

Florida Department of Environmental Protection CITIZEN SUPPORT ORGANIZATION 2021 LEGISLATIVE REPORT (pursuant to Section 20.058 Florida Statutes)

Citizen Support Organization (CSO) Name: Friends of Bahia Honda State Park
Mailing Address: PO Box 430403 Big Pine Key, FL 33043
Telephone Number: 443.995.1287
Website Address (required if applicable): friendsofbahiahonda.org
☑ Check to confirm your Code of Ethics is posted conspicuously on your website.

Statutory Authority:

Section 20.2551, F.S., Citizen support organizations; use of property; audit; public records; partnerships. In summary, the statute specifies the organizational requirements, operational parameters, duties of a CSO to support the Department of Environmental Protection (Department), or individual units of the Department, use of Department property, audit requirements, public records requirements, and authorizes public-private partnerships to enhance lands managed by the Department.

Section 258.015, F.S., Citizen support organizations; use of property; audit. In summary, the statute defines a CSO, requires authorization by the Division of Recreation and Parks, and specifies the use of property. This statute authorizes the Partnerships in Parks (PIP) program for state parks, the program's operational parameters, CSO's operational parameters, and donor recognition.

YOUR MISSION AND LAST CALENDAR YEAR'S PROGRAM ACCOMPLISHMENTS:

CSO's Mission: Consistent with your Articles and Bylaws

Our mission starts each of these Legislative Reports as it is what we as an organization is built on. That mission is to assist in the beautification, preservation & restoration of this park, providing funds to make purchases that the State is unable to fund and to promote volunteerism. These volunteers join in on special projects throughout the year, working with other like-minded people

Describe Last Calendar Year's Results Obtained: <u>Brag!</u> List or discuss the past calendar year's accomplishments and contributions. Cite specific support from last calendar year's Annual Program Plan.

Walkway to the Sea: Our ongoing fundraising project, personalized brick walkway in the vicinity of the Nature Center, continues. We have grown to approx. 500 bricks. This has become a focal point for our visitors and the exciting part is that it not only beautifies that area of the park, but sparks interest in those visitors to purchase a brick. All proceeds go directly to new projects that the Friends fund.

Sandspur Trolley Tour: Our all-volunteer interpretive tour through the park and to the closed section, Sandspur Beach, was called to a halt in March of 2020 due to COVID restrictions. It is the hope to continue this popular activity, and fundraiser, in the coming months.

Cell Phone Signal Booster: The Friends purchased the signal booster for the Volunteer Village due to poor cell coverage. It was a safety hazard and one we took care of for our volunteer staff. \$500.

Golf Cart: The Friends purchased a 4-passenger gas golf cart for the Park, to assist with VIP tours, volunteer training and to provide the PSS transportation within the park. Cost of approx. \$3500.

Display Cases: The Friends purchased 2 glass display cases for the Nature Center, complete with eye catchers for the rear doors, highlighting nature and history. This is all part of our efforts to refurbish the Nature Center, a ongoing goal of our CSO. Cost \$1,500.

Electric to Storage Building: The Friends were finally able to have the electric project completed by Marathon Electric. They ran electric from the Nature Center to the nearby storage building, to store historical materials and items for the Nature Center, and on to the pavilions in that area which will allow us to hold special events in the coming years. Cost \$8,600.

Volunteer Shirts: The Friends provided \$1,000 worth of new State Park Volunteer shirts for our volunteers. This was to show our appreciation for the many hours given to the park and to boost interest in being involved with the CSO.

Bees: A large hive of valuable pollinators was discovered during construction at the Sandspur Campground and the CSO agreed to fund the \$300 necessary to have them relocated to the mainland.

Earth Day Celebration: Canceled due to COVID. All donated items will be held over for 2021, possible Virtual Auction.

NPLD: Canceled due to COVID. Will hopefully resume in 2021.

Describe the CSO's Plans for the Next Three Calendar Years:

Nature Center: Continue to work with our PM on ways for the CSO to refurbish the Nature Center. Our goal is to have a welcoming and educational center for locals and guests from not only the USA, but from around the world.

Pavilions for Calusa Beach: In an effort to provide much needed shade for our visitors on Calusa Beach, we are working with the PM to fund this project.

Natural Resource Management: Working with the PM on providing more vegetation, native palm trees included, in the area of Loggerhead Beach/Bathhouse.

Provide & promote interpretive tours throughout the park through the utilization of CSO members.

Continue community outreach, when we are able, to local schools, businesses and clubs to bring new visitors to the park, spread the message of our CSO, bring in new members including expanding the Board.

Beach Clean-ups throughout the year, providing light refreshments/snacks for those volunteer day events.

CSO's LAST CALENDAR YEAR STATISTICS:

Total Number of CSO General Membership: 222

Total Number of Board of Directors: 6

Total Volunteer Hours for the Board of Directors (Hours from VSys. Work with your parks' volunteer manager): 703

PARK & CSO RELATIONSHIP:

Park Manager's Comments on the CSO & Park Relationship and Support:

The Friends of Bahia State Park have been supportive of all requests made by current Park Management Team and have shared ideas for upcoming needs and goals. With challenges presented last year, the CSO Board and members have worked creating new ways to reach out and accomplish goals and objectives. With the Earth Day online fundraiser, Walkway to the Sea brick paver program, and reaching out to new members, the Friends of Bahia Honda have helped to generate funding and sharing their message.

In the last three months, the CSO has funded 3 major projects to enhance the visitor experience. New removable shade canopies are being constructed to add shade to current pavilions damaged by H. Irma. The construction of three (3) new change rooms to relieve congestion in a crowded restroom. Purchase and installation of twenty (20) Sabal palms to provide shade and increase native vegetation to areas damaged by natural events and new construction. The Board of Directors are fulfilling all requirements and we hope to see more educational activities as we work into the year helping Bahia Honda State Park share our message and educating visitors on our natural and cultural resources. The support of staff and volunteers is important to the Friends of Bahia Honda State Park and they have definitely given

Thank you, Mark Duncan Park Manager Bahia Honda State Park

the Park full support.

CSO President's Comments on the CSO & Park Relationship and Support:

Provide your perspective on the relationship between the park and CSO. What went well? Are there areas of improvement?

Our CSO had a good working relationship with our previous PM, but he left during our difficult Covid-19 year for a new assignment. In the interim, the APM took over but because of our limited ability to proceed with CSO activities, we were quiet to say the least, doing what we could when we could. As of January 2021, we have Mark Duncan as PM and already, we are moving mountains, or at least planting Sabal Palms, among other projects getting started. As for 2020, we worked very closely with the staff and resident volunteers at Bahia Honda State Park, as in previous years. They see the value in what we provide, and we certainly value their wisdom, knowledge and direction.

SUMMARIZE FINANCIAL ACTIVITY FOR LAST CALENDAR YEAR, SPECIFIC PARK(S) SUPPORT:

Program Service Expenses are costs related to providing your organization's programs or services in accordance with your mission. For CSO's provide expenses that directly support the park(s). For established nonprofit organizations, program service expenses generally represent most of the overall expense of the organization. For the last calendar year provide totals \$ for each that apply.

Building improvement, construction or renovations \$8,600

- Cultural resources (e.g., historic structure restoration/ renovation) \$
 - Natural resources (e.g., native plants, natural lands restoration) \$300
- Maintenance equipment (e.g., mowers, chippers, blowers, chainsaws) \$500
 - Other facilities and landscape maintenance \$
 - Vehicles (e.g., trucks/cars, UTVs, golf carts, accessible devices, etc.) \$3,565
- Amenities (e.g., water fountains, benches, picnic tables, recreational equipment, kiosks etc.) \$
- Park employees or volunteers support (e.g., interns, training, uniforms, awards, or recognition) \$1,000
 - Big ticket visitor center exhibits or interpretation updates \$
 - Park exhibits, displays, signage \$1,500
 - Park publications, brochures, maps, etc. \$250
 - Programing/interpretation support material purchases \$400
 - Other program services \$

Total Program Service Expenses \$16,115

Total Operating Expenses (Overhead including fees, memberships, postage, rent, utilities, etc.) \$7,541

