(Rev. January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public

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

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30, and ending JUN 30

Inspection

_				010 007 2020				
В	Check applica			D Employer identif	ication number			
Γ	Add	FLORIDA CULTURAL GROUP, INC.						
L	lohai Van			FO 110C0	42			
F	chau Initia		D / /h-	59-11960				
H	retur Fina	502 2DD AVENUE WEGM	Room/suite	E Telephone number				
	retur	in-		941-749-0111				
_	ated Ame	nded DD 3 DENTHON DY 2420E		G Gross receipts \$	2,122,583.			
H	retu			H(a) Is this a group r				
_	tion pend	SAME AS C ABOVE		for subordinates				
$\overline{\Gamma}$	Tayo	Kempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) o	or 527	H(b) Are all subordinates I				
		ite: HTTP: //WWW.MANATEEPERFORMINGARTSCENTER		H(c) Group exemption	list. (see instructions)			
		of organization: X Corporation Trust Association Other	_		M State of legal domicile; FL			
	art I	Summary	L Teal	oriorniadon, 1940 1	VI State of legal dofficile, P 11			
	1	Briefly describe the organization's mission or most significant activities: THE M	IANATE	E PERFORMING	G ARTS			
Se		CENTER DOES MORE THAN ENTERTAIN; WE CHANGE						
nan	2	Check this box if the organization discontinued its operations or dispose						
Activities & Governance	3			3	15			
ලී	4	Number of independent voting members of the governing body (Part VI, line 1b)			15			
ලේ ග	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			27			
itie	6	Total number of volunteers (estimate if necessary)			327			
读	7 a			7a	0.			
Ă	b	Net unrelated business taxable income from Form 990-T, line 39			0.			
				Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)		708,270.	1,028,887.			
Ĭ	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.			
æ	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.			
Ø	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		683,153.	618,442.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
g	ь	Total fundraising expenses (Part IX, column (D), line 25) 84,09	<u>9. </u>					
ũ	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.			
		Revenue less expenses. Subtract line 18 from line 12		-364,078.	-453,930.			
ets or lances			Beg	inning of Current Year	End of Year			
Set	20	Total assets (Part X, line 16)		17,175,019.	16,687,316.			
Net Assemble Ball	21	Total liabilities (Part X, line 26)		5,873,553.	5,839,780.			
		Net assets or fund balances. Subtract line 21 from line 20		11,301,466.	10,847,536.			
	rt II	Signature Block	\rightarrow					
		lties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is			
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	h preparer h	nas any knowledge.				
		Signature of officer		/0/6	28/2020			
Sign				Date /	/			
Here	9	JANENE M AMICK, CEO Type or print name and title						
			I De	ate Check	T DTIN			
בנהם		Print/Type preparer's name Preparer's signature	T I	½	PTIN			
Paid Pron		BYRON E. SHINN BYRON E. SHINN		0/22/20 self-emplaye				
Jse (Jse (Firm's name CARR, RIGGS & INGRAM, LLC Firm's address 1001 3RD AVENUE W., STE 500		Firm's EIN	72-1396621			
JOG (onity	BRADENTON, FL 34205		Dh O 4.1	747 0500			
Acre	the I			Prione no. 34	L.747.0500			
vidy	n 16 11	S discuss this return with the preparer shown above? (see instructions)		,	. X Yes No			

Form 990 (2019)

Pá	art 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	X	_
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	1		
	during the tax year? If "Yes," complete Schedule C, Part II	4	<u> </u>	X
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 98-197 If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	x	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	٣	$\overline{}$	
10		10	x	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		.	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	l l		77
	assets reported in Part X, line 167 /f "Yes," complete Schedule D, Part VII	11b		X
C				
	assets reported in Part X, line 16? /f "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		i l	
	Part X, line 16? /f "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 257 If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		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	
þ	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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	\neg	Х
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	\Box		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	i I		
	or more? if "Yes," complete Schedule F, Parts I and IV	14b		X
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		\neg	
	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		$\overline{}$	
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17		10	\dashv	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		X
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		-+	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	امدا		v
4.5	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes,"			7.7
	complete Schedule G, Part III	19	\rightarrow	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
þ	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	\dashv	
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 "Ves " complete Schedule I, Parts I and II	21	- 1	X

Form 990 (2019) (FORMERLY THE MANA Part IV Checklist of Required Schedules (continued) (FORMERLY THE MANATEE PLAYERS, INC.)

		_	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			1
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	_	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	1		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	-	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		
	Schedule K. If "No," go to line 25a	24a	\vdash	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	\vdash	₩
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04.		
	any tax-exempt bonds?	24c		┢
		24d		\vdash
2 3a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	١.	X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	238	 	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete	1		
	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	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			$\overline{}$
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	1.11		3.5
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? #			-
	"Yes," complete Schedule L, Part IV	28a	X	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	1 1		
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		ı	**
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	l	ı	7.7
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
2 F-	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	\dashv	X
		35a	\dashv	-Д.
	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?	300	\rightarrow	
30	If "Yes," complete Schedule R, Part V, line 2	36	ŀ	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	~	\neg	
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>	\neg	
	Note: All Form 990 filers are required to complete Schedule O	38	x	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	·····		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
932004	01-20-20	Form !	990 (2	2019)

(FORMERLY THE MANATEE PLAYERS, INC.)

Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 27 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b 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 financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to fine 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? X 6b Organizations that may receive deductible contributions under section 170(c). X 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 c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7**f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations, Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? X 15 If "Yes," see instructions and file Form 4720. Schedule N.

16

X

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

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

(FORMERLY THE MANATEE PLAYERS, INC.)

59-1196043

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.

	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 15							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b		1,24						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1						
_	officer, director, trustee, or key employee?	2		X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
•	of officers, directors, trustees, or key employees to a management company or other person?	3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5								
6	Did the organization have members or stockholders?	6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	Ť						
, .	more members of the governing body?	7a		X				
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u> </u>						
		7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
a		82	х					
b	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9.0						
9	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
	This Section B requests information about bolicles not required by the internal nevenue code.		Yes	No				
10-	Did the organization have local chapters, branches, or affiliates?	10a	100	X				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100						
~	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	Х					
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	х					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
•	in Schedule O how this was done	12c	х					
13	Did the organization have a written whistleblower policy?	13	X					
14		14	Х					
15	Did the organization have a written document retention and destruction policy? 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?							
_	The organization's CEO, Executive Director, or top management official	15a	х					
		15b		X				
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	IOD						
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
		16a		X				
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104						
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
		16b						
Sect	exempt status with respect to such arrangements?	IOD						
_	List the states with which a copy of this Form 990 is required to be filled ▶FL							
	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):	vailah	le				
	for public inspection. Indicate how you made these available. Check all that apply.	2)						
	X Own website X Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial					
	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 records							
	JEFFREY EVANS - (941) 749-1111							
	502 THIRD AVENUE WEST, BRADENTON, FL 34205-7815							

(FORMERLY THE MANATEE PLAYERS, INC.)

