

Florida Department of Environmental Protection

CITIZEN SUPPORT ORGANIZATION 2018 REPORT

(pursuant to Florida Statute 20.058)

	mon (ODO) Humo. XIII	ends of Bahia Honda State Park
Mailing Address:		
Telephone Number:	443.995.1287	Website Address (if applicable): friendsofbahiahonda.org
summary, the statute specified Department of Environments	es the organizational requiral Protection (Department), public records requirement	s; use of property; audit; public records; partnerships. In rements, operational parameters, duties of a CSO to support the), or individual units of the Department, use of Department ents, and authorizes public-private partnerships to enhance lands
equires authorization by the	Division of Recreation an P) program for state parks,	is use of property; audit. In summary, the statute defines a CSO, and Parks, and specifies the use of property. This statute authorizes, the program's operational parameters, CSO's operational
Brief Description of the CS onterests of Bahia Honda State or ograms, educational activities.	O's Mission: To generate the Park. Done through species, guided tours & committees, guided tours & committees.	& employ additional resources & support for & in the best scial work projects, special programs, special events, outreach unications, special exhibits, interpretive programs, fundraising park needs identified by the Park Manager of BHSP.
nterpretive tours on the trolle amage, rented equipment to	ey donated by the CSO to tallow park to reopen camp	aby changing stations in bath houses, electricity to bath house, the park to Sandspur Beach, currently closed due to hurricane ping, historic cement repair, additional railings added to comply ers & volunteers at front gate, and plantings.
lectricity to pavilions, parkin	ng lot beautification, facilit t, increase visitation & con	Fiscal Years: Historic Concrete repair, sidewalk construction, ty & grounds maintenance & improvements, purchase & rental of mmunity involvement through nighttime events, increase ability to pecial events to include NPLD & Earth Day, storm restoration.

Certify the CSO has completed and provided to the Department the organization's most recent Internal Revenue Service (IRS) Form 990, 990-EZ, or 990-N/Annual Financial Statement

FRIENDS OF BAHIA HONDA STATE PARK, INC.

CODE OF ETHICS

PREAMBLE

- (1) It is essential to the proper conduct and operation of Friends of Bahia Honda State Park, Inc. (herein "CSO") that its board members, officers, and employees be independent and impartial and that their position not be used for private gain. Therefore, the Florida Legislature in Section 112.3251, Florida Statute (Fla. Stat.), requires that the law protect against any conflict of interest and establish standards for the conduct of CSO board members, officers, and employees in situations where conflicts may exist.
- (2) It is hereby declared to be the policy of the state that no CSO board member, officer, or employee shall have any interest, financial or otherwise, direct or indirect, or incur any obligation of any nature which is in substantial conflict with the proper discharge of his or her duties for the CSO. To implement this policy and strengthen the faith and confidence of the people in Citizen Support Organizations, there is enacted a code of ethics setting forth standards of conduct required of Friends of Friends of Bahia Honda State Park, Inc. board members, officers, and employees in the performance of their official duties.

STANDARDS

The following standards of conduct are enumerated in Chapter 112, Fla. Stat., and are required by Section 112.3251, Fla. Stat., to be observed by CSO board members, officers, and employees.

1. Prohibition of Solicitation or Acceptance of Gifts

No CSO board member, officer, or employee shall solicit or accept anything of value to the recipient, including a gift, loan, reward, promise of future employment, favor, or service, based upon any understanding that the vote, official action, or judgment of the CSO board member, officer, or employee would be influenced thereby.

2. Prohibition of Accepting Compensation Given to Influence a Vote

No CSO board member, officer, or employee shall accept any compensation, payment, or thing of value when the person knows, or, with reasonable care, should know that it was given to influence a vote or other action in which the CSO board member, officer, or employee was expected to participate in his or her official capacity.

3. Salary and Expenses

No CSO board member or officer shall be prohibited from voting on a matter affecting his or her salary, expenses, or other compensation as a CSO board member or officer, as provided by law.

4. Prohibition of Misuse of Position

A CSO board member, officer, or employee shall not corruptly use or attempt to use one's official position or any property or resource which may be within one's trust, or perform official duties, to secure special privilege, benefit, or exemption.

5. Prohibition of Misuse of Privileged Information

No CSO board member, officer, or employee shall disclose or use information not available to members of the general public and gained by reason of one's official position for one's own personal gain or benefit or for the personal gain or benefit of any other person or business entity.

6. Post-Office/Employment Restrictions

A person who has been elected to any CSO board or office or who is employed by a CSO may not personally represent another person or entity for compensation before the governing body of the CSO of which he or she was a board member, officer, or employee for a period of two years after he or she vacates that office or employment position.

