

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

Citizen Support Organization (CSO) Name: Friends of Blue Spring State Park, Inc. Mailing Address: 2100 W French Ave, Orange City, FL 32763 Telephone Number: 386-775-1599 Website Address (*required if applicable*): https://friendsofbluespringstatepark.wildapricot.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.

YOUR MISSION AND LAST CALENDAR YEAR'S PROGRAM ACCOMPLISHMENTS:

CSO's Mission: Consistent with your Articles and Bylaws

To support the Parks Mission statement and Park Service Directives, through volunteering support and budget needs

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

We raised over \$10,000 in 2020; much less than 2019, but that was without our major fundraiser (Firefly Extravaganza). We still had the Manatee Festival (\$4,251), Firewood Sales (12,149), donations and the Penny Press). During the spring shutdown, the park was able to complete work on our big expenditure - the Ranger Station Renovations, spending about \$14,000 on a new service window, flooring and interior painting.

We stayed active via Zoom and continued to support the park in many other small ways (fire crew tshirts (\$500), ranger training backpack weights (\$500), compactor rental for campsite work (\$400), etc. We also worked on developing more creative ways of interacting with the public (e.g. new signs posted around the park with QR codes linking to our website and membership/activity info and investigating different ways to fundraise (memorial bricks or boardwalk planks)).

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

Our big plan for 2021 is fundraising for the manatee rescue/release ramp at the end of the spring run. The major restoration of the spring run this summer really opened up an opportunity for us to help raise money for the renovation of the old canoe beach where manatee rescues and releases currently take place. We have been fundraising (along with Park Manager Watkins) via direct asking, foundations, GoFundMe, a donate button on our website, and Facebook. I think we will be successful and look forward to its construction and the educational materials we can develop for the new site.

CSO's LAST CALENDAR YEAR STATISTICS:

Total Number of CSO General Membership: 60

Total Number of Board of Directors: $12 \ \ \,$

Total Volunteer Hours for the Board of Directors (Hours from VSys. Work with your parks' volunteer manager): 1,000

PARK & CSO RELATIONSHIP:

Keep the summary simple. Save time. Don't duplicate by describing accomplishments and contributions in the summary. Brag in the above Results Obtained. Describe the relationship here.

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

Provide your perspective on

• Friends of Blue Spring are always communicating and offer advice or changes in any new developments in the park.

• Friends of Blue Spring efficiency in fulfilling their purpose to support the park makes it easy during difficult situations.

• The CSO have no problems with the Board of Directors in completing their Annual Program Plan.

• The relationship between the park and CSO can only get better since both stakeholders have a strong drive to give back to the community and make Blue Spring State Park amazing.

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

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

We have a good relationship with the park staff and management and would not be able to accomplish all that we do without them and all of the park volunteers. We would like to see more of the park volunteers be members of the CSO, but that is something we can go after as the pandemic lifts and there are more in-person opportunities. We are also very pleased at the strong support from the new park concessionaire – Guest Services...they are making things a lot easier for us.

SUMMARIZE FINANCIAL ACTIVITY FOR LAST CALENDAR YEAR, SPECIFIC PARK(S) SUPPORT: Program Service Expenses *are*

- Building improvement, construction or renovations \$12,488.86
- Cultural resources (e.g., historic structure restoration/ renovation) \$0
 - Natural resources (e.g., native plants, natural lands restoration) \$0
- Maintenance equipment (e.g., mowers, chippers, blowers, chainsaws) \$0
 - Other facilities and landscape maintenance \$1050.24
 - Vehicles (e.g., trucks/cars, UTVs, golf carts, accessible devices, etc.) \$0
- Amenities (e.g., water fountains, benches, picnic tables, recreational equipment, kiosks etc.) \$0
- Park employees or volunteers support (e.g., interns, training, uniforms, awards, or recognition) \$1057
 - Big ticket visitor center exhibits or interpretation updates \$0
 - Park exhibits, displays, signage \$130
 - Park publications, brochures, maps, etc. \$0
 - Programing/interpretation support material purchases \$0
 - Other program services \$0

Total Program Service Expenses \$14,726.10

Total Operating Expenses (Overhead including fees, memberships, postage, rent, utilities, etc.) \$12,946.86

- Park gift shops, craft stores and concession sales \$0
- Merchandise sales (e.g., plants, firewood, ice, t-shirts, hats, etc.) \$12,950.55
- Programs and Special Events (e.g., fundraising workshops, seasonal events, concerts, etc.) \$5,532
 - Vending (e.g., drink machines, penny press, laundry, Wifi, etc.) \$408
 - Rentals (e.g., bikes, canoe, kayak, SUPs, etc.) \$0
 - In-park donation boxes \$4988.87
 - