRIM	ARILY OF ART AND HISTORICAL MEMORABILIA.					
					··	
PART	XI, LINE 2D - OTHER ADJUSTMENTS:			-		
IN K	IND DONATIONS				965,	772.
		-				
		_				
PART	XII, LINE 2D - OTHER ADJUSTMENTS:				<del></del>	
IN K	IND DONATIONS				954,9	911.
FUND	RASING EXPENSES	_			10,8	861.
mom=	T MO COURDINE D. DARM VIT TIME OR				065	772.
932054 1	L TO SCHEDULE D, PART XII, LINE 2D			Sched	JOD,	

	FLORIDA	CULTU	RAL GROU	P, INC.		FO 1105012	
Schedule D (Form 990) 2019 Part XIII   Supplemental Inform	(FORMERI	Y THE	MANATEE	PLAYERS,	INC.)	59-1196043	Page 5
Supplemental information	mation (continu	ued)				· · · · · · · · · · · · · · · · · · ·	
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## **SCHEDULE J** (Form 990)

# **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

Open to Public

OMB No 1545-0047

Inspection

IV-a Na

Employer identification number

Internal Revenue Service Name of the organization

Department of the Treasury

FLORIDA CULTURAL GROUP, INC.

(FORMERLY THE MANATEE PLAYERS, INC.)

59-1196043 Part I Questions Regarding Compensation

			Tes	NO
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			لــــا
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		ļ
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	X Approval by the board or compensation committee			
_				
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		x
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		_
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only coation E01(a)(2), E01(a)(4), and E01(a)(20) arganizations must complete lines 5.9			
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
3	contingent on the revenues of			
-	The organization?	 5а		$\overline{\mathbf{x}}$
	Any related organization?	5b		X
U	If "Yes" on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
٠	contingent on the net earnings of			
9	The organization?	6a	_	$\overline{\mathbf{x}}$
	Any related organization?	6b		X
~	If "Yes" on line 6a or 6b, describe in Part III			_ <del></del>
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
٠	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	•		
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations section 53 4958-6(c)?	9		
	Tingulations section so Tools (p)			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2019

Page 2

Schedule J (Form 990) 2019 (FORMERLY THE MANATEE PLAYERS, INC.) 59-1196043

Part II I Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note The sum of columns (B)(I)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title	(ı) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
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Schedule J (Form 990) 2019

Schedule J (Form 990) 2019	FLORIDA CULTURAL GROUP, INC. (FORMERLY THE MANATEE PLAYERS, INC.)	59-1196043 Page 3
Part III Supplemental Inform		
Provide the information, explana	tion, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part	Il Also complete this part for any additional information
-		
	•	
		· · · · · · · · · · · · · · · · · · ·
	<u> </u>	
		· · ·
		Schedule J (Form 990) 2019

## **SCHEDULE L**

## **Transactions With Interested Persons**

(Form 990 or 990-EZ) ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047

Open To Public Inspection

Employer identification number

Name of the organization F	LORIDA	A C	ULTURAL (	GRO'	UP,	INC	3.			Em	oloyer	identi	fication	nui	mber
			THE MAN					:.)	•	59	-11	9604	43		
Part I Excess Bene	fit Trans	actio	ons (section 50	)1(c)(3	), secti	on 50	1(c)(4), and se	ction	1 501(c)(29) orga	nızatıc	ns on	ly)			
Complete if the	organization	ansv	vered "Yes" on F	orm 9	90, Pa	ırt IV, I	ine 25a or 25b	o, or	Form 990-EZ, Pa	art V, I	ne 40	b.			
1	-		Relationship bety										(d)	Corre	cted?
(a) Name of disqualified p	person	(-)	person and or				(4	c) De	escription of tran	sactio	n		Y		No
											-		<u> </u>		
			-			-					•		$\top$		
<del>.</del>									<del></del>				1	$\dashv$	
<del></del>															
											-		1	$\neg$	
													$\top$	$\neg$	
2 Enter the amount of tax	incurred by	the o	rganization man	agers	or disc	ualifie	d persons dur	ına t	he vear under						
section 4958	incurred by		gamzadon man	agoio	01 0100	,uuo	a porcono da		ano your amaon		<b>S</b>				
3 Enter the amount of tax,	if any on h	ne 2 :	ahove reimburs	ed by	the or	anıza	tion				<b>S</b>				
J Linter the amount of tax,	ii dity, on iii	110 2, 1	above, reimbars	cu by		<b>J</b> LI 1124	(1011				•				
Part II Loans to and	d/or Fron	n Inte	erested Pers	sons.	1										
Complete if the	organization	anev	vered "Yes" on F	Form C	90.F7	Part \	V line 38a or F	orm	990 Part IV lin	e 26. d	or if th	e orgai	nizatio	n	
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(a) Name of	(b) Relatio		(c) Purpose		an to or	1	e) Original	15	) Balance due	(a	ln .	(h) App	roved	(i) W	ritten
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2019

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c  (a) Name of interested person  (b) Relationship between interested  (c) Amount of transaction organization orga	Schedule L (Form 990 or 990-EZ) 2019 (FOR Part IV) Business Transactions Inv	RMERLY THE MANATEE PLATION FOR THE PLATE P	YERS, INC.)	59-1196	043 Page
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Schedule L (Form 990 or 990-EZ) 2019

## 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.

Attach to Form 990 or 990-EZ.

