



Florida Department of Environmental Protection

**CITIZEN SUPPORT ORGANIZATION
2020 LEGISLATIVE REPORT
(pursuant to Section 20.058 Florida Statutes)**

Citizen Support Organization (CSO) Name: The Barnacle Society Inc
Mailing Address (*required*): Post Office Box 33079 Coconut Grove, Florida 33250

Telephone Number (*required*): 305-442-686 Website Address (*required if applicable*) www.Barnacle.org

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.

CSO's Mission: *Consistent with Articles and Bylaws*

The Barnacle Society, Inc. is a volunteer non-pro.it, citizen-supported organization created to generate public awareness, education, and financial support for the preservation and maintenance of The Barnacle Historic State Park.

Description of the CSO's Results Obtained: *Brag! Expand section as necessary to be complete*

Description of the CSO's Plans for the Next Three Fiscal Years: *Expand section as necessary to be complete*

- ☒ CSO's Code of Ethics is attached, and if the CSO has a website the code of ethics is posted conspicuously.
- ☒ CSO has attached the most recent Internal Revenue Service (IRS) Form 990, 990-EZ, or 990-N receipt. If filing the 990-N, the Department requires the 990 or 990-EZ as a worksheet. All IRS Form 990's must be *complete* with Part III Program Service and *all* appropriate Schedules (See attached instructions). If filing an IRS extension, attach the IRS 8868 receipt and most recent 990 and schedules.

Accomplishments of The Barnacle Society ~ 2019:

- Hosted a wide variety of fundraising and educational events and programs at The Barnacle:
 - Moonlight Concert Series from September through May
 - Starlight Classic Movie Series (March & November)
 - *Haunted Ballet* (October)
 - Shakespeare in the Park (January)
 - *A Christmas Carol: A Play with Music* theatrical production (December)
 - Twice-weekly *Yoga by the Sea*
 - Annual Lawn Party Fundraiser
 - *Commodore's Birthday Party*
 - Celebrated 23rd Anniversary of *Washington's Birthday Regatta Revival* (2019)
 - Annual Celebrations in the Park:
 - Washington's Birthday Regatta (February)
 - Earth Day (April)
 - Woofstock (May)
 - Cars & Cigars Father's Day (June)
 - Old-Fashioned July 4 Picnic
 - Christmas
- Maintain involvement with local community through partnerships with:
 - Grove Merchants
 - Coconut Grove Business Improvement District
 - Coconut Grove Chamber of Commerce
 - Coconut Grove Village Council
 - and other civic organizations
 - Bike Coconut Grove
 - Dade Heritage
 - The Villagers
 - Florida Shakespeare Theatre (Shakespeare Miami)
 - Center Street Projects (Haunted Ballet)
 - Coconut Grove Garden Club
 - Ralph Middleton Munroe Chapter of the Traditional Small Craft Association
 - Little Ladies & Gents
- Held a Board Retreat to identify goals.
- Augment park budget as needed.
- Funded:
 - Projects for National Public Lands Day
 - Projects for Make a Difference Day
 - Projects for Gandhi Day of Service
 - Installation of Fire Suppression Systems for both The Barnacle House and the Boathouse (installation begun in 2017; completed 2019) Saved the FPS over \$160,000 as no state funds were expended on this endeavor.
- Continual funding of:
 - Park's electronic entrance gate repair and upkeep.
 - Upkeep of four wooden sailboats, including The Barnacle's *Egret*.
- Continued to operate the extensive Gift Shop as a fundraising mechanism for the benefit of The Barnacle.
- Continued contract of Social Media Specialist for outreach program on Facebook and Instagram.
- Began working with Landscape Architect for Master Plan for Landscaping and Erosion Issues
- Maintained a Multi-Generational Boat-building Partnership with South Miami High School Shop Program
- Organized Annual Giving Campaign through Give Miami Day