7. Prohibition of Employees Holding Office

No person may be, at one time, both a CSO employee and a CSO board member at the same time.

8. Requirements to Abstain From Voting

A CSO board member or officer shall not vote in official capacity upon any measure which would affect his or her special private gain or loss, or which he or she knows would affect the special gain or any principal by whom the board member or officer is retained. When abstaining, the CSO board member or officer, prior to the vote being taken, shall make every reasonable effort to disclose the nature of his or her interest as a public record in a memorandum filed with the person responsible for recording the minutes of the meeting, who shall incorporate the memorandum in the minutes. If it is not possible for the CSO board member or officer to file a memorandum before the vote, the memorandum must be filed with the person responsible for recording the minutes of the meeting no later than 15 days after the vote.

9. Failure to Observe CSO Code of Ethics

Failure of a CSO board member, officer, or employee to observe the Code of Ethics may result in the removal of that person from their position. Further, failure of the CSO to observe the Code of Ethics may result in the Florida Department of Environmental Protection terminating its Agreement with the CSO.

Copy

50m 990-EZ

Short Form

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. 1545-1150

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

Open to Public Inspection

	Departm Internal F	ent of the Treasury Tevenue Service	▶ Go to www.irs.gov/Form990EZ for instructions and the latest information	n.	Inspection
	A For	the 2017 calend	ar year, or tax year beginning January 1 , 2017, and ending	-	2DV 27 20 47
- 10		l applicable:	C Name of a second seco		ary 37 , 20 17 ar Identification ramber
[Addin	ess change	Friends of Bahia Honda State Park	a minimoye	
Į	Name	change	Number and street for D.O. Law W T	Talachar	47-301585 ne number
Ļ	_	return	PO Box 430403	= Telephon	ie untubet
Į	=	return/terminated	City or form white promises and the second s		
L	-mang	ded return etion pending	Big Pine Key FL 33043		Exemption
6		unting Method:		Numbe	Electric Control of the Control of t
	Webs		H Cr	neck ▶ [if the organization is not
			rec	quired to	attach Schedule B
-	187(-8)	rempt status (chec		om 990,	990-EZ, or 990-PF).
			✓ Corporation ☐ Trust ☐ Association ☐ Other		
-	MOD TI	nes ob, 6c, and 7	b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as	sets	
the state of the s	art II, C	column (B) below)	are \$500,000 or more, file Form 990 instead of Form 990-EZ	. ▶	\$
	Part I	Revenue	, Expenses, and Changes in Net Assets or Fund Balances (see the ins	structio	ns for Part ()
-	tom I	Check if t	he organization used Schedule O to respond to any question in this Part I		
-	1	Contribution	s, gitts, grants, and similar amounts received	. 1 1	13128.22
	2	Program ser	vice revenue including government fees and contracts	. 2	
2	3	Membership	dues and assessments	3	
	4	Investment is	ncome	4	8236.80
	58	Gross amou	nt from sale of assets other than inventory 5a	-	25.22
	Ь	Less: cost or	other basis and sales expenses		1
	C	Gain or floss	from sale of assets other than inventory (Subtract line 5b from line 5a)		
	6	Gaming and	fundraising events	. 5c	
	a		ne from gaming (attach Schedule G if greater than	1	
Je		\$15.000)	1 - 1		
Revenue	h		ba 1118	0.00	
50	"	from fundamin	e from fundraising events (not including \$ of contributions	100	
Œ		eum of cuch a	ring events reported on line 1) (attach Schedule G if the	A	1
			gross income and contributions exceeds \$15,000) 6b	27.5	}
	C	Less: direct e	xpenses from gaming and fundraising events 6c 5602	.74	
	d	Net income o	or (loss) from garning and fundraising events (add lines 6a and 6b and subtract	at l	
	1	line 6c)		- 6d	5577.26
	7a	Gross sales o	f inventory, less returns and allowances		
	b	Less: cost of			
	C	Gross profit o	r (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c	
	8	Other revenue	(describe in Schedule O)	8	
	9	Total revenue	2. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	26967.50
	10	Grants and sir	milar amounts paid (list in Schedule O)	10	20707.30
	11	Benefits paid	to ar for members	11	
	12		compensation, and employee benefits 🔯	12	
180	13	Professional fe	ees and other payments to independent contractors 🔀	13	
od :	14	Occupancy, re	nt, utilities, and maintenance	-	
5	15	Printing public	cations, postage, and shipping	14	
	16	Other expense	s (describe in Schedule O)	15	267.41
1	17	Total evnense	se Add lines 10 through 16	16	9383.11
1	18	Excess or (def	as. Add lines 10 through 16	17	9650.52
2	19	Not seeds a	cit) for the year (Subtract line 17 from line 9)	18	17316.98
00		and of year fin	fund balances at beginning of year (from line 27, column (A)) (must agree with ure reported on prior year's return)		
	ขก	Other change	is not send out prior year stetuing	19	20046.25
	20	Outer changes	in net assets or fund balances (explain in Schedule O)	20	
	21	rvet assets or fo	und balances at end of year. Combine lines 18 through 20	21	37363.23

