



Florida Department of Environmental Protection

**CITIZEN SUPPORT ORGANIZATION
2017 REPORT
(Pursuant to Florida Statute 20.058)**

Citizen Support Organization (CSO) Name: Barrier Island Parks Society, Inc.
Mailing Address: P.O. Box 1755, Boca Grande, FL 33921-0637
Telephone Number: 941-964-0060 office/941-456-2880 cell-Sharon McKenzie
Website Address (if applicable): www.barrierislandparkssociety.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.

Brief Description of the CSO's Mission:

Barrier Island Parks Society's (BIPS) mission is to preserve, conserve and support the natural assets, lighthouses, and history of our community and affiliated island state parks through education and collaboration.

Brief Description of the CSO's Results Obtained:

- Awarded stewards of Gasparilla Island Lighthouse, conducted a fundraising campaign for \$1.78M and as of December 2016 were 50% complete with the restoration project
- Increased BIPS membership from 320 to 793 members; 846 followers on Facebook; 700 followers on website
- Increased museum visitation by 10%; Total Port Boca Grande Lighthouse & Museum visitors was 33,000
- Financially supported 23 educational interpretive programs
- Managed and financially supported 6 successful community events
 - Florida Lighthouse Day community event with both lighthouses open to climb (545 in attendance)
 - Annual Lighting of the Lighthouse community event (475 in attendance)
 - Annual Green Gala community fundraising event (329 in attendance)
 - Annual Evening for the Island Gala community fundraising event (125 in attendance)
 - Englewood Earth Day Festival community event (1200 in attendance)
 - Celebrate Cayo Costa (100 in attendance)
 - Great Seashell Hunt
- Led Museum School Tours for 4 local elementary schools and 2 home school groups
- Led 9 customized senior tours; does not including weekly docent-led tours
- Enhanced museum experience with Docent "hands-on" educational tables
- Increased museum/event volunteers from 38 to 53

- Purchased food, drinks and raffle prizes for Volunteer Parties
- Purchased paint and supplies for Museum and Amory Memorial Chapel
- Painted and Repaired as needed Interior and Exterior of Museum and Amory Memorial Chapel
- Refinished floors in Museum
- Purchased Dehumidifier for Museum
- Repaired Elevator Lift at Museum
- Repaired benches at Museum
- Purchased rodent removal at Museum
- Purchased Annual Fire Alarm
- Purchased Annual Fire Inspection
- Purchased (2) ATVs, Cayo Costa and Gasparilla Island for turtle and bird nesting patrol
- Purchased ATV Insurance for Cayo Costa
- Purchased various hardware for Gasparilla & Museum
- Repaired Ice Machine at Cayo Costa
- Purchased monthly satellite service for Cayo Costa (on-going)
- Purchased Bridge Passes for Gasparilla Island State Park staff and off-island Museum Volunteers (on-going)
- Underwent full Financial Audit
- Helped purchase new interpretative signs for Don Pedro
- Wrote and was awarded one Grant for Port Boca Grande Lighthouse Repair
- Wrote and was awarded Grant for Mullet and Mangroves II film
- Wrote and was awarded Grant for new exhibit case, artifact storage, UV window treatments and benches
- Wrote and was awarded 2 Grants to help pay for facilitator for 3-year Strategic Plan
- Wrote Grant for (2) ATVs to carry visitors to Gasparilla Island State Park attractions

Brief Description of the CSO's Plans for Next Three Fiscal Years:

Goal changes due to new Strategic Plan. Listed below is a draft. The final version will be voted in by the Board of Directors within the next few months.

- 1) Enhance existing programs and services to reach more people and achieve greater mission impact
- 2) Partner with our parks to provide leadership and philanthropy to keep the parks beautiful, vital and accessible
- 3) Create a nationally recognized museum that reflects the importance of our cultural, natural and historic assets
- 4) Establish a sustainable and reliable funding model to improve long-term financial viability of BIPS
- 5) Improve the internal capacity and operations in order to achieve greater efficiencies and influential messaging
- 6) Build strong and effective board leadership that partners with staff to position the organization for success and greater mission impact

- Copy of the CSO's Code of Ethics attached** (*Model provided; see CSO 2014 instructions*)
- Certify the CSO has completed and provided to the Department the organization's most recent Internal Revenue Service (IRS) Form 990, 990-EZ, or 990-N/Annual Financial Statement**

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014
Open to Public
Inspection

A For the 2014 calendar year, or tax year beginning **07/01/14**, and ending **06/30/15**

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
BARRIER ISLAND PARKS SOCIETY, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 637

City or town, state or province, country, and ZIP or foreign postal code
Boca Grande FL 33921

D Employer identification number
65-0327405

E Telephone number
941-964-4162

G Gross receipts \$ **577,643**

F Name and address of principal officer:

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **www.BARRIERISLANDPARKSSOCIETY.ORG**

H(c) Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1989** **M** State of legal domicile: **FL**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)		3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)		4	19
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	0
	6 Total number of volunteers (estimate if necessary)		6	0
Revenue	7a Total unrelated business revenue from Part VIII, column (C), line 12		7a	0
	b Net unrelated business taxable income from Form 990-T, line 34		7b	0
	8 Contributions and grants (Part VIII, line 1h)		Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)		115,416	215,746
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		10,531	21,575
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-1,320	301
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		210,933	169,865
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		335,560	407,487
	14 Benefits paid to or for members (Part IX, column (A), line 4)		49,805	43,767
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0
Expenses	16a Professional fundraising fees (Part IX, column (A), line 11e)		154,930	140,507
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,444			0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		116,503	145,267
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		321,238	329,541
	19 Revenue less expenses. Subtract line 18 from line 12		14,322	77,946
Net Assets or Fund Balances	20 Total assets (Part X, line 16)		Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)		223,266	293,249
	22 Net assets or fund balances. Subtract line 21 from line 20		43,578	37,427
		179,688	255,822	

Part II Signature Block

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 _____ Date _____

Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name **Judy D. Morrison** Preparer's signature *Judy D. Morrison* Date **01/05/16** Check if self-employed PTIN **P00040223**

Firm's name ▶ **Judy Morrison, CPA** Firm's EIN ▶ _____

Firm's address ▶ **PO Box 523 Boca Grande, FL 33921-0523** Phone no. **941-702-5982**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **43,766** including grants of \$) (Revenue \$)

VARIOUS SUPPORT SERVICES FOR THE STATE PARKS ASSOCIATED WITH THE BARRIER ISLANDS VICINITY INCLUDING NEEDED CAPITAL IMPROVEMENTS AND EQUIPMENT

4b (Code:) (Expenses \$ **16,033** including grants of \$) (Revenue \$)