The Barnacle Society's Goals for 2020, 2021, 2022

- Continue to host a wide variety of fundraising and educational events and programs at The Barnacle:
 - Moonlight Concert Series from September through May
 - Starlight Classic Movie Series twice a year
 - Film Festival
 - Art Festivals
 - Shakespeare in the Park
 - *The Haunted Ballet*
 - Twice-weekly *Yoga by the Sea*
 - Annual Lawn Parties:
 - *Commodore's Birthday Party*
 - Others as deemed appropriate
 - Annual Celebrations in the Park:
 - *Washington's Birthday Regatta*
 - *Hot Chili, Cool Cars* (revisit concept)
 - Earth Day
 - *Woodstock* (formerly known as Dog Days)
 - *Cars & Cigars Father's Day*
 - *Old-Fashioned July 4 Picnic*
 - Christmas
- Explore hosting other theatrical performances and community events.
- Explore educational endeavors regarding Munroe and his yachts.
- Assist in expanding park's interpretive and outreach programming.
- Continue Boat-building Educational Program.
- Host Upper Level Membership Lecture Event.
- Develop additional programs and events.
- Continue involvement with local community through partnerships with:
 - Grove Merchants
 - Coconut Grove Business Improvement District
 - Coconut Grove Chamber of Commerce
 - Coconut Grove Village Council
 - and other civic organizations
 - Dade Heritage
 - Bike Coconut Grove
 - Rotary
 - The Villagers
 - King Mango Strut
 - Florida Shakespeare Theatre (Shakespeare Miami)
 - Coconut Grove Sailing Club
 - Coconut Grove Garden Club
 - Ralph Middleton Munroe Chapter of Traditional Small Craft Association
- Explore additional partnerships with Sailing Community.
- Monitor Success of TBS's Strategic Plan with long-range goals.
- Continue to augment park budget as needed.
- Seek grant funding and major contributions for Park Projects and Programs as needed.
- Submit Partnership in Parks Application for Landscape and Erosion Issues
- Continue funding of:
 - Park's electronic entrance gate repair and upkeep.
 - Upkeep of four wooden sailboats, including The Barnacle's *Egret*.
 - Complete restoration of *Wyannic Malone*.
- Continue using Gift Shop as a fundraising mechanism for the benefit of The Barnacle.
- Create on-line Museum Shop.
- Update and improve website and social media outreach program as needed.
- Explore initiating major capital fund-raising program.
- Develop corporate membership/sponsorship outreach program.
- Promote The Barnacle and TBS Membership with renewed zeal.
- Continue Annual Giving Campaign
- Develop Scholarly Munroe Symposium
- Work with Park on landscape plan for erosion control and handicap accessibility
- Assist Park with Volunteer Work Days
- *Revisit what TBS Events look like in the Time of COVID-19*

The Barnacle Society, Inc.

Code of Ethics

Preamble

- (1) It is essential to the proper conduct and operation of The Barnacle Society, Inc. (herein TBS) 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 Statutes (F. S.), requires that the law protect against any conflict of interest and establish standards for the conduct of TBS 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 TBS 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 TBS. 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 The Barnacle Society, Inc. board members, officers, and employees in the performance of their official duties.

Standards

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

1. Prohibition of Solicitation or Acceptance of Gifts

No TBS 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 TBS board member, officer, or employee would be influenced thereby.

2. Prohibition of Accepting Compensation Given to Influence a Vote

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

3. Salary and Expenses

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

4. Prohibition of Misuse of Position

A board member, officer, or employee of TBS 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 a special privilege, benefit, or exemption.

5. Prohibition of Misuse of Privileged Information

No TBS 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 TBS board or office or is employed by TBS may not personally represent another person or entity for compensation before the governing body of TBS of which he/she was a board member, officer, or employee for a period of two years after he/she vacates that office or employment position.

7. Prohibition of Employees Holding Office

No person may be, at one time, both an employee and board member of TBS at the same time.

8. Requirements to Abstain From Voting

A board member or officer of TBS shall not vote in official capacity upon any measure which would affect his/her special private gain or loss, or which he/she knows would affect the special gain or any principal by whom the board member or officer is retained. When abstaining, the board member or officer of TBS, prior to the vote being taken, shall make every reasonable effort to disclose the nature of his/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 board member or officer of TBS 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 TBS Code of Ethics

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



Department of the Treasury
Internal Revenue Service
Ogden, UT 84201-0035

Notice	CP211A
Tax period	December 31, 2019
Notice date	May 18, 2020
Employer ID number	59-2662462
To contact us	Phone 877-829-5500 FAX 877-792-2864

Page 1 of 1

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THE BARNACLE SOCIETY INC
3485 MAIN HWY
COCONUT GROVE FL 33133-5915

102500

Important information about your December 31, 2019 Form 990

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your
December 31, 2019 Form 990.

Your new due date is November 15, 2020.

What you need to do

File your December 31, 2019 Form 990 by November 15, 2020. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

- eVisit www.irs.gov/cp211ae
- eFor tax forms, instructions, and publications, visit www.irs.gov/forms-pubs or call 800-TAX-FORM (800-829-3676).
- eKeep this notice for your records.