	***********	n 990-EZ (2017)				Pag	2
?;	Pa	art II Balance Sheets (see the instructions					
		Check if the organization used Schedul	e O to respond to	any question in this	Part II		
					(A) Beginning of year	(B) End of year	
	22	Cash, savings, and investments				22 37363	23
	23	Land and buildings				23	
	24	•				24	-
	25					25	
	26					26	
	27			ish line Od		27	
NO.	promount of				D-4 UD	27	_
10	In G.					Emanas	
		Check if the organization used Schedule	e O to respond to	any question in this	Part III	Expenses (Required for section	
	VVha	at is the organization's primary exempt purpose?				501(c)(3) and 501(c)(4)	
	Des	cribe the organization's program service accompl	ishments for each	of its three largest p	rogram services.	organizations; optional	or
	as r	measured by expenses. In a clear and concise n	manner, describe ti			others.)	
	pers	sons benefited, and other relevant information for e					
2-	28	Concrete Rapair and Step repair at the old Bahia Ho	nda Bridge				

		4			************		
	21	(Grants \$) If this amount		ants, check here .	▶ □	28a	To a
	29	Trailer for housing of Park Pangage				ELIZES	
	-	The state of the s				l l	
			******		V-1-11-11-11-11-11-11-11-11-11-11-11-11-		
		March &	in the day for the same				
				ants, check here .		29a	-
	30	2 Bird Kennels at the park for Marathon Wild Bird Co	enter for injured bird	5			
		The distribution of the state o					
		(Grants \$) If this amount	includes foreign gr	ants, check here .	▶□]	30a	
	31	Other program services (describe in Schedule O)					
		(Grants \$) If this amount	includes foreign on	naka akaal basa	ь П I	31a	
			HEALERGO TOTOLOGIC BIT	ands, check here .		O (C)	
	32	Total program service expenses (add lines 28a t	through 31a)	ants, crieck riere .		32	-
J		Total program service expenses (add lines 28a t	through 31a)			32	
		Total program service expenses (add lines 28a to IV List of Officers, Directors, Trustees, and Key	through 31a)	h one even if not comp	oensated—see the in	32	- - 1
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LOHIN	330-67	10011

Page 3

	Personnel	980-E2 (2017)			Page :	3
	Pa	Other Information (Note the Schedule A and personal benefit contract statement requirement	nte in	the	******	April 1
		instructions for Part V.) Check if the organization used Schedule O to respond to any question in	this Pa	rt V	. []
				Yes	No	
	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide	a	1	1	_
		detailed description of each activity in Schedule O	33		10	2000
21	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformer	d		1	- 3
		copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	e		1	
		change on Schedule O (see instructions)	34		V	
	35a	The analysis of the second sec	s	1		## T
		activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		V	
	b	The state of the contract the state of the s	35b			
	C	The state of the s	,			*
		reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	350		10	
	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	3			-
		during the year? If "Yes," complete applicable parts of Schedule N	36		1	?"
	37a	Language and automore to accompany to a property to a find a second and a second an				- Basel
	b	The state of the s	37b		V	
	38a	The state of the s	12.00			
		any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		V	0.2
	b	If "Yes," complete Schedule L, Part II and enter the total amount involved	135	\		
	39	Section 501(c)(7) organizations. Enter:				
	a	Initiation fees and capital contributions included on line 9	187		1	
	b	Gross receipts, included on line 9, for public use of club facilities		1		
	40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	13:4		700	
		section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶	1000		- 1	
	b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	31.7		1.00 Table	
		excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year		1		
		that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		V 1	?5
	C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed		100	T., .	
		on organization managers or disqualified persons during the year under sections 4912,			17	
	10	4955, and 4958				
	ď	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			***	
		40c reimbursed by the organization			1	
	e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	1	3:	* * * * * * * * * * * * * * * * * * * *	
		transaction? If "Yes," complete Form 8886-T	40a		V	
		List the states with which a copy of this return is filed ▶				
4			360-625	4374		
		Ocated at Ib 28571 Channel View Dr Little Torch Vey Cl	3304	2		
	U	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	1	res l	do	
	72	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		V	
		If "Yes," enter the name of the foreign country: ▶	200			
	,	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			1000	
					215	
	G /	At any time during the calendar year, did the organization maintain an office outside the United States? .	42c		/	
4		f "Yes," enter the name of the foreign country: ▶				
43	9	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		. 🌬		
	ě	and enter the amount of tax-exempt interest received or accrued during the tax year				
4	la [hid the expenization maintain any dense edited for death and the second	Y	es N	0	
		Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		. P		
			44a	6	_	
		Oid the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	15			
	, F	id the experization receive one management for instance.	44b	8	_	
	d li	hid the organization receive any payments for indoor tanning services during the year?	44c	8	_	
	u II	"Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		1	7	
45			44d		-	
	p D	tid the organization have a controlled entity within the meaning of section 512(b)(13)?	15a	V	_	
9,	N D	id the organization receive any payment from or engage in any transaction with a controlled entity within the			7	
	F	neaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of orm 990-EZ (see instructions).		14		
-			15h	0.0	<i>f</i>	