2019
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

FLORIDA CULTURAL GROUP, INC.

(FORMERLY THE MANATEE PLAYERS, INC.)

Employer identification number 59-1196043

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROVIDE "ARTISTIC INSPIRATION FOR EVERYONE." OVER THE PAST 5 YEARS, THE
ORGANIZATION'S HARDWORKING DEDICATED TEAM HAS WORKED TO POSITION THE
CENTER AS AN EDUCATIONAL RESOURCE, AN ECONOMIC DRIVER FOR THE BRADENTON
DOWNTOWN DISTRICT, AND A NATIONAL LEADER AMONG ITS PEER ORGANIZATIONS.
THE CENTER IS PROUD TO PROVIDE NEARLY 100,000 HOURS OF TRAINING EACH
YEAR TO INDIVIDUALS OF ALL AGES. THE CENTER OFFERS UNIQUE SPACES TO
LOCAL NONPROFITS, COMPANIES, AND INDIVIDUALS FOR HOSTING EVENTS FROM
SPECIAL CELEBRATIONS FOR A DOZEN GUESTS, OR COMPANY GALAS FOR A COUPLE
HUNDRED. THE DEDICATED STAFF AND HIGHLY TRAINED VOLUNTEERS WORK
TIRELESSLY TO ENSURE THAT WE DELIVER A LEVEL OF EXCELLENCE IN ALL WE DO
FOR ALL AGES, THROUGH THE TALENT WE PRESENT, THE SERVICES WE OFFER, AND
THE EXPERIENCES WE CREATE.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TECHNICAL-BASED EDUCATION. IN ADDITION, WE EQUIP THE COMMUNITY WITH
AMPLE MEETING, EVENT AND PRODUCTION SPACE.
WE ARE COMMITTED TO BEING THE COMMUNITY'S PREMIER THEATER AND THE
REGION'S CENTER FOR CULTURAL, EDUCATION, AND ARTISTIC EXPRESSION. OUR
TEAM WORKS TIRELESSLY TO ENSURE THAT WE DELIVER ENGAGING EXCELLENCE FOR
ALL AGES, THROUGH THE TALENT WE PRESENT, THE SERVICES WE OFFER AND THE
EXPERIENCES WE CREATE. OUR GOAL IS NOT JUST TO ENTERTAIN YOUWE WANT
TO INSPIRE YOU.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2019)

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Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization FLORIDA CULTURAL GROUP, INC. (FORMERLY THE MANATEE PLAYERS, INC.)	Employer identification number 59-1196043
TO OUR COMMUNITY AND SURROUNDING AREAS.	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMEN	TS:
STUDENTS A PRE-PROFESSIONAL EXPERIENCE IN TECHNICAL DESIGN	OR THEATRE
MANAGEMENT. OUR DRAMATURE PROGRAM CONSISTS OF ACTORS AGES	55+ THAT
PERFORM IN VARIOUS STYLES OF PRODUCTIONS AND PROVIDE NUMER	OUS COMMUNITY
OUTREACH PROGRAMS IN A VARIETY OF VENUES.	
FORM 990, PART VI, SECTION B, LINE 11B:	
BOARD REVIEW AND APPROVAL AT A BOARD MEETING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ANNUAL REVIEWS TO DISCLOSE CONFLICTS ARE COMPLETED AT THE	BEGINNING OF THE
FISCAL YEAR.	
FORM 990, PART VI, SECTION B, LINE 15A:	
NON PROFIT SUMMARY OF REGIONAL COMPENSATIONS REPORT.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND	FINANCIAL
STATEMENTS ARE PROVIDED ONLINE AT THE GIVING PARTNER AND G	UIDE STAR.
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**AMENDED AND RESTATED** ARTICLES OF INCORPORATION THE MANATEE PLAYERS, INC.

THE MANATEE PLAYERS, INC. a not-for-profit corporation (the "Corporation") organized and existing under the laws of the State of Florida, under its corporate seal and the hands of its Chair and Secretary, hereby certify that at a meeting duly and regularly held on March 26, 2020, the Board of Directors of the Corporation voted to amend and restate the Article of Incorporation of the Corporation by deleting in their entirety the present Articles of Incorporation and by substituting; therefore, the following, which supersede the original Articles of Incorporation and all amendments thereto. The Board of Directors do hereby join and associate ourselves together for the purpose of creating and becoming a corporation, nonprofit in nature and purpose, in accordance with the laws of the State of Florida, and do jointly and severally subscribe to these Articles of Incorporation.