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

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

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

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

Check this box if neither the organization n	or any related	orga	aniza	tion	cor	nper	nsat	ed any current officer, d	irector, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	100	not a	Pos	sition] then	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	\vdash	icer az	na a c	IFECT	or/trus	Tee)	from	from related	other
	(list any	i g	İ	İ	ĺ	İ	İ	the	organizations	compensation
	hours for related	lo di	98			xted		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	luster	trus		eg Ge	ngu		(44-2/1099-10100)		and related
	below] [[]	tiona	[l gla	st col	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Kay employee	Highest compensated employee	Former			
(1) RON LENNON, PH.D	0.00									
CHAIR		\mathbf{x}		X]	l	0.	0.	0.
(2) JOHN C. DIEM	0.00	Π				П			·	
TREASURER		X		X		L	<u>. </u>	0.	0.	0.
(3) SUSAN ROMINE	0.00									
SECRETARY		x		X		<u>L.</u>		0.	0.	0.
(4) RONALD ALLEN	0.00									
BOARD MEMBER		X						0.	0.	0.
(5) STEVE BAYARD	0.00									
VICE CHAIR		X	Ш	X	L			0.	0.	0.
(6) NANCY CHRISTIAN	0.00							_	_	_
BOARD MEMBER		X	Ш			lacksquare		0.	0.	0.
(7) JOHN CONTE	0.00							_	_	
BOARD MEMBER		X	Ш		Ш	Ш		0.	0.	0.
(8) VERNON DESEAR	0.00							_	_	
BOARD MEMBER		X	Ш			Ш		0.	0.	0.
(9) JACK HAWKINS	0.00								_	
BOARD MEMBER		X	Ш	_		Ш		0.	0.	0.
(10) EILEEN HOFFNER	0.00							_	_	
BOARD MEMBER		X				Ш		0.	0.	0.
(11) JON SEELEY, PHD.	0.00								_	
BOARD MEMBER		X						0.	0.	0.
(12) ALVIN STEINBERG	0.00									
BOARD MEMBER		Х	\Box	_	_		_	0.	0.	0.
(13) JOHN TUCKER, JR.	0.00	[
BOARD MEMBER		X	_					0.	0.	0.
(14) JOHN HARGREAVES	0.00									
BOARD MEMBER	0.00	X	-	_		\sqcup		0.	0.	0.
(15) CAROL COUSE	0.00	,						_		
BOARD MEMBER	40.00	X		-		\dashv	_	0.	0.	0.
(16) JANENE M. AMICK	40.00			$_{\mathbf{x}}$				94 446		7 056
CEO	-		-	4	\dashv	\dashv	-	84,446.	0.	7,956.
						ľ				
022007 04 20 20										Form 990 (2019)

Form 990 (2019)

FLORIDA (Form 990 (2019) (FORMERLY					-			RS, INC.)	59-11	L961	043	P	age (
Part VII Section A. Officers, Directors, Trus	tees, Key Em			and	d Hig			ompensated Employe	es (continued)				-8-
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	tee or director	, unle		rson i irecto	than is bott	h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	from related organization (W-2/1099-Mis		comp fro orga	(F) timate nount other pensa om th anizat d relat	of ation e tion ced
										_			
										_			
										\dashv			
		_			_					\perp			
					\exists					寸			
1b Subtotal							•	84,446.		0.	7	, 9!	
c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)]	<u> </u>	84,446.		0.	7	, 9!	0. 56.
2 Total number of individuals (including but no compensation from the organization	ot limited to the	ose i	iste	d ab	ove)	who	o re	ceived more than \$100,	000 of reportable				0
3 Did the organization list any former officer,			•	-	•		-		-			Yes	No
line 1a? If "Yes," complete Schedule J for su 4 For any individual listed on line 1a, is the sur	m of reportable	cor	npe	nsat	ion a	and	othe	er compensation from th	ne organization	1	3		X
and related organizations greater than \$150,Did any person listed on line 1a receive or ac	,0007 <i>If</i> "Yes," ccrue compens	con satio	nple in fro	te Som a	ched Iny i	<i>dule</i> unrel	<i>J fo</i> late	or such individual d organization or individ	ual for services		4		X
rendered to the organization? If "Yes." composition B. Independent Contractors	olete Schedule	J fo	r su	ch p	erso	n					5		X
Complete this table for your five highest com the organization. Report compensation for the		-								nsatio	n fron	'n	
(A) Name and business a		NO			41 01	02(1,		(B) Description of se		Co	(C)		1
		140	1417				\dagger						
							\dagger						
							\dagger						
							+						
			_	_	_		+						
2 Total number of independent contractors (ind	cluding but not	t (imi	ited	to th	1088	liste	ed a	above) who received mo	re than		щі		

\$100,000 of compensation from the organization

(FORMERLY THE MANATEE PLAYERS, INC.)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenue excluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Federated campaigns 1a Contributions, Gifts, Grants and Other Similar Amounts Membership dues 1b Fundraising events 1c Related organizations 1d 45,591. Government grants (contributions) 1e f All other contributions, gifts, grants, and 983,296. similar amounts not included above 1f Noncash contributions included in lines 1a-1f 1g |\$ ▶ 1,028,887. Total. Add lines 1a-1f **Business Code** 627,597. 627,597. 2 a ADMISSIONS/DUES 711110 Program Service b RENTALS 139,097. 139,097. 711110 107,375. 107,375. c FEES 711110 27,730. 27,730. CONSERVATORY PROGRAMS 711110 f All other program service revenue 901,799. Total. Add lines 2a-2f Investment income (including dividends, interest, and 78. 78. other similar amounts) Income from investment of tax-exempt bond proceeds (ii) Personal (i) Real 6 a Gross rents b Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis and sales expenses 7b Other Revenue c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 h Less: direct expenses 9Ь c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 175,519. 175,519. 711110 11 a OTHER INCOME 16,300. **b PROGRAM ADVERTISING** 541800 16,300. d All other revenue 191,819. e Total. Add lines 11a-11d 78. 2,122,583.1,093,618. Total revenue. See instructions 12

Form 990 (2019)

932009 01-20-20

	tion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a response	se or note to any line in	this Part IX		
	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				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	02 402	64 000	16 176	10 100
_	trustees, and key employees	92,402.	64,098.	16,176.	12,128
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	422,679.	256,777.	122,492.	43,410
7	Other salaries and wages	444,079.	230,777.	144,474.	43,410
8	Pension plan accruals and contributions (include	8,106.	4,924.	2,349.	833
^	section 401(k) and 403(b) employer contributions) Other employee benefits	52,248.	31,741.	15,141.	5,366
9		43,007.	26,127.	12,463.	4,417
10 11	Payroll taxes Fees for services (nonemployees):	23,007.	20,127.	12, 103.	4,411
	Management			1	
a b					
C		24,169.	5,000.	19,169.	
d		24,103.	3,000.	15,1050	
e					
f	Investment management fees				
g					
- 2	column (A) amount, list line 11g expenses on Sch O.)	21,103.	14,179.	4,991.	1,933.
12	Advertising and promotion	42,355.	42,095.	260.	_,,,,,,
13	Office expenses	20,591.	18,311.	1,790.	490.
14	Information technology	25,425.	23,314.	1,904.	207.
15	Royalties	90,935.	90,935.	, i	
16	Occupancy	202,031.	194,798.	5,133.	2,100.
17	Travel	7,184.	7,184.		-
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	275,469.	265,607.	6,997.	2,865.
21	Payments to affiliates				
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 Q,)				
9	CONTRACT LABOR	391,808.	390,418.	1,390.	
a b	RENTAL EXPENSES	33,465.	33,465.	-,000	
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		, , , , , , ,		
_	reported in column (B) joint costs from a combined			1	
	educational campaign and fundraising solicitation.	İ			
	Check here if following SOP 98-2 (ASC 958-720)			[

Form 990 (2019)

Part X | 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 345,428. 444,824. Cash - non-interest-bearing 1 5,557. 5,636. 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 6,659. 6,110. Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 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 Notes and loans receivable, net 7 Inventories for sale or use 8 30,000. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 20,178,960. basis. Complete Part VI of Schedule D _______10a 3,980,631. 16,814,795. 16,198,329. b Less: accumulated depreciation ______ 10b 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 13 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 14 2,580. 2,417. 15 15 Other assets. See Part IV, line 11 17,175,019. 16,687,316. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 55,967. 40,909. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 477,240. 287.895. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 5,340,346. 5,377,768. 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 133,208. 25 of Schedule D 5,873,553. 5,839,780. Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here 🕨 🛛 Assets or Fund Balances and complete lines 27, 28, 32, and 33. 11,295,909. 10,841,900. 27 Net assets without donor restrictions Net assets with donor restrictions 5,557. 5,636. 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 31 10,847,536. 11,301,466. 32 Total net assets or fund balances 32 17,175,019. 16,687,316. 33 Total liabilities and net assets/fund balances

Act and OMB Circular A-133?

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

X

Form **990** (2019)

3a

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

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. **Employer identification number** (FORMERLY THE MANATEE PLAYERS, 59-1196043 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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 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 university: 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3), Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (I) Name of supported (iii) Type of organization (iv) is the organization listed (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

Schedule A (Form 990 or 990-EZ) 2019 (FORMERLY THE MANATEE PLAYERS, INC.) 59-1196043 Page 2

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

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

_						·	
Se	ction A. Public Support						
	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and					1	
	membership fees received. (Do not						ł
	include any "unusual grants.")				<u> </u>	1	
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf					<u> </u>	
3	The value of services or facilities			-	!		l
	furnished by a governmental unit to						
	the organization without charge						
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)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on					1	
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income, Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	,				12	
13	First five years. If the Form 990 is for		first, second, third	l, fourth, or fifth tax	x year as a section	501(c)(3)	
Sec	organization, check this box and stop tion C. Computation of Public	o here C Support Per	centage		<u> </u>		>
	Public support percentage for 2019 (li			olumn (f))		14	%
15	Public support percentage from 2018	Schedule A. Part I	I. line 14			15	%
16a	33 1/3% support test - 2019. If the o	rganization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or me	ore check this box	
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the o						
	and stop here. The organization quali	-		•		•	•
17a	10% -facts-and-circumstances test	- 2019. If the orga	anization did not cl	neck a box on line	13, 16a, or 16b. a	nd line 14 is 10% o	r more.
	and if the organization meets the "fact						
	meets the "facts-and-circumstances" t						
	10% -facts-and-circumstances test						
	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a b	ox on line 13, 16a,	. 16b, 17a, or 17b.	check this box an	d see instructions	▶ □
						dule A (Form 990 d	or 990-EZ) 2019
						-	-

Schedule A (Form 990 or 990-EZ) 2019 (FORMERLY THE MANATEE PLAYERS, Part III | Support Schedule for Organizations Described in Section 509(a)(2) INC.)

59-1196043 Page 3

(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

Se	Section A. Public Support							
-	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
	Gifts, grants, contributions, and	(2) 2010	(5) 2010	(0) 2011	(4) 2010	(0) 25:5	(1) 10 100	
•	membership fees received. (Do not			ĺ				
	include any "unusual grants.")	910.364	1624171.	1001312.	773.120.	979,341.	5288308.	
		310,301.	10211/10	10010121	773,1200	37373111	32003001	
2	Gross receipts from admissions, merchandise sold or services per-		1					
	formed, or facilities furnished in]]				
	any activity that is related to the	1104000	001 400	047 640	1051605	007 767	F103F66	
	organization's tax-exempt purpose	1124990.	981,482.	847,642.	1251685.	987,767.	5193566.	
3	Gross receipts from activities that							
	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							
2	Total, Add lines 1 through 5	2035354.	2605653.	1848954.	2024805.	1967108.	10481874.	
	Amounts included on lines 1, 2, and	2000000	20030331	10103311	20210001	2707200		
10	3 received from disqualified persons						0.	
Ь	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						10481874.	
	Public support. (Subtract line 7c from line 6.)						104010/4.	
	ction B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019 1967108.	(f) Total	
	Amounts from line 6	2035354.	2605653.	1848954.	2024805.	136/108	104818/4.	
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.	
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
c	Add lines 10a and 10b	77,567.	150,023.	154,445.	155,606.	139,175.	676,816.	
	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	19,765.	23,895.	20,067.	34,440.	16,300.	114,467.	
40	assets (Explain in Part VI.)			2023466.	2214851.	2122583.		
	Total support. (Add lines 9, 10c, 11, and 12.)	2132686.	2779571.					
14	First five years. If the Form 990 is for	the organization's	first, second, third	i, fourth, or fifth tax	x year as a section	501(c)(3) organiza	tion,	
	check this box and stop here	- Ormanant Daw						
	tion C. Computation of Publi						02 00	
	Public support percentage for 2019 (li			olumn (f))		15	92.98 %	
	Section D. Computation of Investment Income Percentage							
17								
	Investment income percentage from 2			. , , , ,		18	<u>5.63 %</u>	
	33 1/3% support tests - 2019. If the							
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
b	b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and							
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
20	Private foundation. If the organization	n did not check a b	ox on line 14, 19a	, or 19b, check thi				
932023	3 09-25-19	·			Sche	dule A (Form 990	or 990-EZ) 2019	

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

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes." answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
		TIM
1	-	
2		
3a		
3b		
3c		
	10	1
4a		
4b		
	100	
4c		
5a		
Eh.		
5b 5c		_
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11 12		
9a		-
Ole	-	
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9c		
10a_		
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90 or 99	U-EZ)	2019

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Schedule A (Form 990 or 990-EZ) 2019