Visitor Services Revenue

- Park gift shops, craft stores and concession sales \$
- Merchandise sales (e.g., plants, firewood, ice, t-shirts, hats, etc.) \$
- Programs and Special Events (e.g., fundraising workshops, seasonal events, concerts, etc.) \$
 - Vending (e.g., drink machines, penny press, laundry, Wifi, etc.) \$
 - Rentals (e.g., bikes, canoe, kayak, SUPs, etc.) \$
 - In-park donation boxes \$8,064.32
 - Other visitor services revenue \$17,319.87
 - Total Visitor Services Revenue \$25,384.19
 - Net Assets \$72,105.00

CSO AUDIT:

Total of Last Calendar Year's Expenses (including grants) \$ 23,382.09

Section 215.981(2), Florida Statute requires an independent CPA audit using Government Audit Standards (<u>U.S. GAO</u> <u>Yellow Book</u>) when the CSOs annual expenses are \$300,000 including grants. The audit is **due by September 1** (9 months after the CSO's calendar year ends) to the Florida Auditor General and to the Department.

| This information is | s complete to the best | of my knowledge pursuant to Sect | ion 20.058 Florida Statutes |
|---------------------|------------------------|----------------------------------|-----------------------------|
| Title | Name | Signature | Date |
| CSO President | Victoria Weagley | | May 17, 2021 |
| Park Manager | Mark Duncan | | May 18 th , 2021 |

CSO's Code of Ethics is attached

CSO has attached the most recent Internal Revenue Service (IRS) Form 990, 990-EZ, or 990-N Receipt. All IRS Form 990's must be complete with Part III Program Service and all appropriate Schedules (A, O and others as appropriate). If filing an IRS extension, attach the IRS 8868 receipt and the most recent 990 and schedules.

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FRIENDS OF BAHIA HONDA STATE PARK, INC.

CODE OF ETHICS

PREAMBLE

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(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.

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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.

S. 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

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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.

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Short Form

OMB No. 1545-0047

2020

Open to Public

Return of Organization Exempt From Income Tax

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

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

Inspection Department of the Treasury ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information. Internal Revenue Service A For the 2020 calendar year, or tax year beginning , 2020, and ending , 20 C Name of organization D Employer identification number B Check if applicable: 47-3015850 Friends of Bahia Honda State Park Address change Room/suite E Telephone number Name change Number and street (or P.O. box if mail is not delivered to street address) Initial return PO Box 430403 4439951287 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Big Pine Key, FL 33043 Number 🕨 Application pending X Cash Accrual Other (specify) ► H Check ► X if the organization is not G Accounting Method: required to attach Schedule B | Website: ► Friendsofbahiahonda.org (Form 990, 990-EZ, or 990-PF). 527 J Tax-exempt status (check only one) - \times 501(c)(3) \Box 501(c) () < (insert no.) 4947(a)(1) or K Form of organization: X Corporation Trust Other Association L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 25,384. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I . X Check if the organization used Schedule O to respond to any question in this Part I 8,316. 1 Contributions, gifts, grants, and similar amounts received 1 4,611. Program service revenue including government fees and contracts 2 2 3 8,223. 3 79. 4 4 Investment income 5a Gross amount from sale of assets other than inventory 5a | 5b b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . 5c Gaming and fundraising events: 6 Gross income from gaming (attach Schedule G if greater than а Revenue **6**a b Gross income from fundraising events (not including \$ 4,155. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . 6h 4,155 c Less: direct expenses from gaming and fundraising events . . . 6c 3.027. Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract d 1,128. line 6c) 6d Gross sales of inventory, less returns and allowances 7a 7a Less: cost of goods sold 7b Ь 7c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) С 8 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 22,357. -----Grants and similar amounts paid (list in Schedule O) 10 10 11 Benefits paid to or for members 11 12 12 Salaries, other compensation, and employee benefits Expenses 13 225. 13 Professional fees and other payments to independent contractors 14 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 15 3,441 16 16,689 16 17 Total expenses. Add lines 10 through 16 . 17 20,355 2,002. 18 18 Excess or (deficit) for the year (subtract line 17 from line 9) Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return) 70,103. 19 20 20 Other changes in net assets or fund balances (explain in Schedule O) . . . 72,105. 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 For Paperwork Reduction Act Notice, see the separate instructions. BAA REV 03/30/21 PRO Form 990-EZ (2020)