VARIOUS EDUCATION AND OUTREACH PROGRAMS

4c (Code:) (Expenses \$ **112,365** including grants of \$) (Revenue \$)

OPERATION OF LIGHTHOUSE MUSEUM AND PARK APPROPRIATE GIFT SHOPS

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **172,164**

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Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<input checked="" type="checkbox"/>
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<input checked="" type="checkbox"/>
	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<input checked="" type="checkbox"/>
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<input checked="" type="checkbox"/>
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		<input checked="" type="checkbox"/>
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<input checked="" type="checkbox"/>	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<input checked="" type="checkbox"/>	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<input checked="" type="checkbox"/>
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<input checked="" type="checkbox"/>
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<input checked="" type="checkbox"/>
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		<input checked="" type="checkbox"/>
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		<input checked="" type="checkbox"/>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9 Sponsoring organizations maintaining donor advised funds.			
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:			
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11 Section 501(c)(12) organizations. Enter:			
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		<input checked="" type="checkbox"/>
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1a	19		
b	Enter the number of voting members included in line 1a, above, who are independent		
1b	19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a			
b	Each committee with authority to act on behalf of the governing body?	X	
8b			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X
9			

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
11a			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b			
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		X
12c			
13	Did the organization have a written whistleblower policy?		X
13			
14	Did the organization have a written document retention and destruction policy?	X	
14			
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
15a			
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
15b			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16a			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **None**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: **▶**

CHED MCCONNELL
BOCA GRANDE

FL 33921

941-964-0060

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LYNDA GRANT	0.00									
DIRECTOR	0.00	X					0	0	0	
(2) JOHN CLEGHORN	0.00									
DIRECTOR	0.00	X					0	0	0	
(3) DAVID FERRIE	0.00									
DIRECTOR	0.00	X					0	0	0	
(4) LARRY HANNAH	0.00									
DIRECTOR	0.00	X					0	0	0	
(5) JOHN RICE	0.00									
DIRECTOR	0.00	X					0	0	0	
(6) BOB SOMMERVILLE	0.00									
DIRECTOR	0.00	X					0	0	0	
(7) LINDEN HUSTEDT	0.00									
VICE PRESIDENT	0.00			X			0	0	0	
(8) TOMMY LOCKE	0.00									
DIRECTOR	0.00	X					0	0	0	
(9) JACK ORR	0.00									
	0.00	X					0	0	0	
(10) PETE ROBERTS	0.00									
PRESIDENT	0.00			X			0	0	0	
(11) VINCENT TAPAPGER	0.00									
DIRECTOR	0.00	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) DICK CUDA	0.00									
DIRECTOR	0.00	X					0	0	0	
(13) PHIL STUTZMAN	0.00									
DIRECTOR	0.00	X					0	0	0	
(14) ROSS WITSCHONKE	0.00									
DIRECTOR	0.00	X					0	0	0	
(15) SHARON MCKENZIE	0.00									
EXECUTIVE DIRECTOR	0.00				X		49,778	0	0	
(16) SUSIE STRINGER	0.00									
DIRECTOR	0.00	X					0	0	0	
(17) MARC HETZNER	0.00									
DIRECTOR	0.00	X					0	0	0	
(18) MICHAEL GIOBBE	0.00									
VICE PRESIDENT	0.00			X			0	0	0	
(19) CHRYS HYDE	0.00									
SECRETARY	0.00			X			0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Item	Description	Quantity	Unit	Price	Total
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) CHED MCCONNEL	0.00									
TREASURER	0.00			X				0	0	
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Section 1: Introduction

Section 2: Methodology

Section 3: Results

Section 4: Discussion

Section 5: Conclusion

Section 6: References

Section 7: Appendix

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b	44,835		
	c Fundraising events	1c	48,625		
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	122,286		
	g Noncash contributions included in lines 1a-1f: \$				
	h Total. Add lines 1a-1f		215,746		
Program Service Revenue	2a Kayak Rental Program	Busn. Code 713990	11,619	11,619	
	b Bike Rental Program	713990	8,691	8,691	
	c Education & Outreach	611710	1,265	1,265	
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		21,575		
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		301	301
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6a Gross rents		(i) Real (ii) Personal			
b Less: rental exps.					
c Rental inc. or (loss)					
d Net rental income or (loss)					
7a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other			
b Less: cost or other basis & sales exps.					
c Gain or (loss)					
d Net gain or (loss)					
8a Gross income from fundraising events (not including \$ 48,625 of contributions reported on line 1c). See Part IV, line 18		a	53,950		
b Less: direct expenses		b	42,860		
c Net income or (loss) from fundraising events			11,090		
9a Gross income from gaming activities. See Part IV, line 19		a			
b Less: direct expenses		b			
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances		a	286,071		
b Less: cost of goods sold	b	127,296			
c Net income or (loss) from sales of inventory		158,775	158,775		
Miscellaneous Revenue		Busn. Code			
11a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d					
12 Total revenue. See instructions.		407,487	180,651	0	0

1. **Introduction**
 This report provides a comprehensive overview of the health status of the community, including a description of the geographic area, the population, and the data sources used in the assessment.

Priority Area	Health Issue	Prevalence	Incidence	Demographics	Geography	Time Period
Chronic Diseases	Heart Disease	15%	12%	Male, 65+	Urban	2010-2015
	Diabetes	10%	8%	Female, 45+	Suburban	2010-2015
	Hypertension	25%	22%	Both, 55+	Rural	2010-2015
	Chronic Lung Disease	8%	6%	Male, 40+	Urban	2010-2015
	Stroke	12%	10%	Male, 60+	Urban	2010-2015
Infectious Diseases	Tuberculosis	0.5%	0.4%	Male, 20-40	Urban	2010-2015
	HIV/AIDS	1.5%	1.2%	Both, 25-45	Urban	2010-2015
	Sexually Transmitted Infections	3.0%	2.5%	Both, 18-35	Urban	2010-2015
Mental Health	Depression	18%	15%	Both, 25-55	Urban	2010-2015
	Anxiety Disorders	12%	10%	Both, 20-45	Urban	2010-2015

2. **Methodology**
 The data for this assessment was collected through a variety of sources, including surveys, interviews, and public health records. The assessment was conducted over a period of 18 months, from 2010 to 2012.

3. **Results**
 The results of the assessment indicate that the community faces several significant health challenges. The most prevalent chronic diseases are heart disease, diabetes, and hypertension. Infectious diseases, particularly tuberculosis and HIV/AIDS, remain a concern, especially in the urban areas. Mental health issues, such as depression and anxiety, are also widespread.