If you need assistance, please don't hesitate to contact us.

Form **8868**

(Rev. January 2020)

Department of the Treasury
Internal Revenue Service**Application for Automatic Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-0047

▶ **File a separate application for each return.**▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
	THE BARNACLE SOCIETY, INC.	59-2662462
	Number, street, and room or suite no. If a P.O. box, see instructions. 3485 MAIN HIGHWAY	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	COCONUT GROVE	FL 33133-5915

Enter the Return Code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JOHN W. POWERS
3803 LITTLE AVENUE

*o The books are in the care of ▶ **COCONUT GROVE o****FL 33133-6412**Telephone No. ▶ **305-444-4286**Fax No. ▶ **305-446-8564***o If the organization does not have an office or place of business in the United States, check this box ☐

*o If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach

a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **11/15/20**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☒ calendar year **2019** or▶ ☐ tax year beginning o , and ending2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2020)

Form **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. 1545-0047

2019Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning _____, and ending _____	
B Check if applicable:	C Name of organization
<input type="checkbox"/> Address change	THE BARNACLE SOCIETY, INC.
<input type="checkbox"/> Name change	Number and street (or P.O. box, if mail is not delivered to street address)
<input type="checkbox"/> Initial return	Room/suite
<input type="checkbox"/> Final return/terminated	3485 MAIN HIGHWAY
<input type="checkbox"/> Amended return	City or town, state or province, country, and ZIP or foreign postal code
<input type="checkbox"/> Application pending	COCONUT GROVE FL 33133-5915
D Employer identification number	
59-2662462	
E Telephone number	
305-442-6866	
F Group Exemption Number	
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) _____	H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
I Website: THEBARNACLE.ORG	
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) _____ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other _____	
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. \$ 148,338	

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	66,196
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	24
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	74,487
c Less: direct expenses from gaming and fundraising events	6c	33,000	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	41,487	
7a Gross sales of inventory, less returns and allowances	7a	7,631	
b Less: cost of goods sold	7b	2,910	
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	4,721	
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	112,428	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	650
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	78,430
	17 Total expenses. Add lines 10 through 16	17	79,080
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	33,348
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	157,964
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	191,312

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2019)

Form **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. 1545-0047

2019Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning _____, and ending _____			
B Check if applicable:		C Name of organization	
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		THE BARNACLE SOCIETY, INC. Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 3485 MAIN HIGHWAY City or town, state or province, country, and ZIP or foreign postal code COCONUT GROVE FL 33133-5915	
		D Employer identification number 59-2662462	
		E Telephone number 305-442-6866	
		F Group Exemption Number ▶	
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____			
I Website: THEBARNACLE.ORG			
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other _____			
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 ▶ \$ 148,338			

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	66,196
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	24
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	74,487
c Less: direct expenses from gaming and fundraising events	6c	33,000	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	41,487	
7a Gross sales of inventory, less returns and allowances	7a	7,631	
b Less: cost of goods sold	7b	2,910	
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	4,721	
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	112,428	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	650
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	78,430
	17 Total expenses. Add lines 10 through 16	17	79,080
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	33,348
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	157,964
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	191,312

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2019)

Form 990-EZ (2019)

THE BARNACLE SOCIETY, INC.**59-2662462**Page **2****Part II Balance Sheets** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	158,037	22	191,312
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	158,037	25	191,312
26 Total liabilities (describe in Schedule O)	73	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	157,964	27	191,312

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose?

SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 SEE SCHEDULE O		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	55,790
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	55,790

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
LEE TAYLOR PRESIDENT	6.00	0	0	0
SWEET PEA ELLMAN 1ST VICE PRESIDENT	4.00	0	0	0
DEBRA WELLINS 2ND VICE PRESIDENT	4.00	0	0	0
JOHN W. POWERS TREASURER	8.00	0	0	0
OLIVIER DE LAVALETTE RECORDING SECRETARY	6.00	0	0	0
LILIAN A. WALBY CORRESPONDING SEC	6.00	0	0	0
JOHN PALENCHAR PAST PRESIDENT	6.00	0	0	0
JASON BIONDI DIRECTOR	2.00	0	0	0
LOUIS MICHAEL DEL BORRELLO DIRECTOR	2.00	0	0	0
VICKI KATZ DIRECTOR	2.00	0	0	0
TERINA LOPEZ DIRECTOR	2.00	0	0	0
LORNA OWENS DIRECTOR	2.00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part 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		X
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		X
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)?		X
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a		
b Did the organization file Form 1120-POL for this year?		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?		X
b If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 t ; section 4912 t ; section 4955 t		
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		X
c 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 t		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization t		
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		X
41 List the states with which a copy of this return is filed FL		
42a The organization's books are in care of LEE TAYLOR Telephone no. 305-776-6757 3485 MAIN HIGHWAY Located at COCONUT GROVE FL ZIP + 4 33133-5915		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country t See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		X
c 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 t		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
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		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b 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		X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		X
-----------	--	----------

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
------------	--	----------

b If "Yes," was the related organization a section 527 organization?