| Form 990-EZ (2020) | | | | | | Page 2 |
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| 31 Other program services (Grants \$ 32 Total program service e Part IV List of Officers, Dir Check if the orga (a) Name and Victoria Weagley President Gary Wilkins Vice President Bill Weagley Secretary DiAne Rullan Treasurer Sandy Haas | describe in Schedule O)) If this amount expenses (add lines 28a t rectors, Trustees, and Key anization used Schedule | includes foreign gra hrough 31a) | nts, check here one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. | ► ► ■ | 32 Instruct | tions for Part IV) |
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| 31 Other program services (Grants \$ 32 Total program service e Part IV List of Officers, Dir Check if the orga (a) Name and Victoria Weagley President Gary Wilkins Vice President Bill Weagley Secretary DiAne Rullan Treasurer Sandy Haas | describe in Schedule O)) If this amount expenses (add lines 28a t rectors, Trustees, and Key anization used Schedule | includes foreign gra hrough 31a) | nts, check here one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. | ► ► ■ | 32 Instruct | tions for Part IV) |
| 31 Other program services (Grants \$ 32 Total program service e Part IV List of Officers, Dir Check if the orga (a) Name and Victoria Weagley President Gary Wilkins Vice President Bill Weagley Secretary DiAne Rullan Treasurer Sandy Haas | describe in Schedule O)) If this amount expenses (add lines 28a t rectors, Trustees, and Key anization used Schedule | includes foreign gra hrough 31a) | nts, check here one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. | ► ► ■ | 32 Instruct | tions for Part IV) |
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| 31 Other program services (Grants \$ 32 Total program service e Part IV List of Officers, Dir Check if the orga (a) Name and Victoria Weagley President Gary Wilkins Vice President Bill Weagley Secretary DiAne Rullan Treasurer Sandy Haas | describe in Schedule O)) If this amount expenses (add lines 28a t rectors, Trustees, and Key anization used Schedule | includes foreign gra hrough 31a) | nts, check here one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. | ► ► ■ | 32 Instruct | tions for Part IV) |
| 31 Other program services (Grants \$ 32 Total program service e Part IV List of Officers, Dir Check if the orga (a) Name and Victoria Weagley President Gary Wilkins Vice President Bill Weagley Secretary DiAne Rullan Treasurer Sandy Haas | describe in Schedule O)) If this amount expenses (add lines 28a t rectors, Trustees, and Key anization used Schedule | includes foreign gra hrough 31a) | nts, check here one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. | ► ► ■ | 32 Instruct | tions for Part IV) |

| | 90-EZ (2020) | | | age 3 |
|--------------------------|--|------------|----------|-------|
| Part | | | | |
| | instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi | | v Yes | No |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | 33 | res | × |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions | 34 | | × |
| 35a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | | × |
| b c | If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, | 35b | _ | |
| 36 | reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | 35c 36 | | × |
| 37а Ь | Enter amount of political expenditures, direct or indirect, as described in the instructions 37a Did the organization file Form 1120-POL for this year? | 37b | | x |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | | × |
| b 39 a b 40a | If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b Section 501(c)(7) organizations. Enter: 39a Initiation fees and capital contributions included on line 9 39a Gross receipts, included on line 9, for public use of club facilities 39b Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ | | 200 000 | |
| b | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | × |
| с | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | | |
| d | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization | | | |
| e | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | | × |
| 41 | List the states with which a copy of this return is filed The provide the last of the Difference of t | 11625 | | 74 |
| 42a | The organization's books are in care of ▶ DiAne M RullanTelephone no. ▶ (860Located at ▶ 28511 Channel View Dr, Little Torch Key FLZIP + 4 ▶ 3304 | | -45 | 74 |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over | | Yes | No |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42b | | × |
| | If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and | | 3 | |
| с | Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ► | 42c | | × |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year | • % | as I | • |
| | | | Yes | No |
| 4 4 a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | | × |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44b | | × |
| c d | Did the organization receive any payments for indoor tanning services during the year? . If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an | 44c | | × |
| | explanation in Schedule O | 44d | | |
| 45a b | Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions | 45a 45b | | × |
| | | 1400 | | ~ |