		<u>119604</u>	<u>З</u> Р	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	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	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
- 7	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes, " explain in			
		18		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
000	clott of type it supporting organizations		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
1		3 11		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations			
Sec	LIGHT D. All Type in Supporting Organizations		V	Na
122	Did the second of the second o		Yes	No
7	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	1		-
_	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			-
	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			
800	supported organizations played in this regard.	3		
	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 instruction)	ns).		
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.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in		. 1	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	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		
þ	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.			
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		

	edule A (Form 990 or 990-EZ) 2019 (FORMERLY THE MANATEE P			59-1196043 Page 6
	Type in real faired and the grade a contact of the pro-time			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	_		Part VI). See instructions. All
Sect	other Type III non-functionally integrated supporting organizations must co ion A - Adjusted Net Income	ompiete S	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		1
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
•	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	-12-5		
	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		
С	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			
	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		1
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		
Secti	on 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
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-functionall	ly integrate	ed Type III supporting org	janization (see
	instructions).	· -		·

Schedule A (Form 990 or 990-EZ) 2019

	edule A (Form 990 or 990 EZ) 2019 (FORMERLY THE rt V Type III Non-Functionally Integrated 509	MANATEE PLAYED (a)(3) Supporting Orga	RS, INC。) Inizations (continued)	59-1196043 Page 7
Sect	ion D - Distributions	(-)(-) - 0 0	<u> (commoda)</u>	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	<u>-</u> -		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	<u> </u>	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable Amount for 2019
			Pre-2019	Alliount 101 20 19
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			
	From 2016			
<u>d</u>	From 2017			
	From 2018			
f	Total of lines 3a through e			
9	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2019 distributable amount			
<u> i </u>	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			
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.			
6	Remaining underdistributions for 2019. Subtract lines 3h			-
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-EZ)	2019 (FO	RMERLY	THE	MANATEE	PLAYERS,	INC.)	59-1196043	Page 8
Part VI	Supplemental Ir	nformatio	n. Provide ti	ne expla	nations required	by Part II. line 10): Part II. line 17a	or 17b: Part III. line 12:	
	Part IV, Section A, lir	nes 1, 2, 3b, 3	3c, 4b, 4c, 5	a, 6, 9a,	9b, 9c, 11a, 11k	o, and 11c; Part IV	/, Section B, line	s 1 and 2; Part IV, Section rt V, Section B, line 1e; Pa	C,
	Section D, lines 5, 6,	n D, lines 2 a and 8: and F	and 3; Part N Part V. Sectio	n E. line	on E, ⊪nes 1c, ∠a, es 2. 5. and 6. Al	, 2b, 3a, and 3b; i so complete this	Part v, line 1; Pai part for anv addi	rt v, Section B, line Te; Pa tional information.	rt v,
	(See instructions.)						,		
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

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

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(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		nds
	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 a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose confer	ring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply)	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a hist	orically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of a co	nservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b			2b
C	Number of conservation easements on a certified historic stra		2c
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the organ	ization during the tax
	year -		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per	_	
_	violations, and enforcement of the conservation easements it	***************************************	
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation	on easements during the year
-	Amount of automatic and in a training in the second and the second	Book of Caladana and a feet and a second	
7	Amount of expenses incurred in monitoring, inspecting, hand > \$	ling of violations, and enforcing conservation ea	sements during the year
8	Does each conservation easement reported on line 2(d) above	a cation, the requirements of postion 170/b/(4)/B)	m.
0	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
•	balance sheet, and include, if applicable, the text of the footn	•	
	organization's accounting for conservation easements.	ote to the organization a mandial statements the	at describes trie
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 958	···	ance sheet works
	of art, historical treasures, or other similar assets held for pub	•	
	service, provide in Part XIII the text of the footnote to its finan	· · · · · · · · · · · · · · · · · · ·	
þ	If the organization elected, as permitted under FASB ASC 958		sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherance	of public service,
	provide the following amounts relating to these items:	,	•
	(i) Revenue included on Form 990, Part VIII, line 1		\$
			▶ \$ 15,098.
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		▶ \$ 15,098.
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2019