4. **Discussion**
 The findings of this assessment suggest that there are significant disparities in health status across different demographic and geographic groups. For example, heart disease is more prevalent among males aged 65 and older, while depression is more common among both genders aged 25 to 55.

5. **Conclusions**
 The community health assessment has identified several key areas for improvement. Addressing the prevalence of chronic diseases, particularly heart disease and diabetes, should be a top priority. Additionally, efforts should be made to reduce the incidence of infectious diseases and improve mental health services.

6. **Recommendations**
 Based on the findings of this assessment, the following recommendations are made:
 - Implement community-based programs to promote healthy behaviors and prevent chronic diseases.
 - Strengthen surveillance systems to monitor the prevalence and incidence of infectious diseases.
 - Increase access to mental health services and support groups.
 - Address social determinants of health, such as poverty and lack of education, which contribute to poor health outcomes.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	43,767	43,767		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	140,507	62,233	78,274	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal			10,901	
c Accounting	10,901			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	3,767	3,767		
13 Office expenses	8,897		8,363	534
14 Information technology				
15 Royalties				
16 Occupancy	5,745	5,745		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,270	1,270		
23 Insurance	1,318		1,318	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a leased Employee Admin	24,135		24,135	
b Health Insurance	20,517	11,369	9,148	
c Education & Outreach	16,033	16,033		
d Kayak Expenses	11,059	11,059		
e All other expenses	41,625	16,921	19,794	4,910
25 Total functional expenses. Add lines 1 through 24e	329,541	172,164	151,933	5,444
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Sl. No.	Name of the Candidate	Grade	Percentage	Remarks
1	ABHIRAM K	B	68.00	
2	ADARSH K	B	68.00	
3	ADITHYAN K	B	68.00	
4	ADITHYAN K	B	68.00	
5	ADITHYAN K	B	68.00	
6	ADITHYAN K	B	68.00	
7	ADITHYAN K	B	68.00	
8	ADITHYAN K	B	68.00	
9	ADITHYAN K	B	68.00	
10	ADITHYAN K	B	68.00	
11	ADITHYAN K	B	68.00	
12	ADITHYAN K	B	68.00	
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42	ADITHYAN K	B	68.00	
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72	ADITHYAN K	B	68.00	
73	ADITHYAN K	B	68.00	
74	ADITHYAN K	B	68.00	
75	ADITHYAN K	B	68.00	
76	ADITHYAN K	B	68.00	
77	ADITHYAN K	B	68.00	
78	ADITHYAN K	B	68.00	
79	ADITHYAN K	B	68.00	
80	ADITHYAN K	B	68.00	
81	ADITHYAN K	B	68.00	
82	ADITHYAN K	B	68.00	
83	ADITHYAN K	B	68.00	
84	ADITHYAN K	B	68.00	
85	ADITHYAN K	B	68.00	
86	ADITHYAN K	B	68.00	
87	ADITHYAN K	B	68.00	
88	ADITHYAN K	B	68.00	
89	ADITHYAN K	B	68.00	
90	ADITHYAN K	B	68.00	
91	ADITHYAN K	B	68.00	
92	ADITHYAN K	B	68.00	
93	ADITHYAN K	B	68.00	
94	ADITHYAN K	B	68.00	
95	ADITHYAN K	B	68.00	
96	ADITHYAN K	B	68.00	
97	ADITHYAN K	B	68.00	
98	ADITHYAN K	B	68.00	
99	ADITHYAN K	B	68.00	
100	ADITHYAN K	B	68.00	

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	46,605	1	48,571	
	2	90,119	2	161,664	
	3		3		
	4		4		
	5		5		
	6		6		
	7		7		
	8	29,391	8	28,452	
	9		9	1,083	
	10a	87,541			
	10b	83,905	4,458	10c	3,636
	11		11		
	12		12		
	13		13		
	14		14		
	15	52,693	15	49,843	
16	223,266	16	293,249		
Liabilities	17		17	3,821	
	18		18		
	19		19		
	20		20		
	21		21		
	22		22		
	23		23		
	24	41,073	24	31,055	
	25	2,505	25	2,551	
	26	43,578	26	37,427	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	125,202	27	135,259	
	28	54,485	28	120,562	
	29	1	29	1	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30		30		
	31		31		
	32	179,688	32	255,822	
33	223,266	33	293,249		
34		34			

Year	Month	Day	Time	Location	Remarks
1950	1	1	10:00	...	...
1950	1	2	10:00	...	...
1950	1	3	10:00	...	...
1950	1	4	10:00	...	...
1950	1	5	10:00	...	...
1950	1	6	10:00	...	...
1950	1	7	10:00	...	...
1950	1	8	10:00	...	...
1950	1	9	10:00	...	...
1950	1	10	10:00	...	...
1950	1	11	10:00	...	...
1950	1	12	10:00	...	...
1950	1	13	10:00	...	...
1950	1	14	10:00	...	...
1950	1	15	10:00	...	...
1950	1	16	10:00	...	...
1950	1	17	10:00	...	...
1950	1	18	10:00	...	...
1950	1	19	10:00	...	...
1950	1	20	10:00	...	...
1950	1	21	10:00	...	...
1950	1	22	10:00	...	...
1950	1	23	10:00	...	...
1950	1	24	10:00	...	...
1950	1	25	10:00	...	...
1950	1	26	10:00	...	...
1950	1	27	10:00	...	...
1950	1	28	10:00	...	...
1950	1	29	10:00	...	...
1950	1	30	10:00	...	...
1950	1	31	10:00	...	...
1950	2	1	10:00	...	...
1950	2	2	10:00	...	...
1950	2	3	10:00	...	...
1950	2	4	10:00	...	...
1950	2	5	10:00	...	...
1950	2	6	10:00	...	...
1950	2	7	10:00	...	...
1950	2	8	10:00	...	...
1950	2	9	10:00	...	...
1950	2	10	10:00	...	...
1950	2	11	10:00	...	...
1950	2	12	10:00	...	...
1950	2	13	10:00	...	...
1950	2	14	10:00	...	...
1950	2	15	10:00	...	...
1950	2	16	10:00	...	...
1950	2	17	10:00	...	...
1950	2	18	10:00	...	...
1950	2	19	10:00	...	...
1950	2	20	10:00	...	...
1950	2	21	10:00	...	...
1950	2	22	10:00	...	...
1950	2	23	10:00	...	...
1950	2	24	10:00	...	...
1950	2	25	10:00	...	...
1950	2	26	10:00	...	...
1950	2	27	10:00	...	...
1950	2	28	10:00	...	...
1950	2	29	10:00	...	...
1950	2	30	10:00	...	...
1950	3	1	10:00	...	...
1950	3	2	10:00	...	...
1950	3	3	10:00	...	...
1950	3	4	10:00	...	...
1950	3	5	10:00	...	...
1950	3	6	10:00	...	...
1950	3	7	10:00	...	...
1950	3	8	10:00	...	...
1950	3	9	10:00	...	...
1950	3	10	10:00	...	...
1950	3	11	10:00	...	...
1950	3	12	10:00	...	...
1950	3	13	10:00	...	...
1950	3	14	10:00	...	...
1950	3	15	10:00	...	...
1950	3	16	10:00	...	...
1950	3	17	10:00	...	...
1950	3	18	10:00	...	...
1950	3	19	10:00	...	...
1950	3	20	10:00	...	...
1950	3	21	10:00	...	...
1950	3	22	10:00	...	...
1950	3	23	10:00	...	...
1950	3	24	10:00	...	...
1950	3	25	10:00	...	...
1950	3	26	10:00	...	...
1950	3	27	10:00	...	...
1950	3	28	10:00	...	...
1950	3	29	10:00	...	...
1950	3	30	10:00	...	...
1950	3	31	10:00	...	...

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	407,487
2	Total expenses (must equal Part IX, column (A), line 25)	329,541
3	Revenue less expenses. Subtract line 2 from line 1	77,946
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	179,688
5	Net unrealized gains (losses) on investments	
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	-1,812
9	Other changes in net assets or fund balances (explain in Schedule O)	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	255,822

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<input checked="" type="checkbox"/>	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<input checked="" type="checkbox"/>
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Part 10: Financial Statements and Reporting

1. The company's financial statements should be prepared in accordance with the relevant accounting standards and regulations. This includes the balance sheet, income statement, and cash flow statement.

2. The company should ensure that its financial reporting is transparent and accurate, providing a clear picture of its financial performance and position.

3. The company should also ensure that its financial statements are audited by an independent auditor to provide assurance to stakeholders.

4. The company should maintain accurate records of its financial transactions and ensure that they are properly documented and supported by evidence.

5. The company should also ensure that its financial reporting is timely and consistent, allowing stakeholders to make informed decisions based on the most up-to-date information.

Part 11: Financial Reporting and Analysis

1. The company should ensure that its financial reporting is accurate and reliable, providing a clear picture of its financial performance and position.

2. The company should also ensure that its financial reporting is transparent and consistent, allowing stakeholders to make informed decisions based on the most up-to-date information.

3. The company should maintain accurate records of its financial transactions and ensure that they are properly documented and supported by evidence.

4. The company should also ensure that its financial reporting is timely and consistent, allowing stakeholders to make informed decisions based on the most up-to-date information.

5. The company should also ensure that its financial reporting is accurate and reliable, providing a clear picture of its financial performance and position.

Part 12: Financial Reporting and Analysis

1. The company should ensure that its financial reporting is accurate and reliable, providing a clear picture of its financial performance and position.

2. The company should also ensure that its financial reporting is transparent and consistent, allowing stakeholders to make informed decisions based on the most up-to-date information.

3. The company should maintain accurate records of its financial transactions and ensure that they are properly documented and supported by evidence.

4. The company should also ensure that its financial reporting is timely and consistent, allowing stakeholders to make informed decisions based on the most up-to-date information.

5. The company should also ensure that its financial reporting is accurate and reliable, providing a clear picture of its financial performance and position.

Part 13: Financial Reporting and Analysis

1. The company should ensure that its financial reporting is accurate and reliable, providing a clear picture of its financial performance and position.

2. The company should also ensure that its financial reporting is transparent and consistent, allowing stakeholders to make informed decisions based on the most up-to-date information.

3. The company should maintain accurate records of its financial transactions and ensure that they are properly documented and supported by evidence.

4. The company should also ensure that its financial reporting is timely and consistent, allowing stakeholders to make informed decisions based on the most up-to-date information.

5. The company should also ensure that its financial reporting is accurate and reliable, providing a clear picture of its financial performance and position.

Part 14: Financial Reporting and Analysis

1. The company should ensure that its financial reporting is accurate and reliable, providing a clear picture of its financial performance and position.

2. The company should also ensure that its financial reporting is transparent and consistent, allowing stakeholders to make informed decisions based on the most up-to-date information.

3. The company should maintain accurate records of its financial transactions and ensure that they are properly documented and supported by evidence.

4. The company should also ensure that its financial reporting is timely and consistent, allowing stakeholders to make informed decisions based on the most up-to-date information.

5. The company should also ensure that its financial reporting is accurate and reliable, providing a clear picture of its financial performance and position.

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

BARRIER ISLAND PARKS SOCIETY, INC.

Employer identification number

65-0327405

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 11, 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.)
- 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - 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) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (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						

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	186,212	105,814	91,084	115,416	215,746	714,272
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	186,212	105,814	91,084	115,416	215,746	714,272
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.						714,272

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	186,212	105,814	91,084	115,416	215,746	714,272
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	107	106	50			263
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						714,535
12 Gross receipts from related activities, etc. (see instructions)					12	361,897
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	99.96%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	99.93%
16a 33 1/3% support test—2014. 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 checked="" type="checkbox"/>		
b 33 1/3% support test—2013. 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—2014. 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—2013. 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"/>		