Form 991	3-EZ (2017)						Pa	age 4
	Did the organization engage, directly or into candidates for public office? If "Yes," (Section 501(c)(3) organization: All section 501(c)(3) organization: 50 and 51.	complete Schedule C s only	, Part I			. 46	Yes or line	1
	Check if the organization used Sc	hedule O to respond	to any question in t	hic Part VI				
	Crieck in the organization used Sc	nedule O to respond	to any question in i	JIS PAIL VI	, , ,		Yes	No
	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) election	n in effect	during the	tax 47	165	V
48	Is the organization a school as described in	n section 170(b)(1)(A)(i	i)? If "Yes," complete	Schedule E		48		W
	Did the organization make any transfers t			cation?.		. 49a		4
	If "Yes," was the related organization a se	***				49b		
	Complete this table for the organization's employees) who each received more than							Key
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health contributions benefit plans,	n benefits, to employee and deferred insation	(e) Estimated other com	d amoun	
None				Gumpo	ALSOHOTI .			
							-	

	The Control of the co							
								-
			_					
51 (otal number of other employees paid over complete this table for the organization's 100,000 of compensation from the organ	s five highest compe	nsated independent	contractors	who each	received r	nore ti	han
51 (Complete this table for the organization's	s five highest compenization. If there is no	nsated independent			received r		han
51 (Complete this table for the organization's 100,000 of compensation from the organ	s five highest compenization. If there is no	nsated independent ne, enter "None."					han
51 (Complete this table for the organization's 100,000 of compensation from the organ	s five highest compenization. If there is no	nsated independent ne, enter "None."					han
51 (Complete this table for the organization's 100,000 of compensation from the organ	s five highest compenization. If there is no	nsated independent ne, enter "None."					han
51 (Complete this table for the organization's 100,000 of compensation from the organ	s five highest compenization. If there is no	nsated independent ne, enter "None."					han
51 (Complete this table for the organization's 100,000 of compensation from the organ	s five highest compenization. If there is no	nsated independent ne, enter "None."					han
51 (Complete this table for the organization's 100,000 of compensation from the organ	s five highest compenization. If there is no	nsated independent ne, enter "None."					han
51 (\$	Complete this table for the organization's 100,000 of compensation from the organization's 100,000 of compensation from the organization from the organiza	s five highest compenization. If there is no ent contractor	nsated independent ne, enter "None." (b) Type of service of servi	De	(c)	Compensation		han
Vone d Tr	Complete this table for the organization's 100,000 of compensation from the organization and business address of each independent to the compensation of other independent contraction and the organization complete Schedule ompleted Schedule A	s five highest compenization. If there is no ent contractor ctors each receiving of each Note: All sec	nsated independent ne, enter "None." (b) Type of service of servi	zations m	(c)	Compensation a Yes	· · ·	
d To	Complete this table for the organization's 100,000 of compensation from the organization and business address of each independent to the organization complete. Schedule the organization complete Schedule	s five highest compenization. If there is no ent contractor ctors each receiving one A? Note: All sectors, including accompanying the sectors and the sectors are sectors.	nsated independent ne, enter "None." (b) Type of service serv	izations m	ust attach	Compensation a Yes	· · ·	
d Ti 52 D conder pense ign	complete this table for the organization's 100,000 of compensation from the organization, (a) Name and business address of each independent (a) Name and business address of each independent contract id the organization complete Schedule ompleted Schedule A (bities of perjury, I declare that I have examined this rest, and complete. Declaration of preparer (other than or the period of the peri	s five highest compenization. If there is no ent contractor ctors each receiving one A? Note: All sectors, including accompanying the sectors and the sectors are sectors.	nsated independent ne, enter "None." (b) Type of service serv	izations m	ust attach	Compensation a Yes	· · ·	