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Pa	rt III Organizations Maintaining C	ollections of Ar	t, Hist	torical Tre	asures, c	or Othe	r S	imila	r Ass	ets _{(contir}	iued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following that	at make :	signi [.]	ficant	use of i	its		
	collection items (check all that apply):											
а	X Public exhibition	•	d 🔲	Loan or exc	hange prog	ram						
b	Scholarly research		• <u> </u>	Other								
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and explai	n how t	hey further th	ne organizat	ion's exe	mpt	purpo	se in P	art XIII.		
5	During the year, did the organization solicit of											
	to be sold to raise funds rather than to be ma									Yes	X	No
Pa	rt IV Escrow and Custodial Arran									IV, line 9, or		
	reported an amount on Form 990, Pa											
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for	contributions	s or other as	sets not	incl	bebu				
	on Form 990, Part X?								i	Yes		No
b	If "Yes," explain the arrangement in Part XIII											
	, 1	·	Ū							Amount		
C	Beginning balance							1c				
d	Additions during the year							1d				
_	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fe									Yes		No
	If "Yes," explain the arrangement in Part XIII.						-					
	rt V Endowment Funds. Complete i											_
	· · · · · · · · · · · · · · · · · · ·	(a) Current year		Prior year				Three v	ears ba	ck (e) Four	vears l	oack
1a	Beginning of year balance	5,557.	(-7.	552.	<u> </u>	552.	`,		55			552.
b	Contributions	79.		5,005.								
	Net investment earnings, gains, and losses			, , , , , ,								
ي ۔							_					
d	Grants or scholarships Other expenditures for facilities											
0												
_	and programs									+		
	Administrative expenses	5,636,		5,557.		552.			55:	2		552.
9	End of year balance					334,			33,	4.		J2.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1	g, column (a)	neid as:							
а	Board designated or quasi-endowment		_%									
	Permanent endowment ► 100.00	%										
C		%										
	The percentages on lines 2a, 2b, and 2c shou											
За	Are there endowment funds not in the posses	ssion of the organiza	tion tha	it are held an	d administe	red for th	ie or	ganiza	ition			
	by:										Yes	
	(i) Unrelated organizations										_	<u>X</u>
	(ii) Related organizations									3a(ii)	\dashv	<u>X</u>
b	If "Yes" on line 3a(ii), are the related organizate									3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.								
Par	t VI Land, Buildings, and Equipme											
	Complete if the organization answered											
	Description of property	(a) Cost or o		(b) Cost		1-7		nulate	d	(d) Book	value	
		basis (investr	nent)	basis (de	prec	iation		2 24 =	2.0	
	Land				7,367.		2.4-			3,917		
b	Buildings			14,51	7,995.	3,	345	,96	3.	11,170	,03	4.
	Leasehold improvements				2 004		205			404	F ^	
	Equipment				2,091.			, 55		194		
	Other				3,507.		457	,10		916		
Total	. Add lines 1a through 1e. (Column (d) must ed	rual Form 990. Part X	K. colum	n (B). line 10	c.)					<u>16,198</u>	, 32	у.

Schedule D (Form 990) 2019

Part VII Investments - Other Securities.		PLAYERS, INC.)	59-1196043 Page 3
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV	line 11c See Form 990 Part X line	e 13
(a) Description of investment	(b) Book value		Cost or end-of-year market value
	1-3		
(2)		 	
(3)		-	
(4)			
(5)		-	
(6)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			-
Complete if the organization answered "Yes" (ine 11d. See Form 990, Part X, line	
	Description	···	(b) Book value
(2)			
(3)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Cojumn (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.	15.)		
Complete if the organization answered "Yes" of	n Form 990, Part IV, li	ne 11e or 11f. See Form 990, Part	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) ACCRUED INTEREST			133,208.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	25.		133,208.
Total. (Column (b) must equal Form 990. Part X. col. (B) line			
2. Liability for uncertain tax positions. In Part XIII, provide t		*	
organization's liability for uncertain tax positions under F	ASB ASC 740. Check	nere if the text of the foothole has	Schedule D (Form 990) 2019

FLORIDA CULTURAL GROUP, INC.
(FORMERLY THE MANATER PLAYERS, INC.)