Date	Description	Debit	Credit	Balance	Interest	Total	Notes	Reference
1/1/20	Opening Balance			1000.00		1000.00		
1/15/20	Deposit		500.00	1500.00		1500.00		
1/20/20	Withdrawal	200.00		1300.00		1300.00		
1/25/20	Deposit		300.00	1600.00		1600.00		
2/1/20	Withdrawal	100.00		1500.00		1500.00		
2/10/20	Deposit		400.00	1900.00		1900.00		
2/15/20	Withdrawal	150.00		1750.00		1750.00		
2/20/20	Deposit		250.00	2000.00		2000.00		
2/25/20	Withdrawal	100.00		1900.00		1900.00		
3/1/20	Deposit		350.00	2250.00		2250.00		
3/10/20	Withdrawal	200.00		2050.00		2050.00		
3/15/20	Deposit		150.00	2200.00		2200.00		
3/20/20	Withdrawal	100.00		2100.00		2100.00		
3/25/20	Deposit		200.00	2300.00		2300.00		
4/1/20	Withdrawal	150.00		2150.00		2150.00		
4/10/20	Deposit		100.00	2250.00		2250.00		
4/15/20	Withdrawal	100.00		2150.00		2150.00		
4/20/20	Deposit		150.00	2300.00		2300.00		
4/25/20	Withdrawal	100.00		2200.00		2200.00		
5/1/20	Deposit		100.00	2300.00		2300.00		
5/10/20	Withdrawal	150.00		2150.00		2150.00		
5/15/20	Deposit		100.00	2250.00		2250.00		
5/20/20	Withdrawal	100.00		2150.00		2150.00		
5/25/20	Deposit		150.00	2300.00		2300.00		
6/1/20	Withdrawal	100.00		2200.00		2200.00		
6/10/20	Deposit		100.00	2300.00		2300.00		
6/15/20	Withdrawal	100.00		2200.00		2200.00		
6/20/20	Deposit		100.00	2300.00		2300.00		
6/25/20	Withdrawal	100.00		2200.00		2200.00		
7/1/20	Deposit		100.00	2300.00		2300.00		
7/10/20	Withdrawal	100.00		2200.00		2200.00		
7/15/20	Deposit		100.00	2300.00		2300.00		
7/20/20	Withdrawal	100.00		2200.00		2200.00		
7/25/20	Deposit		100.00	2300.00		2300.00		
8/1/20	Withdrawal	100.00		2200.00		2200.00		
8/10/20	Deposit		100.00	2300.00		2300.00		
8/15/20	Withdrawal	100.00		2200.00		2200.00		
8/20/20	Deposit		100.00	2300.00		2300.00		
8/25/20	Withdrawal	100.00		2200.00		2200.00		
9/1/20	Deposit		100.00	2300.00		2300.00		
9/10/20	Withdrawal	100.00		2200.00		2200.00		
9/15/20	Deposit		100.00	2300.00		2300.00		
9/20/20	Withdrawal	100.00		2200.00		2200.00		
9/25/20	Deposit		100.00	2300.00		2300.00		
10/1/20	Withdrawal	100.00		2200.00		2200.00		
10/10/20	Deposit		100.00	2300.00		2300.00		
10/15/20	Withdrawal	100.00		2200.00		2200.00		
10/20/20	Deposit		100.00	2300.00		2300.00		
10/25/20	Withdrawal	100.00		2200.00		2200.00		
11/1/20	Deposit		100.00	2300.00		2300.00		
11/10/20	Withdrawal	100.00		2200.00		2200.00		
11/15/20	Deposit		100.00	2300.00		2300.00		
11/20/20	Withdrawal	100.00		2200.00		2200.00		
11/25/20	Deposit		100.00	2300.00		2300.00		
12/1/20	Withdrawal	100.00		2200.00		2200.00		
12/10/20	Deposit		100.00	2300.00		2300.00		
12/15/20	Withdrawal	100.00		2200.00		2200.00		
12/20/20	Deposit		100.00	2300.00		2300.00		
12/25/20	Withdrawal	100.00		2200.00		2200.00		
1/1/21	Deposit		100.00	2300.00		2300.00		

Schedule B
 (Form 990, 990-EZ,
 or 990-PF)

 Department of the Treasury
 Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2014

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

 ▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

BARRIER ISLAND PARKS SOCIETY, INC.
65-0327405

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 33¹/₃ % 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, 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. Do not 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 ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Government of
the State of
California
Department of
Public Health
Office of
Community Health
Promotion

California Department of Public Health
Office of Community Health Promotion
1601 S. Street, Suite 100
San Jose, CA 95128
Phone: (408) 255-3000
Fax: (408) 255-3001
www.cdph.ca.gov

Dear [Name]:

[Faint, illegible text]

[Faint, illegible text]

[Faint, illegible text]

[Faint, illegible text]

[Faint, illegible text]

Name of organization

BARRIER ISLAND PARKS SOCIETY, INC.

Employer identification number

65-0327405

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	JUSTIN & BARBARA WILSON 206 CRAIGHEAD AVENUE NASHVILLE TN 37205	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	BOCA GRANDE WOMANS CLUB PO BOX 65 Boca Grande FL 33921	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

BARRIER ISLAND PARKS SOCIETY, INC.

Employer identification number

65-0327405

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

SECTION 101 - GENERAL INFORMATION

1. Name of the project: [Faint text]

2. Location of the project: [Faint text]

3. Description of the project: [Faint text]

4. Purpose of the project: [Faint text]

5. Estimated cost of the project: [Faint text]

6. Estimated completion date: [Faint text]

7. Name of the contractor: [Faint text]

8. Name of the engineer: [Faint text]

9. Name of the architect: [Faint text]

10. Name of the owner: [Faint text]



11. [Faint text]

12. [Faint text]

13. [Faint text]

14. [Faint text]

15. [Faint text]

16. [Faint text]

17. [Faint text]

18. [Faint text]

19. [Faint text]

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51. [Faint text]

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53. [Faint text]

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92. [Faint text]

93. [Faint text]

94. [Faint text]

95. [Faint text]

96. [Faint text]

97. [Faint text]

98. [Faint text]

99. [Faint text]

100. [Faint text]

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment %
- b** Permanent endowment %
- c** Temporarily restricted endowment %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations **3a(i)** Yes No
- (ii) related organizations **3a(ii)** Yes No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? **3b** Yes No

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1		1
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		87,541	83,905	3,636
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,637

1. The first part of the document is a list of names and addresses. This list is organized into columns, with names in the first column and addresses in the second column. The names are listed in alphabetical order.

2. The second part of the document is a list of names and addresses. This list is organized into columns, with names in the first column and addresses in the second column. The names are listed in alphabetical order.

3. The third part of the document is a list of names and addresses. This list is organized into columns, with names in the first column and addresses in the second column. The names are listed in alphabetical order.

4. The fourth part of the document is a list of names and addresses. This list is organized into columns, with names in the first column and addresses in the second column. The names are listed in alphabetical order.

5. The fifth part of the document is a list of names and addresses. This list is organized into columns, with names in the first column and addresses in the second column. The names are listed in alphabetical order.

6. The sixth part of the document is a list of names and addresses. This list is organized into columns, with names in the first column and addresses in the second column. The names are listed in alphabetical order.

7. The seventh part of the document is a list of names and addresses. This list is organized into columns, with names in the first column and addresses in the second column. The names are listed in alphabetical order.

8. The eighth part of the document is a list of names and addresses. This list is organized into columns, with names in the first column and addresses in the second column. The names are listed in alphabetical order.

9. The ninth part of the document is a list of names and addresses. This list is organized into columns, with names in the first column and addresses in the second column. The names are listed in alphabetical order.

10. The tenth part of the document is a list of names and addresses. This list is organized into columns, with names in the first column and addresses in the second column. The names are listed in alphabetical order.

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) EQUIPMENT FUTURE DONATION	35,352
(2) EQUIPMENT FUTURE DONATION	14,491
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	49,843

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) AMORY CHAPEL KEY DEPOSITS	2,551
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,551

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

THE UNIVERSITY OF CHICAGO

PH.D. THESIS

BY

THE AUTHOR

CHICAGO, ILL.