| -orm 990 | a F7 (0000) | | | | | r | 'age |
|---|---|---|--|---|----------------------------|-----------------|---------------------|
| | D-EZ (2020) | | | | | Yes | <u> </u> |
| 46 | Did the organization engage, directly or | indirectly in political | campaign activities on | behalf of or in opposi | tion | 105 | 140 |
| 40 | to candidates for public office? If "Yes," | ' complete Schedule (| C. Part I | | . 46 | | × |
| Part V | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | - | |
| | All section 501(c)(3) organizatio | | estions 47-49b and | 52, and complete th | ne tables f | or lin | es |
| | 50 and 51. | | | | | | |
| | Check if the organization used S | chedule O to respon | d to any question in t | his Part VI | | · · · | E |
| | 5 | | | | | Yes | No |
| 47 | Did the organization engage in lobbyin | g activities or have a | section 501(h) election | n in effect during the | tax | | |
| | year? If "Yes," complete Schedule C, Pa | art II | | $\cdot \cdot \cdot \cdot \times \times \cdot$ | · 47 | | × |
| 48 | Is the organization a school as described | in section 170(b)(1)(A) | (ii)? If "Yes," complete | Schedule E 👘 👘 . | . 48 | | × |
| 49a | Did the organization make any transfers | to an exempt non-ch | aritable related organiz | ation? | . 49 a | | × |
| | If "Yes," was the related organization a | | | | . 49 b | | |
| | Complete this table for the organization | | | | | | |
| | employees) who each received more the | an \$100,000 of compe | ensation from the orgai | | ie, enter "N | lone." | |
| | | (b) Average | (c) Reportable | (d) Health benefits, contributions to employee | (e) Estimate | ed amou | unt of |
| | (a) Name and title of each employee | hours per week devoted to position | compensation (Forms W-2/1099-MISC) | benefit plans, and deferred | other con | npensat | ion |
| | | | | compensation | | - | |
| NONE | | | | | | | |
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| f | Total number of other employees paid o | ver \$100.000 | • | | | | |
| | Total number of other employees paid o | | | contractors who each | n received | more | tha |
| 51 (| Total number of other employees paid o Complete this table for the organizatio \$100,000 of compensation from the org | n's five highest comp | ensated independent | contractors who each | n received | more | tha |
| 51 (| Complete this table for the organizatio \$100,000 of compensation from the org | n's five highest comp anization. If there is no | ensated independent one, enter "None." | | | | tha |
| 51 ((| Complete this table for the organizatio | n's five highest comp anization. If there is no | ensated independent | | n received) Compensati | | tha |
| 51 ((| Complete this table for the organizatio \$100,000 of compensation from the org | n's five highest comp anization. If there is no | ensated independent one, enter "None." | | | | tha |
| 51 ((| Complete this table for the organizatio \$100,000 of compensation from the org | n's five highest comp anization. If there is no | ensated independent one, enter "None." | | | | tha |
| 51 ((| Complete this table for the organizatio \$100,000 of compensation from the org | n's five highest comp anization. If there is no | ensated independent one, enter "None." | | | | tha |
| 51 ((| Complete this table for the organizatio \$100,000 of compensation from the org | n's five highest comp anization. If there is no | ensated independent one, enter "None." | | | | tha |
| 51 ((| Complete this table for the organizatio \$100,000 of compensation from the org | n's five highest comp anization. If there is no | ensated independent one, enter "None." | | | | tha |
| 51 ((| Complete this table for the organizatio \$100,000 of compensation from the org | n's five highest comp anization. If there is no | ensated independent one, enter "None." | | | | • tha |
| 51 ((| Complete this table for the organizatio \$100,000 of compensation from the org | n's five highest comp anization. If there is no | ensated independent one, enter "None." | | | | • tha |
| 51 ((| Complete this table for the organizatio \$100,000 of compensation from the org | n's five highest comp anization. If there is no | ensated independent one, enter "None." | | | | tha |
| 51 ((| Complete this table for the organizatio \$100,000 of compensation from the org | n's five highest comp anization. If there is no | ensated independent one, enter "None." | | | | • tha |
| 51 (| Complete this table for the organizatio \$100,000 of compensation from the org (a) Name and business address of each indepe | n's five highest comp anization. If there is no indent contractor | bensated independent one, enter "None." (b) Type of serv | ice (c | | | tha |
| 51 (9) | Complete this table for the organizatio \$100,000 of compensation from the org (a) Name and business address of each indepe | n's five highest comp anization. If there is no indent contractor | pensated independent one, enter "None." (b) Type of serv | ice (c |) Compensati | | tha |
| 51 (10NE | Complete this table for the organizatio \$100,000 of compensation from the org (a) Name and business address of each indepe | n's five highest comp anization. If there is no indent contractor ractors each receiving dule A? Note: All s | pensated independent one, enter "None." (b) Type of serv (b) Type of serv over \$100,000 ection 501(c)(3) organ | nice (c |) Compensati | on | |
| 51 (NONE 52 [| Complete this table for the organizatio \$100,000 of compensation from the org (a) Name and business address of each indepe | n's five highest comp anization. If there is no indent contractor ractors each receiving dule A? Note: All s | pensated independent one, enter "None." (b) Type of serv (b) Type of serv (c) Type of serv | nizations must attack |) Compensati | on | 10 |
| 51 (10NE 10NE 52 [10] | Complete this table for the organizatio \$100,000 of compensation from the org (a) Name and business address of each indepe | n's five highest comp anization. If there is no indent contractor ractors each receiving dule A? Note: All s | pensated independent one, enter "None." (b) Type of serv (b) Type of serv (c) Type of serv | nizations must attack |) Compensati | on | 10 |
| 51 (10NE 52 [| Complete this table for the organizatio \$100,000 of compensation from the org (a) Name and business address of each indepe | n's five highest comp anization. If there is no indent contractor ractors each receiving dule A? Note: All s | pensated independent one, enter "None." (b) Type of serv (b) Type of serv (c) Type of serv | nizations must attack |) Compensati | on | 10 |
| 51 (NONE NONE 52 [C nder per ue, corre | Complete this table for the organizatio \$100,000 of compensation from the org (a) Name and business address of each indepe | n's five highest comp anization. If there is no indent contractor ractors each receiving dule A? Note: All s | pensated independent one, enter "None." (b) Type of serv (b) Type of serv (c) Type of serv | nizations must attact |) Compensati | on | 10 |
| 51 (10NE 10NE 52 [10 10 10 10 10 10 10 10 10 10 | Complete this table for the organizatio \$100,000 of compensation from the org (a) Name and business address of each indepe | n's five highest comp anization. If there is no indent contractor ractors each receiving dule A? Note: All s is return, including accompa an officer) is based on all inf | pensated independent one, enter "None." (b) Type of serv (b) Type of serv (c) Type of serv | nizations must attack |) Compensati | on | 10 |
| 51 (IONE IONE 52 [Conder per ue, correction ign | Complete this table for the organizatio \$100,000 of compensation from the org (a) Name and business address of each indepe | n's five highest comp anization. If there is no indent contractor ractors each receiving dule A? Note: All s is return, including accompa an officer) is based on all inf | pensated independent one, enter "None." (b) Type of serv (b) Type of serv (c) Type of serv | nizations must attack |) Compensati | on | 10 |
| d 52 j 52 j corresign lere | Complete this table for the organizatio \$100,000 of compensation from the org (a) Name and business address of each indepe (a) Name and business address of each indepe (a) Name and business address of each indepe (b) Name and business address of each indepe (c) Name and business address of | n's five highest comp anization. If there is no indent contractor ractors each receiving dule A? Note: All s is return, including accompa an officer) is based on all inf | pensated independent one, enter "None." (b) Type of serv (b) Type of serv (c) Type of serv | nizations must attack |) Compensati | on | 10 |
| 51 (NONE d - 52 [onder per ue, correc Sign lere Paid | Complete this table for the organizatio \$100,000 of compensation from the org (a) Name and business address of each indepe (a) Name and business address of each indepe (a) Name and business address of each indepe (b) Name and business address of each indepe (c) Name and the complete Schedule A | n's five highest comp anization. If there is no indent contractor ractors each receiving dule A? Note: All s | pensated independent one, enter "None." (b) Type of serv (b) Type of serv (c) Type of serv | nizations must attack |) Compensati | on I belief, | N O it is |
| d 52 1 52 1 6 52 1 6 7 52 1 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | Complete this table for the organizatio \$100,000 of compensation from the org (a) Name and business address of each indepe (a) Name and business address of each indepe (a) Name and business address of each indepe (b) Name and business address of each indepe (c) Name and complete of other independent cont (c) Name and complete Schedule A | n's five highest comp anization. If there is no indent contractor ractors each receiving dule A? Note: All s is return, including accompa an officer) is based on all inf Preparer's signature Denise M. Ba | ys, EA | nizations must attack |) Compensati | on I belief, | 1 0 it is |

Additional information from your Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

| Line 16: Other Expenses | Continuation Statement |
|-------------------------|-------------------------------|
| Description | Amount |
| Advertising | 575. |
| Bee Removal | 300. |
| Depreciation | 11,939. |
| Park Foundation | 100. |
| Website | 3,775. |
| Total | 16,689. |

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax Part III: Purpose

Continuation Statement

| Organization's Primary Exempt Purpose | |
|---------------------------------------|--|
| Work closely with Park Management and | |
| Florida Park Service to help provide | |
| preservation, beautification and | |
| support of Bahia Honda State Park | |

| SCHEDU | JLE A |
|-----------|------------|
| (Form 990 | or 990-EZ) |

Public Charity Status and Public Support

OMB No. 1545-0047 2020

Open to Public

| Departm | ont of | the 1 | Fronci | un z |
|----------|--------|-------|--------|------|
| | | | | |
| Internal | Rovers | ue Sé | onvine | |

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.

| Name | of the | organization |
|------|--------|--------------|
|------|--------|--------------|

(E)

Total

| Interna | I Revenue Service | ►Go | o to www.irs.gov/F | orm990 for instructions | and the late | st inform | | Inspection |
|---------|---|---|--|--|--|-------------------------|---|---|
| | of the organizati | | | | | | Employer identification | number |
| - | | hia Honda Sta | | | | te Mein a | 47-3015850 | |
| | | | | I organizations mus | | | | ons. |
| | | | | is: (For lines 1 through ion of churches descr | | | | |
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| 4 | The second se | | | | | | | |
| - | | name, city, and stat | | | | | | ,, <u> </u> |
| 5 | 🗌 An organiz | | the benefit of a | college or university | owned or | operate | ed by a government | al unit described in |
| 6 7 | | | | mental unit described tantial part of its sup | | | | the general public |
| | described | in section 170(b)(1) | (A)(vi). (Complet | te Part II.) | | a goron | | |
| 8 | | • | |)(1)(A)(vi). (Complete | | | | |
| 9 | or universi university: | ty or a non-land-gra | int college of agr | d in section 170(b)(1) iculture (see instruction | ons). Enter | the nan | ne, city, and state of | the college or |
| 10 | receipts fre support fre | om activities related | to its exempt fu t income and un | e than 33 ¹ /3% of its su nctions, subject to ce related business taxa 75. See section 509(a | rtain exce | ptions; a e (less se | and (2) no more than action 511 tax) from I | 33 ¹ /3% of its |
| | | | | sively to test for publi | | | | |
| 12 | An organiz | ation organized and more publicly suppo | operated exclus | sively for the benefit on sections described in sections. | f, to perfor ion 509(a) | m the fu (1) or se | unctions of, or to car action 509(a)(2). See | ry out the purposes section 509(a)(3). |
| | | | | scribes the type of sur | | | | |
| а | the sup | ported organization | n(s) the power to | l, supervised, or contr regularly appoint or e ete Part IV, Sections | lect a maj | s suppo ority of t | rted organization(s), he directors or truste | typically by giving ees of the |
| b | control | or management of | the supporting o | ed or controlled in co rganization vested in V, Sections A and C | the same | | | |
| С | Type I its sup | II functionally integ | rated. A suppor (s) (see instructio | ting organization oper ms). You must comp | rated in co lete Part l | nnectior V, Secti | n with, and functiona ons A, D, and E. | lly integrated with, |
| d | | _ | | pporting organization | | | | rted organization(s) |
| - | that is | not functionally inte | grated. The orga | nization generally must omplete Part IV, Sec | st satisfy a | distribu | ition requirement and | |
| е | Check | this box if the organ | nization received | a written determination | on from the | e IRS th | at it is a Type I, Type | II, Type III |
| f | | mber of supported (| • • | | | ganizad | | |
| g | | | | orted organization(s). | | | | · · · |
| | | orted organization | (ii) EIN | (iii) Type of organization (described on lines 1–10 above (see instructions)) | (iv) Is the org listed in your docum | governing | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | | | Yes | No | | |
| (A) | | | | | | | | |
| (B) | | | | | | | | |
| (C) | | | | | | | | |
| (D) | | | | | | | | |

11.1

| Par | t II Support Schedule for Organiza | tions Desci | ribed in Secti | ons 170(b)(1) | (A)(iv) and 1 | 70(b)(1)(A)(vi | i) |
|-------|--|---------------|------------------|---------------------------------------|------------------|-----------------|-------------|
| | (Complete only if you checked th | e box on lin | e 5, 7, or 8 of | Part I or if the | organization | n failed to qua | alify under |
| | Part III. If the organization fails to | | | | | | |
| | ion A. Public Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | 26,968. | 25,836. | 46,395. | 28,930. | 128,129 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | 20,000 | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3. | | 26,968. | 25,836. | 46,395. | 28,930. | 128,129 |
| 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 | | | | | | 128,129 |
| | ion B. Total Support | | | | | () | |
| | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 7 | Amounts from line 4 | | 26,968. | 25,836. | 46,395. | 28,930. | 128,129 |
| 8 | Gross income from interest, dividends, payments received on 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.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 128,129 |
| 12 | Gross receipts from related activities, etc. | | | | | 12 | |
| 13 | First 5 years. If the Form 990 is for the | organization | s first, second, | third, fourth, | or fifth tax yea | ar as a section | n 501(c)(3) |
| | organization, check this box and stop here | e | <u></u> | | <u>e</u> | a a 14 di | 249 BL 💽 |
| Secti | ion C. Computation of Public Support | | | | | | |
| 14 | Public support percentage for 2020 (line 6, | | | | | 14 | 100 % |
| 15 | Public support percentage from 2019 Sche | edule A, Part | II, line 14 . | | at ta l | 15 | 100 % |
| 16a | 331/3% support test-2020. If the organiz | | | | | | |
| | box and stop here. The organization quali | | | 0 | | | _ |
| b | | | | | | | |
| | this box and stop here. The organization of | | | · · · · · · · · · · · · · · · · · · · | | | - |
| 17a | 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | | | | | |
| b | 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | | | | | |
| | | | | | | | |
| 18 | Private foundation. If the organization d | id not check | a box on line | 13. 16a. 16h | 1/a. or 1/b | check this bo | x and see |

Schedule A (Form 990 or 990-EZ) 2020

| SCHEDULE O | Supplemental Information to Form 990 or 990-E2 | 2 | OMB No. 1545-0047 |
|--|--|--|---------------------------------|
| (Form 990 or 990-EZ) | Complete to provide information for responses to specific questions of Form 990 or 990-EZ or to provide any additional information. | | 2020 |
| Department of the Treasury | ► Attach to Form 990 or 990-EZ. | | Open to Public |
| Internal Revenue Service Name of the organization | ► Go to www.irs.gov/Form990 for the latest information. | Employer iden | Inspection lification number |
| | ia Honda State Park | 47-30158 | |
| Pt I, Line 16: | | ** | |
| Description: | Advertising \$575 | | |
| Description: | Bee Removal \$300 | | |
| Description: | Depreciation \$11,939 | | |
| Description: | Park Foundation \$100 | | |
| Description: | Website \$3,775 | | |
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