d To	complete this table for the organization's 100,000 of compensation from the organization, 100,000 of compensation from the organization from the organization from the organization of each independent contraction of the organization of preparet (other than of the organization of preparet (other than of the organization of preparet (other than of the organization of officer Diane Rullian Diane of officer Diane Rullian Diane rullian Diane rullian Type or print name and title	s five highest compenization. If there is no ent contractor ent contractor etcors each receiving one A? Note: All secondary, including accompanying is based on all Information.	nsated independent ne, enter "None." (b) Type of service of servi	zations m	ust attach	a ≥ Yes wledge and be	· · ·	
d To	complete this table for the organization's 100,000 of compensation from the organization, and have and business address of each independent (a) Name and business address of each independent contract of the organization complete Schedule of the organization complete Schedule of the organization of preparer (other than of the organization of preparer (other than of the organization of preparer (other than of the organization) Signature of officer DIAne Rullan DiAne Rullan DiAne organization of the organization of the organization of the organization of preparer (other than organization) DiAne Rullan DiAne organization of the orga	s five highest compenization. If there is no ent contractor ctors each receiving one A? Note: All sectors, including accompanying the sectors and the sectors are sectors.	nsated independent ne, enter "None." (b) Type of service serv	zations m	ust attach	a Yes wledge and be	· · ·	
d Ti 52 D conder pense ign	complete this table for the organization's 100,000 of compensation from the organization, and have and business address of each independent (a) Name and business address of each independent (a) Name and business address of each independent (a) Name and business address of each independent contract (b) The organization complete Schedule of the organization complete Schedule of the organization of preparer (other than or the organization of preparer (other than organization) Signature of officer DiAne Rullan DiAne Rullan DiAne Rullan DiAne reparer's name DiAn	s five highest compenization. If there is no ent contractor ent contractor etcors each receiving one A? Note: All secondary, including accompanying is based on all Information.	nsated independent ne, enter "None." (b) Type of service of servi	izations m	ust attach best of my knor Check ☐ if self-employe s EIN ▶	a Yes wledge and be	· · ·	

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 890 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.

OMB No. 1545-0047

2017

Open to Public Inspection

	Education and the second secon	Employer Identification number
	Friends of Bahia Honda State Park	47-3015850
	Sand and wood forms for a sand sculpture at the park \$421,72	727722700
	Extra Sand for sculpture \$110.94	
	Renewal for PO box \$52.00	
	Event Insurance \$504.64	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Concrete work \$3900.00	
	Tents for use during events \$100.80	
	Office Supplies \$99.75	
	Refreshments for event 10.00	
1	Website fee \$179.64	
Ľ	Deposit for hand railing work \$2043.00	
F	2V Purchase \$500.00	
B	Hrd Kennels \$148.50	
M	/ebsite designer \$549.00	
P	aypal Charges \$33.25	
C	hecks, deposit slips, endorsment stamp \$99.87	
A	uger Rental for park use \$630.00	P. P. P. B. W. W. W. B. B. W. W. P. W.
		, , , , , , , , , , , , , , , , , , ,
		•
		하는 참 나 하는 살 얼마나 한 하고 살았다. 한 분에 이 아이 얼마 있다는 것 같아 하는 것 같아 살아 있다. 그 아이 아이 나는
* **		5 (1) 10
		아이에 이렇게 한 것이 하네요 아이에 이 어떤 것이 될 수 아이에서 아이에 어떤 것이 없는 것이 아이어 뭐 뭐 뭐 싶어.
·		
	有一个人,我们就是我们的人,我们的人,也不是不完全的人,也不是不完全的人,我们就是我们的人,我们们的人,我们们的人,我们们们的人,我们们们们的人,我们们们们们们	1 ~ 电影战器式车车 斯斯特尔尔森森森 医自己人名日内特雷斯 阿罗埃各岛美国西班拉纳森 化异己己含