1950

**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2014

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

BARRIER ISLAND PARKS SOCIETY, INC.

Employer identification number

65-0327405

Part I

Fundraising Activities. Complete if the organization answered "Yes" to 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 ten 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.

FLORIDA

Part II Fundraising Events. Complete if the organization answered "Yes" to 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	(b) Event #2	(c) Other events	(d) Total events
		<u>Green Gala</u> (event type)		<u>None</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	102,575		102,575
	2	Less: Contributions	48,625		48,625
	3	Gross income (line 1 minus line 2)	53,950		53,950
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	22,915		22,915
	8	Entertainment	1,200		1,200
	9	Other direct expenses	18,745		18,745
	10	Direct expense summary. Add lines 4 through 9 in column (d)				42,860
11	Net income summary. Subtract line 10 from line 3, column (d)				11,090

Part III Gaming. Complete if the organization answered "Yes" to 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))
		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: _____

1. The first part of the document is a list of items, each with a corresponding number and a brief description.

Item No.	Description	Quantity	Unit Price	Total Price
100	Item 1	10	10.00	100.00
200	Item 2	20	20.00	400.00
300	Item 3	30	30.00	900.00
400	Item 4	40	40.00	1600.00
500	Item 5	50	50.00	2500.00
600	Item 6	60	60.00	3600.00
700	Item 7	70	70.00	4900.00
800	Item 8	80	80.00	6400.00
900	Item 9	90	90.00	8100.00
1000	Item 10	100	100.00	10000.00

The second part of the document contains a detailed description of the items listed above. It includes information about the materials used, the manufacturing process, and the quality control measures.

The third part of the document is a summary of the items and their total value. It also includes a list of the suppliers and their contact information.

Date	Description
1912	...
1913	...
1914	...
1915	...
1916	...
1917	...
1918	...
1919	...
1920	...
1921	...
1922	...
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1949	...

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2014
**Open to Public
Inspection**

Name of the organization

BARRIER ISLAND PARKS SOCIETY, INC.

Employer identification number

65-0327405

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	BARRIER ISLAND PARKS				43,767 COST		VARIOUS ITEMS	SUPPORT OF ACTIVITIES
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZComplete 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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014Open to Public
Inspection

Employer identification number

BARRIER ISLAND PARKS SOCIETY, INC.**65-0327405****Form 990 - Organization's Mission or Most Significant Activities**

TO PROVIDE EDUCATIONAL, INTERPRETIVE & TECHNICAL SUPPORT FOR PARK STAFF,
ALONG WITH DONATIONS OF NEEDED EQUIPMENT AND IMPROVEMENTS FOR THE FOUR
BARRIER ISLANDS. TO CULTIVATE GREATER UNDERSTANDING OF THE NATURAL, SOCIAL
AND CULTURAL HISTORY OF THE BARRIER ISLANDS AND THE CHARLOTTE HARBOR AREA.
TO DEVELOPE PROGRAMS, EXHIBITS, PUBLICATIONS AND SPECIAL EVENTS TO ATTAIN
THE ABOVE GOALS.

Form 990 - Organization's Mission

TO PROVIDE EDUCATIONAL, INTERPRETIVE & TECHNICAL SUPPORT FOR PARK STAFF.
ALONG WITH MAKING DONATIONS OF NEEDED EQUIPMENT AND IMPROVEMENTS FOR THE
FOUR BARRIER ISLANDS. TO CULTIVATE A GREATER UNDERSTANDING OF THE NATURAL,
SOCIAL AND CULTURAL HISTORY OF THE BARRIER ISLANDS AND THE CHARLOTTE HARBOR
AREA. TO DEVELOPE PROGRAMS, EXHIBITS, PUBLICATIONS AND SPECIAL EVENTS TO
ATTAIN THE ABOVE GOALS.

Form 990, Part V - Additional Information

ALL PAID PERSONNEL ARE LEASED EMPLOYEES, REPORTING ON W-3 IS PROVIDED BY
LEASING COMPANY

Form 990, Part VI, Line 2 - Related Party Information Among Officers

JIM GRANT

LYNDA GRANT

DIRECTOR

DIRECTOR

HUSBAND AND WIFE

1954	[Illegible text]	[Illegible text]
[Illegible text]	[Illegible text]	[Illegible text]
[Illegible text]	[Illegible text]	[Illegible text]

From 1950 - Organization - [Illegible text]
 to provide educational, [Illegible text]
 along with [Illegible text]
 against [Illegible text]
 and [Illegible text]
 to [Illegible text]

THE ABOVE [Illegible text]

From 1950 - Organization - [Illegible text]
 to provide educational, [Illegible text]
 also with [Illegible text]
 with [Illegible text]
 social and [Illegible text]
 also to [Illegible text]

THE ABOVE [Illegible text]

From 1950, Part V - [Illegible text]
 has said [Illegible text]
 [Illegible text]
 [Illegible text]
 [Illegible text]

Name of the organization

Employer identification number

BARRIER ISLAND PARKS SOCIETY, INC.

65-0327405

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

TAX RETURN IS REVIEWED BY THE EXECUTIVE DIRECTOR AND BOARD OFFICERS

Form 990, Part VI, Line 15a - Compensation Process for Top Official

PERFORMANCE REVIEW IS MADE BY PRESIDENT AND COMPENSATION FOR EXECUTIVE

DIRECTOR IS RECOMMENDED TO BOARD AND BOARD APPROVES THE COMPENSATION

PROPOSED.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

DOCUMENTS ARE ALL AVAILABLE UPON REQUEST

Form 990, Part IX, Line 24e - Other Expenses

Description	Amount		
Sales Tax	\$ 0	\$ 9,259	\$ 0
Friends of Cayo Costa	\$ 2,953	\$ 651	\$ 4,910
Sales Tax	\$ 0	\$ 7,600	\$ 0
ETS Fees	\$ 5,270	\$ 0	\$ 0
Gift Shop Expenses	\$ 4,199	\$ 0	\$ 0
Misc Expenses	\$ 1,572	\$ 0	\$ 0
Storage	\$ 1,192	\$ 0	\$ 0

THE STATE OF TEXAS, County of Dallas, do hereby certify that the following is a true and correct copy of the report of the Board of Commissioners for the year ending December 31, 1900, as the same appears from the records of said Board.

WITNESSED my hand and the seal of said County at Dallas, Texas, this 1st day of January, 1901.

Item	Amount	Total
Salaries	1,000.00	1,000.00
Expenses	2,500.00	2,500.00
Interest	100.00	100.00
Other	500.00	500.00
Total	4,100.00	4,100.00

Name of the organization

Employer identification number

BARRIER ISLAND PARKS SOCIETY, INC.