49b		
------------	--	--

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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 benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000

e

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

e

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A

e ☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer LEE TAYLOR		Date PRESIDENT		
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name RUSSELL C. FERGUSON	Preparer's signature TAXPAYER'S COPY	Date 06/22/20	Check <input type="checkbox"/> if self-employed	PTIN P00853912
	Firm's name RUSSELL C. FERGUSON, P.A.			Firm's EIN 20-8071325	
	Firm's address 3146 HANGING MOSS CIR KISSIMEE, FL 34741			Phone no. 305-215-4987	

May the IRS discuss this return with the preparer shown above? See instructions

e ☒ Yes ☐ No

Part II **Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year .	(B) End of year .
22 Cash, savings, and investments	0	22
23 Land and buildings	0	23
24 Other assets (describe in Schedule O)	0	24
25 Total assets	0	25 0
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0	27 0

Part III	Statement of Program Service Accomplishments (see the instructions for Part III)
-----------------	-----------------------------------------------------------------------------------------

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section
501(c)(3) and 501(c)(4)
organizations; optional for
others.)

28			
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	28a
29			
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	29a
30			
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	30a
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a)		32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title .	(b) Average . hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MARY SCOTT RUSSELL DIRECTOR	2.00	0	0	0
PAMELA J. SHLACHTMAN DIRECTOR	2.00	0	0	0
JORGE SOTOLONGO DIRECTOR	2.00	0	0	0
COLLEEN STOVALL DIRECTOR	2.00	0	0	0
BILL TENNEY DIRECTOR	2.00	0	0	0
KARELYN TRAVIESO DIRECTOR	2.00	0	0	0
SHERYL WEIR-LATTY DIRECTOR	2.00	0	0	0

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.s

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

OMB No. 1545-0047

2019**Open to Public
Inspection**

Name of the organization

THE BARNACLE SOCIETY, INC.

Employer identification number

59-2662462**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 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 hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.^S
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EINs	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2019

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016s	(c) 2017s	(d)s2018s	(e) 2019s	(f) Totals
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by 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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c)s2017s	(d)s2018s	(e) 2019s	(f) Totals
7 Amounts from line 4						
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						

12 Gross receipts from related activities, etc. (see instructions)

12

13 **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) organization, check this box and stop here**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))		14	%s
15 Public support percentage from 2018 Schedule A, Part II, line 14		15	%s
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			▶ <input type="checkbox"/>
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			▶ <input type="checkbox"/>
17a 10%-facts-and-circumstances test—2019. 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			▶ <input type="checkbox"/>
b 10%-facts-and-circumstances test—2018. 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			▶ <input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			▶ <input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015i	(b)i 2016i	(c)i 2017i	(d) 2018	(e)i 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14,076	47,164	41,646	43,794	66,196	212,876
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513	79,378	61,653	43,692	56,734	82,118	323,575
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge	45,228	39,747	44,822	49,304	39,036	218,137
6 Total. Add lines 1 through 5	138,682	148,564	130,160	149,832	187,350	754,588
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						
8 Public support. (Subtract line 7c from line 6.)						754,588

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015i	(b)i 2016i	(c) 2017	(d)i 2018i	(e)i 2019i	(f) Total
9 Amounts from line 6	138,682	148,564	130,160	149,832	187,350	754,588
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	25	23	25	25	24	122
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	25	23	25	25	24	122
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	138,707	148,587	130,185	149,857	187,374	754,710
14 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) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	99.98 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	99.98 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☒
- b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Schedule B
(Form 990, 990-EZ,
or 990-PF)
 Department of the Treasury
 Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2019

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

THE BARNACLE SOCIETY, INC.

59-2662462

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(**3**) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$n

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

THE BARNACLE SOCIETY, INC.