# ARTICLE I NAME OF CORPORATION OFFICE AND INITIAL REGISTERED AGENT

The name of this Corporation, hereinafter called the Corporation, shall be FLORIDA CULTURAL GROUP, INC. The street address of the office and the initial agent is 502 3rd Avenue West, Bradenton, Florida, 34205, and the name of the registered agent is Janene M. Amick.

# **ARTICLE II OBJECTIVES AND POLICIES**

The general objectives and policies of this Corporation will be consistent with the Corporation's mission "To represent, educate, enrich and promote diverse art forms and serve as a cultural and economic driver for the communities we support." General Objectives and policies shall be:

- To engage and enrich the community's participation in live entertainment; collaborate 1. and create an atmosphere that empowers artists; champions the arts and build understanding of their importance; encourage audiences, volunteers and staff to make a difference in the communities we support; develop and expose students to the performing arts and performances; to be supportive overall to the Tampa Bay region cultural economic efforts and function actively as a vibrant community development partner and, all other matters incident thereto, with the authority granted under the laws of the State of Florida, in Manatee County, Florida for the purpose of:
  - Allowing qualified Officers and Directors as described in the Bylaws of this (a) Organization to organize themselves and coordinate their combined and individual efforts toward establishment of programs selected in accordance with the Bylaws of this organization.
  - Raising funds through activities sanctioned by the Corporation, which will promote a (b) perpetual series of programs.
  - Raising funds to support operational, capital, and endowment needs.
- To educate the general public by providing and advancing knowledge and appreciation of the cultural aspects of life such as drama, music, dance, and film.

- 3. To enter into contractual agreements including but not limited to lease, purchase and sale of any and all kinds of personal property which may be necessary or appropriate for any of the foregoing uses and purposes and enter into agreements with persons or agents for the provisions of professional services relating to the foregoing uses and purposes and services.
- 4. To employ the foregoing general purposes and objectives as guidelines, not to be construed as limitations. Said purposes may from time to time be changed through lawful procedures as directed by a vote of the Corporation members in accordance with its published or adopted Bylaws. This Corporation shall also have other powers as are previded by the laws of the State of Florida under which this Corporation is organized.

# ARTICLE III TERM OF EXISTENCE

The term for which the Corporation is to exist shall be perpetual, unless dissolved according to law. Distributions upon the dissolution of the Corporation shall be made according to the terms set forth in Article VIII.

# ARTICLE IV OFFICERS AND DIRECTORS OF THE CORPORATION

The affairs of this Corporation shall be managed by a Board of Directors that shall be elected as prescribed by the Bylaws of the Corporation. Vacancies on the Board of Directors may be filled until the next Annual Meeting, in such manner as provided by the Bylaws. The officers shall be: Chair, Vice Chair, Secretary, Treasurer, CEO and such other officers as may be provided in the Bylaws of the Corporation. They shall be elected by the Board of Directors. The officers and members of the Board of Directors shall perform such duties, hold office for such terms, and take office at such times as shall be provided by the Bylaws of the Corporation.

# ARTICLE V BYLAWS

The Bylaws of this Corporation shall be made, altered, or rescinded from time to time in whole or in part by a majority vote of the Board of Directors of the Corporation present at any meeting at which a quorum is present and notice of the proposed action with respect to the Bylaws has been waived by a majority of the members of the Board of Directors, or provided to the members at least ten (10) days prior to the time of such meeting.

# ARTICLE VI AMENDMENT OF THE ARTICLES

The Articles of the Corporation may be altered, amended, or repealed in whole or in part by the majority vote of the Board at any regular or special meeting held pursuant to written notice provided to all Board members not less than ten (10) days prior to such meeting, setting forth such proposed changes as are to be voted upon. The Amendments, upon the approval by the Secretary of State of Florida and upon filing in the office of the said Secretary of State and paying all required filing fees, shall become and be taken as part of these Articles of Incorporation.

# ARTICLE VII DISTRIBUTION UPON DISSOLUTION

In the event the Corporation is dissolved by either voluntary or involuntary means, all assets of the Corporation shall be dedicated and distributed to one or more exempt entities qualifying as such pursuant to Section 501(c)(3) of the Internal Revenue Code of 1954 or any corresponding provisions of any subsequent Federal tax laws.

# ARTICLE VIII EFFECTIVE DATE

The effective date of these Amended and Restated Articles of Incorporation is May 1, 2020.

IN WITNESS WHEREOF, the Corporation has caused these Articles to be executed by the Chair of the Board of Directors of the Corporation on March 26, 2020.

FLORIDA CULTURAL GROUP, INC.

Ron Lennon, Ph.D., Chair, Board of Directors

# **ACKNOWLEDGEMENT OF REGISTERED AGENT**

By execution hereof, the undersigned accepts appointment as Registered Agent of the Corporation, is familiar with, and accepts, the obligation of that position.

IN WITNESS WHEREOF, the undersigned has executed this Acknowledgement of Registered Agent as of the Execution Date March 26, 2020.

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