65-0327405

Cell Phone

\$ 0 \$ 931 \$ 0

Cayo Costa Misc

\$ 0 \$ 877 \$ 0

Bridge Tolls

\$ 742 \$ 0 \$ 0

Membership Mailings

\$ 647 \$ 0 \$ 0

LOC Cost

\$ 0 \$ 338 \$ 0

Point of Sale SW Maint

\$ 270 \$ 0 \$ 0

Real Estate Tax

\$ 0 \$ 138 \$ 0

Volunteers

\$ 76 \$ 0 \$ 0

Form 990, Part XII, Line 1 - Change in Accounting Method Explanation

Organization financial statements were audited for this fiscal year and reporting was on the accrual basis of accounting and is being reported as such on this current tax return.

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2014

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.
▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Attachment Sequence No. **179**

Name(s) shown on return

BARRIER ISLAND PARKS SOCIETY, INC.

Identifying number
65-0327405

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2013 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	1,122

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2014	17	148
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	1,270
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2014)

65-0327405

Federal Asset Report

FYE: 6/30/2015

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:									
1	EXHIBIT CASES	11/22/98	64,211			64,211	7 HY S/L	64,211	0
2	EXHIBIT CASES	2/08/99	2,902			2,902	7 HY S/L	2,902	0
3	OAK PLAQUES	9/08/99	182			182	7 HY S/L	182	0
4	SAFE	12/12/02	375		X	262	5 HY S/L	375	0
5	AUDIO EQUIPMENT	12/17/04	677		X	338	7 HY S/L	677	0
6	AIRCONDITIONING	6/02/06	2,290			2,290	7 HY S/L	2,290	0
7	FURNITURE	9/15/06	800			800	7 HY S/L	800	0
8	JEWELRY CASE	9/20/06	615			615	7 HY S/L	615	0
9	ANTIQUE BOOKCASE	9/21/06	375			375	7 HY S/L	375	0
11	DONOR PERFECT SW	11/17/09	2,004		X	1,002	3 HY S/L	2,004	0
25	Speaker System	7/05/13	2,068		X	1,034	7 HY S/L	1,108	148
			<u>76,499</u>			<u>74,011</u>		<u>75,539</u>	<u>148</u>
Other Depreciation:									
10	PANELS	2/29/08	693			693	7 MO S/L	594	49
12	DELL COMPUTER	5/03/10	431			431	5 MO S/L	344	43
13	MONITOR	3/23/11	309			309	5 MO S/L	179	33
14	PAST PERFECT SW	3/21/11	1,630			1,630	3 MO S/L	1,449	91
15	BOOK SHELVES	3/24/11	621			621	7 MO S/L	270	59
16	CAMERA	3/25/11	510			510	7 MO S/L	221	48
17	ARCHIVAL MATERIALS	3/28/11	1,465			1,465	3 MO S/L	1,261	102
19	POINT OF SALE SW	11/02/11	2,560			2,560	3 MO S/L	1,802	379
20	CAYO COSTA LAND	11/24/11	1			1	0 -- Land	0	0
21	CREDIT CARD MACHINE	1/20/12	426			426	7 MO S/L	133	49
22	COMPUTER	1/26/12	1,098			1,098	5 MO S/L	461	159
23	BACK UP HARD DRIVE	3/21/13	119			119	5 MO S/L	50	17
24	UNDERWATER CAMERA	5/02/13	246			246	7 MO S/L	65	30
26	Lap Top Computer	12/26/13	485			485	5 MO S/L	267	48
27	Computer	4/17/15	449			449	5 MO S/L	0	15
	Total Other Depreciation		<u>11,043</u>			<u>11,043</u>		<u>7,096</u>	<u>1,122</u>
	Total ACRS and Other Depreciation		<u>11,043</u>			<u>11,043</u>		<u>7,096</u>	<u>1,122</u>
	Grand Totals		87,542			85,054		82,635	1,270
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>87,542</u>			<u>85,054</u>		<u>82,635</u>	<u>1,270</u>

Account opened on ...

Date	Particulars	Debit	Credit	Balance
1998-01-01	By Balance b/d		1000.00	1000.00
1998-01-15	To Cash	500.00		500.00
1998-01-31	By Cash		200.00	700.00
1998-02-15	To Cash	300.00		400.00
1998-02-28	By Cash		100.00	500.00
1998-03-15	To Cash	200.00		300.00
1998-03-31	By Cash		100.00	400.00
1998-04-15	To Cash	100.00		300.00
1998-04-30	By Cash		50.00	250.00
1998-05-15	To Cash	50.00		200.00
1998-05-31	By Cash		50.00	250.00
1998-06-15	To Cash	100.00		150.00
1998-06-30	By Cash		50.00	100.00
1998-07-15	To Cash	50.00		50.00
1998-07-31	By Cash		50.00	100.00
1998-08-15	To Cash	100.00		0.00
1998-08-31	By Cash		100.00	100.00
1998-09-15	To Cash	50.00		50.00
1998-09-30	By Cash		50.00	100.00
1998-10-15	To Cash	100.00		0.00
1998-10-31	By Cash		100.00	100.00
1998-11-15	To Cash	50.00		50.00
1998-11-30	By Cash		50.00	100.00
1998-12-15	To Cash	100.00		0.00
1998-12-31	By Cash		100.00	100.00
1999-01-15	To Cash	50.00		50.00
1999-01-31	By Cash		50.00	100.00
1999-02-15	To Cash	100.00		0.00
1999-02-28	By Cash		100.00	100.00
1999-03-15	To Cash	50.00		50.00
1999-03-31	By Cash		50.00	100.00
1999-04-15	To Cash	100.00		0.00
1999-04-30	By Cash		100.00	100.00
1999-05-15	To Cash	50.00		50.00
1999-05-31	By Cash		50.00	100.00
1999-06-15	To Cash	100.00		0.00
1999-06-30	By Cash		100.00	100.00
1999-07-15	To Cash	50.00		50.00
1999-07-31	By Cash		50.00	100.00
1999-08-15	To Cash	100.00		0.00
1999-08-31	By Cash		100.00	100.00
1999-09-15	To Cash	50.00		50.00
1999-09-30	By Cash		50.00	100.00
1999-10-15	To Cash	100.00		0.00
1999-10-31	By Cash		100.00	100.00
1999-11-15	To Cash	50.00		50.00
1999-11-30	By Cash		50.00	100.00
1999-12-15	To Cash	100.00		0.00
1999-12-31	By Cash		100.00	100.00
2000-01-15	To Cash	50.00		50.00
2000-01-31	By Cash		50.00	100.00
2000-02-15	To Cash	100.00		0.00
2000-02-28	By Cash		100.00	100.00
2000-03-15	To Cash	50.00		50.00
2000-03-31	By Cash		50.00	100.00
2000-04-15	To Cash	100.00		0.00
2000-04-30	By Cash		100.00	100.00
2000-05-15	To Cash	50.00		50.00
2000-05-31	By Cash		50.00	100.00
2000-06-15	To Cash	100.00		0.00
2000-06-30	By Cash		100.00	100.00
2000-07-15	To Cash	50.00		50.00
2000-07-31	By Cash		50.00	100.00
2000-08-15	To Cash	100.00		0.00
2000-08-31	By Cash		100.00	100.00
2000-09-15	To Cash	50.00		50.00
2000-09-30	By Cash		50.00	100.00
2000-10-15	To Cash	100.00		0.00
2000-10-31	By Cash		100.00	100.00
2000-11-15	To Cash	50.00		50.00
2000-11-30	By Cash		50.00	100.00
2000-12-15	To Cash	100.00		0.00
2000-12-31	By Cash		100.00	100.00

Date	Particulars	Debit	Credit	Balance
1998-01-01	By Balance b/d		1000.00	1000.00
1998-01-15	To Cash	500.00		500.00
1998-01-31	By Cash		200.00	700.00
1998-02-15	To Cash	300.00		400.00
1998-02-28	By Cash		100.00	500.00
1998-03-15	To Cash	200.00		300.00
1998-03-31	By Cash		100.00	400.00
1998-04-15	To Cash	100.00		300.00
1998-04-30	By Cash		50.00	250.00
1998-05-15	To Cash	50.00		200.00
1998-05-31	By Cash		50.00	250.00
1998-06-15	To Cash	100.00		150.00
1998-06-30	By Cash		50.00	100.00
1998-07-15	To Cash	50.00		50.00
1998-07-31	By Cash		50.00	100.00
1998-08-15	To Cash	100.00		0.00
1998-08-31	By Cash		100.00	100.00
1998-09-15	To Cash	50.00		50.00
1998-09-30	By Cash		50.00	100.00
1998-10-15	To Cash	100.00		0.00
1998-10-31	By Cash		100.00	100.00
1998-11-15	To Cash	50.00		50.00
1998-11-30	By Cash		50.00	100.00
1998-12-15	To Cash	100.00		0.00
1998-12-31	By Cash		100.00	100.00
1999-01-15	To Cash	50.00		50.00
1999-01-31	By Cash		50.00	100.00
1999-02-15	To Cash	100.00		0.00
1999-02-28	By Cash		100.00	100.00
1999-03-15	To Cash	50.00		50.00
1999-03-31	By Cash		50.00	100.00
1999-04-15	To Cash	100.00		0.00
1999-04-30	By Cash		100.00	100.00
1999-05-15	To Cash	50.00		50.00
1999-05-31	By Cash		50.00	100.00
1999-06-15	To Cash	100.00		0.00
1999-06-30	By Cash		100.00	100.00
1999-07-15	To Cash	50.00		50.00
1999-07-31	By Cash		50.00	100.00
1999-08-15	To Cash	100.00		0.00
1999-08-31	By Cash		100.00	100.00
1999-09-15	To Cash	50.00		50.00
1999-09-30	By Cash		50.00	100.00
1999-10-15	To Cash	100.00		0.00
1999-10-31	By Cash		100.00	100.00
1999-11-15	To Cash	50.00		50.00
1999-11-30	By Cash		50.00	100.00
1999-12-15	To Cash	100.00		0.00
1999-12-31	By Cash		100.00	100.00

Account closed on ...

Total Debit ...

Total Credit ...

Balance ...

Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
Sales Tax	\$ 9,259		\$ 9,259	
Friends of Cayo Costa	8,514	2,953	651	4,910
Sales Tax	7,600		7,600	
ETS Fees	5,270	5,270		
Gift Shop Expenses	4,199	4,199		
Misc Expenses	1,572	1,572		
Storage	1,192	1,192		
Cell Phone	931		931	
Cayo Costa Misc	877		877	
Bridge Tolls	742	742		
Membership Mailings	647	647		
LOC Cost	338		338	
Point of Sale SW Maint	270	270		
Real Estate Tax	138		138	
Volunteers	76	76		
Total	\$ 41,625	\$ 16,921	\$ 19,794	\$ 4,910

Case No.	Age	Sex	Occupation	Duration of Illness	Chief Complaint	History of Present Illness	Physical Examination	Diagnosis	Course	Outcome
1	45	M	Farmer	2 weeks	Headache	Headache, fever, malaise	Normal	Flu	Resolved	Recovered
2	30	F	Teacher	1 week	Stomach pain	Stomach pain, nausea	Normal	Gastroenteritis	Resolved	Recovered
3	60	M	Retired	3 weeks	Chest pain	Chest pain, shortness of breath	Normal	Myocardial infarction	Resolved	Deceased
4	25	F	Nurse	1 month	Joint pain	Joint pain, fatigue	Normal	Rheumatoid arthritis	Chronic	Recovered
5	55	M	Engineer	2 months	Weight loss	Weight loss, night sweats	Normal	Tuberculosis	Chronic	Recovered
6	70	F	Homemaker	1 year	Memory loss	Memory loss, confusion	Normal	Alzheimer's disease	Chronic	Deceased
7	35	M	Student	3 months	Back pain	Back pain, numbness	Normal	Herniated disc	Chronic	Recovered
8	40	F	Secretary	6 weeks	Diarrhea	Diarrhea, abdominal pain	Normal	Inflammatory bowel disease	Chronic	Recovered
9	50	M	Businessman	4 weeks	Blurred vision	Blurred vision, eye pain	Normal	Glaucoma	Chronic	Recovered
10	65	F	Retired	1 year	Hypertension	Hypertension, dizziness	Normal	Hypertension	Chronic	Recovered

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 1000

1000 1000 1000

Journal of the American Medical Association

Form **8868**

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

(Rev. January 2014)

Department of the Treasury
Internal Revenue Service

► **File a separate application for each return.**
► **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which 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/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only

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

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. BARRIER ISLAND PARKS SOCIETY, INC.	Employer identification number (EIN) or 65-0327405
	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 637	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Boca Grande FL 33921	

File by the due date for filing your return. See instructions.

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

• The books are in the care of ► **BARRIER ISLAND PARKS S PO BOX 637, BOCA GRANDE FL 33921**

Telephone No. ► **941-964-0060** FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box
- 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 EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **02/15/16**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ► calendar year _____ or
 ► tax year beginning **07/01/14**, and ending **06/30/15**

2 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	\$
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	\$
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	\$

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.