Schedule [O (Form 990) 2019 (FURMERLY THE MANATEE PLAY)	EKS, I.	NC.)	29-	LLY6U43 Page 4
Part XI	Reconciliation of Revenue per Audited Financial Stateme		Revenue per Re	turn.	- •
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			1 . 1	2 000 255
				1	3,088,355.
	unts included on line 1 but not on Form 990, Part VIII, line 12:				
	unrealized gains (losses) on investments			-	
	nted services and use of facilities				
	r (Describe in Part XIII.)		965,772.		
	lines 2a through 2d			2e	965,772.
	ract line 2e from line 1			3	2,122,583.
	unts included on Form 990, Part VIII, line 12, but not on line 1:		***************************************		,
	tment expenses not included on Form 990, Part VIII, line 7b	4a		127	
	r (Describe in Part XIII.)				
c Add I	ines 4a and 4b			4c	0.
5 Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)			5	2,122,583.
Part XII	Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per F	leturr	ì.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1 Total	expenses and losses per audited financial statements			1	3,542,285.
	unts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
	ted services and use of facilities				
	year adjustments				
	losses		065 772		
	(Describe in Part XIII.)		965,772.		065 772
	ines 2a through 2d			2e	965,772. 2,576,513.
	act line 2e from line 1			3	2,3/0,313.
	ınts included on Form 990, Part IX, line 25, but not on line 1: tment expenses not included on Form 990, Part VIII, line 7b	1 45 1			
	(Describe in Part XIII.)				
	ines 4a and 4b	_		4c	0.
_	expenses, Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)			5	2,576,513.
	Supplemental Information.				
Provide the	descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V, lines 1b a	and 2b; Part V, line 4	Part X	, line 2; Part XI,
lines 2d and	l 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ional inform	ation.		
			<u> </u>		
рарт т	II, LINE 4:				
FART I	II, DIME 4.				
ORGANT	ZATION RECEIVED WORKS OF ART TO BE USED	ти тн	RATRICAL P	RESE	NTATIONS
	MARKATA THE CALL FINALLY OF AMEL SO DE COMP	441 444			212222010
AND TO	ENHANCE THE AMBIENCE OF THE PROPERTY.	COLLE	CTIONS CON	SIST	ı
PRIMAR	ILY OF ART AND HISTORICAL MEMORABILIA.				
PART X	I, LINE 2D - OTHER ADJUSTMENTS:				
IN KIN	D DONATIONS				965,772.
ייי וחפוגם	TT ITME ID _ OMUBB ADTHOMOSTMO.				
PART A.	II, LINE 2D - OTHER ADJUSTMENTS:				
TNI WINI	D DONATIONS				05/ 011
TIA VINI	D DONATIONS				954,911.
FIMDRA	SING EXPENSES				10,861.
_ 0-15/17/1	y met w dddd ddd Wdd W				20,002+
ጥርጥልፒ. ፣	TO SCHEDULE D, PART XII, LINE 2D				965,772.
TOTAL	IO SCHEDULE D, FART ATT, DINE 2D				703.//4.

	FLORIDA	CULTU	RAL GROU	P, INC.			
Schedule D (Form 990) 2019 Part XIII Supplemental Inform	(FORMER	LY THE	MANATEE	PLAYERS,	INC.)	59-1196043	Page 5
Supplemental Infor	mation (contin	nued)			_ ·		
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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

INC.)

FLORIDA CULTURAL GROUP, INC.
(FORMERLY THE MANATEE PLAYERS,

2019

Employer identification number

59-1196043

Open to Public Inspection

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

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 YOU...WE 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)

932211 09-06-19

THE EXPERIENCES WE CREATE.

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.	
PODW 000 DADM VI SECUTON B I THE 12C.	
FORM 990, PART VI, SECTION B, LINE 12C:	DECIMALNO OF MILE
ANNUAL REVIEWS TO DISCLOSE CONFLICTS ARE COMPLETED AT THE FISCAL YEAR.	BEGINNING OF THE
FORM 990, PART VI, SECTION B, LINE 15A:	
NON PROFIT SUMMARY OF REGIONAL COMPENSATIONS REPORT.	
TODA COO DADE UT GEGETON G. LINE 10.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND	
STATEMENTS ARE PROVIDED ONLINE AT THE GIVING PARTNER AND G	UIDE STAR.