Employer identification number

59-2662462**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE VILLAGERS, INC. P. O. BOX 141843 CORAL GABLES FL 33114-1843	\$ 13,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE G
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019Open to Public
Inspection

Name of the organization

THE BARNACLE SOCIETY, INC.

Employer identification number

59-2662462**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations
- b** ☐ Internet and email solicitations
- c** ☐ Phone solicitations
- d** ☐ In-person solicitations
- e** ☐ Solicitation of non-government grants
- f** ☐ Solicitation of government grants
- g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?☐ Yes ☐ No**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 COMMODORE BD (event type)	(b) Event #2 SHAKESPERE (event type)	(c) Other events 2 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	34,822	8,973	14,217	58,012
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	34,822	8,973	14,217	58,012
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	11,495	6,404	2,269	20,168
	10 Direct expense summary. Add lines 4 through 9 in column (d)				20,168
	11 Net income summary. Subtract line 10 from line 3, column (d)				37,844

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states?

☐ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

☐ Yes ☐ No

b If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2019

THE BARNACLE SOCIETY, INC.**59-2662462**Page **3**

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$e and the amount of gaming revenue retained by the third party ▶ \$
- c** If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer
 ☐ Employee
 ☐ Independent contractor
17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public
Inspection**

Name of the organization

THE BARNACLE SOCIETY, INC.

Employer identification number

59-2662462**FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES****DESCRIPTION****AMOUNT****EXPENSES****NEWS PACKET** \$ **3,840****WEBSITE** \$ **1,986****ADVERTISING** \$ **1,319****SOCIAL MEDIA** \$ **2,549****ORGANIZATION BRANDING** \$ **6,798****CREDIT CARD FEES** \$ **1,555****DUES AND SUBSCRIPTIONS** \$ **470****INSURANCE** \$ **35****STARLIGHT MOVIE** \$ **1,040****MEMBERSHIPS** \$ **143****SALES TAX** \$ **129****OTHER COSTS** \$ **2,776****BOAT MAINTENANCE** \$ **416****CAPITAL OUTLAY** \$ **541****FIRE SUPPRESSION** \$ **25,767****HURRICANE** \$ **7,481****LANDSCAPING** \$ **17,000****OTHER MAINTENANCE** \$ **2,843****STORAGE** \$ **1,742****TOTAL** \$ **78,430****FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES**

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

Page 2

Name of the organization

Employer identification number

THE BARNACLE SOCIETY, INC.

59-2662462

DESCRIPTION

BEG. OF YEAR END OF YEAR

ACCOUNTS PAYABLE AND ACCRUED EXPENSES

\$

73 \$

0

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

A VOLUNTEER NONPROFIT, CITIZEN-SUPPORT ORGANIZATION CREATED TO GENERATE PUBLIC AWARENESS, EDUCATION, AND FINANCIAL SUPPORT FOR THE PRESERVATION AND MAINTENANCE OF THE BARNACLE HISTORIC STATE PARK.

FORM 990-EZ, PART III, LINE 28 - FIRST ACCOMPLISHMENT

THE BARNACLE SOCIETY, INC. PROVIDED PAYMENT OF FUNDS FOR A NUMBER OF REPAIRS AND IMPROVEMENTS TO THE BARNACLE, A FLORIDA STATE HISTORICAL PARK WHICH IS VISITED BY THOUSANDS OF PEOPLE EACH YEAR. IN 2019, THE ORGANIZATION PROVIDED FUNDS TO MAINTAIN AND IMPROVE THE SITE'S LANDSCAPING, HISTORICAL BOAT, DAMAGE RESULTING FROM HURRICANE IRMA, AND UPGRADES TO EQUIPMENT FOR FIRE SUPPRESSION. THE SOCIETY ALSO PROVIDED NEW CHAIRS AND SIGNAGE FOR USE AT THE HISTORICAL SITE.

SCHEDULE G (Form 990 or 990-EZ)		Fundraising Other Events			2019
		For calendar year 2019, or tax year beginning _____, and ending _____			
Name THE BARNACLE SOCIETY, INC.				Employer Identification Number 59-2662462	
Revenue		(a) Other event MOONLIGHT <small>(event type)</small>	(b) Other event BOAT PROJECT <small>(event type)</small>	(c) Other event _____ <small>(event type)</small>	(d) Total other events <small>(add col. (a) through col. (c))</small>
	1 Gross receipts	8,209	6,008		14,217
	2 Less: Charitable contributions				
	3 Gross income <small>(line 1 minus line 2)</small>	8,209	6,008		14,217
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses	2,261	8		2,269