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2017

Open to Public Inspection

Employer identification number

Frier	nds of Bahla Honda State Park Inc					47-3	015850
Pa	Reason for Public Ch	arity Status (A	Il organizations mus	st comp	ete this	part.) See instruct	ons.
The	organization is not a private found						
1	A church, convention of chur	ches, or associa	tion of churches desc	ribed in s	section 1	70(b)(1)(A)(i).	
2	2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3	A hospital or a cooperative h	ospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4	A medical research organizat		conjunction with a hos	spital des	cribed in	section 170(b)(1)(A	(iii). Enter the
	hospital's name, city, and sta						
5	An organization operated for section 170(b)(1)(A)(lv). (Cor	nplete Part II.)					ital unit described i
6	A federal, state, or local gove						
7	An organization that normally described in section 170(b)(oport from	n a gove	mmental unit or fro	m the general public
8	A community trust described						
9	An agricultural research organ or university or a non-land-gruniversity:	ant college of ag	riculture (see instructi	ions). Ent	er the na	me, city, and state o	f the college or
10	An organization that normally receipts from activities relate support from gross investmen acquired by the organization;	d to its exempt funt income and ur	unctions—subject to onelated business taxa	certain ex able incor	ceptions ne (less s	, and (2) no more that section 511 tax) from	an 331/3% of its
11	An organization organized an	d operated exclu	sively to test for publ	ic safety.	See sec	tion 509(a)(4).	
12	An organization organized and						
	of one or more publicly supp						
	Check the box in lines 12a thr					and the same and t	
a	☐ Type I. A supporting orga						
	the supported organization supporting organization.	ou must compl	ete Part IV, Sections	A and E	i.		
b	control or management of	the supporting of	organization vested in	the same			
	organization(s). You must						مادات المستمسم متحد والم
С	☐ Type III functionally integ its supported organization	(s) (see instruction	ons). You must comp	lete Pari	IV, Sect	ions A, D, and E.	
d	Type III non-functionally that is not functionally inte requirement (see instructionally interesting the contraction of the con	grated. The orga	nization generally mu	st satisfy	a distribu	ution requirement ar	
0	Check this box if the organ functionally integrated, or						e II, Type III
f	Enter the number of supported					* * * * * *	
g	Provide the following information	n about the supp	ported organization(s)			γ	-
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							\$
(B)							
(C)	A P CONTRACTOR OF THE PROPERTY						
(D)							
(E)							
							.,

	Part II Support Schedule for Organiz	rations Desc	ribed in Sec	tions 170(b)	(1MAWhy) and	170/hV1VAV	Pag Mil
-	(Complete only if you checked to	the box on lin	ne 5, 7, or 8 c	of Part I or if t	he organizati	on failed to o	ualify under
_	Part III. If the organization fails t	o qualify und	er the tests I	isted below.	please comp	lete Part III.)	daily bilder
S	ection A. Public Support						
C	elendar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	1 Gifts, grants, contributions, and					107	(1) 1002
	membership fees received. (Do not						
	include any "unusual grants.")						
	2 Tax revenues levied for the						
	organization's benefit and either paid	1					1
	to or expended on its behalf						
-	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						1
	transfer into the condition of the condi						
5	The person or total contabolitions by	1 1 A		100	1 1 1 2 2 2 2		
	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)	servi til					
6							
-	tion B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4			(5) 25 10	(4) 2010	(6/2017	(i) roai
8	Gross income from interest, dividends,						
	payments received on securities loans,		1				
	rents, royalties, and income from	1	}			-	
	similar sources					1	
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on		1	-		1	
40							
10	Other income. Do not include gain or loss from the sale of capital assets		1				*****
	(Explain in Part VI.)	1			1	1	
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (eas inchristis)al				******
13	First five years. If the Form 990 is for the	omanization's	tiret eanand	third fourth		12	F627 1767
	organization, check this box and stop here	organization e	inst, second,	, uma, sourer,	or mur cax yea	ar as a section	507(c)(3)
Sect	ion C. Computation of Public Support						
14	Public support percentage for 2017 (line 6.	column (f) divi	ded by line 11.	column (fi)		14	. %
15	Public support percentage from 2016 Sched	dule A. Part II.	line 14			15	0/
16a	331/8% support test—2017. If the organization	tion did not d	neck the hox o	vo line 13 and	line 1/ ic 221	of or more al	male Hain
	box and stop nere. The organization qualifie	es as a publicl	y supported or	rganization .			
b	33'/8% support test—2016. If the organizat	tion did not ch	eck a box on	line 13 or 16a	and line 15 ie	331mg/ or more	n about
	this box and stop here. The organization qu	alifies as a pu	blicly supporte	ed organization	1		. ▶ □
17a	10%-facts-and-circumstances test - 2017	. If the organi	zation did not	check a box /	on line 13 16e	or 16h and li	no 14 io
	1076 or more, and it the organization meets	s the "facts-ar	id-circumstan	ces" test cher	k this how and	detan home E	mlain in
	Part vi now the organization meets the "fac	ts-and-circum	istances" test.	The organization	tion qualifies a	e a nublichu au	nnorted
	organization						. > 🗆
D	10%-facts-and-circumstances test—2016	. If the organi	zation did not	check a box of	on line 13, 16a	, 16b, or 17a,	and line
	13 is 10% or more, and if the organization	n meets the '	facts-and-circ	umstances" to	act chark this	hav and eta	n how
	Fynlain in Part VI how the association	An Alex SEE - 1					
	explain in Part VI now the organization mee	ts the "facts-a	and-circumsta	nces" test. The	e organization	qualifies as a p	publicly
8	Explain in Part VI how the organization mee supported organization	ts the "facts-	and-circumsta	nces" test. The			P 1 1 1 1

Schedule A (Form 990 or 990-EZ) 2017 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support (e) 2017 Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . Gross receipts from activities that are not an unrelated trade or business under section 513 revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or tacilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5. . . . 7a Amounts included on lines 1, 2, and 3 received from disqualified persons . b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from line 6.) Section B. Total Support (a) 2013 (c) 2015 (d) 2016 (e) 2017 (f) Total Calendar year (or fiscal year beginning in) (b) 2014 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . b Unrelated business taxable income fless section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) 15 96 16 Public support percentage from 2016 Schedule A, Part III, line 15 % Section D. Computation of Investment Income Percentage Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) . . . 96 % 331/a% support tests-2017. If the organization did not check the box on line 14, and line 15 is more than 331/a%, and line 17 is not more than 331/s%, check this box and stop here. The organization qualifies as a publicly supported organization . 🕨 📋 331/x% support tests-2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/x%, and

line 18 is not more than 331/s%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV	Supporting	Organi	zations

(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.)

Sec	tion A. All Supporting Organizations			
			Yes	s 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).	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.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
C	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		1
4a	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in 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.	4c		100 d 100 d 100 d 100 d
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		
h	Type I or Type II only Was any added or substituted supported amanization part of a class already designated in the organization's organizing document?			1.1
	The state of the s	E.		
	and the engineering means of each total componential of other cultural partitions to a deposition controlled		9	
	TABLE OF THE TABLE SAME SERVICE OF THE LANGE SERVICE OF THE SAME O		1	11.0
	AND THE RESIDENCE AND ADDRESS OF THE PARTY O		1171	17
	IL ANDE A COMMINDAD PARE I DE PODOGERO I APORTE MAI DE IRALI PE NI	n i		**
	The fig represented contested descript or indicately at any store decimal state and your signature or many			
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	STAVE COGNIES AND LIST II SUPPORTE ACCOUNTS AND ALL LIST III AND LISTADORIF INTERCEDA			Pc4-
L E	William	-	-	management

4-1	Supporting Organizations (continues)			_ :-5-
and the contract of	The Control of District (Control of Control			1
44	Has the organization accepted a gift or contribution from any of the following persons?		- 1-	== ==
	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?	111	3	
	A family member of a person described in (a) above?	11	-	
	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.	11	****	-
	tion B. Type I Supporting Organizations	1.,		
			Ve	e 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		1	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	334		
	controlled the organization's activities. If the organization had more than one supported organization,		1	1
	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	1.6	1	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			1 34
	Vi how providing such benefit carried out the purposes of the supported organization(s) that operated,	12.5%		
_	supervised, or controlled the supporting organization.	2		
500	tion C. Type II Supporting Organizations			
		province to the	Ye	a No
· F	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		1	
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
Can		1		
366	tion D. Ail Type III Supporting Organizations		-	
1	Did the experientian appoint to each of its supervised and its supervi	1	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?			100.00
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1	-	-
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part Vi how			1.00
	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	7,1		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this recard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations	10	1	
nd E	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inchu.	- 12	ei
2	The organization satisfied the Activities Test. Complete line 2 below.	RESERVE	Lituii	s). •
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
S	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (fron in	ates and	ionel
-	0. 165 1876 20 000-000-000-000-000-000-000-000-000-	COO HIL	on nor	rune).
2	Activities Test. Answer (a) and (b) below.		Yes	No
ä	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.	'		
in		2a		
1.3	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's representation of the organization of the organi			1.00
	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.			127
G		20		
3 a	Parent of Supported Organizations. Answer (a) and (b) below.			1.14
KI	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.		T. V.	1.5
Sa.		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.	3.72		th.
		3b		Million with large
	Schodule A (Form 5	99 or 0	80 EZ	2017

instructions).

Type III Non-Functionally Integrated 500(a)(3) Supporting O	rgan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type iii non-lun. Henally integraled supporting org	aniza	ions must complete Sections	MIS A DECEMBER.
Section A - Adjusted Net Income		(A) Prior Year	(E) Current Year (optional)
i ivei snort-tenn capital gain	1 1/2	1	-
2 Recovenes of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3,	14		
5 Depreciation and deniation	2		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for namagement, conservation, or maintenance of property hold for production of income (see instructions)	P		
7 Other expenses (see instructions)	17		
8 Adjusted Net Income (subsect lines 5, 6, and 7 from line 4).	2		
Section E - Minimum Asset Amount		(A) Prior Year	(b) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	12		
b Are age monthly cash balances	Tib	Taury property was	1 × E
c Fair market value of other non-exempt-use assets	10	AND DESCRIPTION OF THE PARTY OF	
d Total (add lines 1a, 1b, and 1c)	150		
e Discount claimed for blockage or other tactors (exprain in detail in Park Vi):			
2 Acquisition indebtedness applicable to non-exempt-use assets	121		-
3 Subtract line 2 from line 1d.	13	71 PL NV JPBER BERKEN	
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)	15		
8 Multiply line 5 by 035	6		
7 Recoverios of prior-year distributions	7	1	778
6 Minimum Asset Assount (add line 7 to line 6)	8		
Section G - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	11		
9 Frier A5% of line 1	9		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		The second secon
4 Uniter greater of line 2 or line 3	4		• * · · · · · · · · · · · · · · · · · ·
5 Income tax imposed in prior year	5		- chick-
© Distributable Amount. Subtract line 6 from line 4, unless subject to emergency temperary reduction (see instructions).	5		*
7 Check here if the current year is the organization's first as a non-functionally		raise Train III surre view	With the last

Sac	Type III Non-Functionally Integrated 509(a)	6'78 ratifiatum ennin e untres	nzamna (commued	Current Vear
4	Amounts paid to supported organizations to accomplish	1		
2	Amounts paid to parform activity that directly furthers e		artarl	
	organizations, in excess of income from activity	sentin tentamen or order		
3	Administrative expenses pold to accomplish exempt pur	coases of supported ord	enizetiona	
4	Amounts paid to acquire exempt-use assets	Product of English 100 of C	CONTRACTOR OF THE PROPERTY OF	T .
5	Qualified set-aside amounts (prior IRS approval required	Pi X.s		
6	Other distributions (describe in Part VI). See instructions	Color of the Color		
7	Total annual distributions. Add lines 1 through 6.	2,		
	Distributions to attentive supported organizations to whi	ali Alia augustination in un		
8	(provide details in Part VI). See instructions.	on the organization is re	econsive	
9	Distributable amount for 2017 from Section C, line 6			
144	Use 8 emond disided by fine 9 amount			
tong.	oction ± - Distribution Aliceations (coe instructions)	(i) Excess Distributions	III Underdistributions Pro-2017	CES Describeration Amount for 2017
i	Distributable amount for 2017 from Section C, line 6		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
2	Underdictributions, if any, for years prior to 2017		I	Freedom Control
	(reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			1
ñ				
b	From 2013			1
C	From 2014			1
d	P. 07:-		THE RESERVE AS A SECOND	
8	From 2016			
Z 2	Total of lines 3a through e	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
	Applied to underdistributions of prior years			
. Q	Applied to 2017 distributable amount			
- 1	Carryover from 2012 not applied (see instructional			Language Committee
2	Remainder, Subtract lines 3g, 3h, and 3' from 3'.			1
- 1	Distributions for 2017 from			
4	Section D, line 7:			
77	Applied to underdistributions of prior years			
ď	Applied to 2017 distributable amount			
C	Hemainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		- Constituine and the Constituent of the Constituen	
ō	Remaining underdistributions for 2017. Subtract lines ān and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			•
7	Excess distributions carryover to 2010. Add Even 3j and 4c.			
8	Broakdown of line 7:			
a	Excess from 2013	1		
b	Excess from 2014			
c	Excess from 2015			3
	Excass from 2016			
	Exposs from 2017			
7.00				

terio ve	
	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Pill, line 12; Part IV. Section A. lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV. Section
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
and the second s	
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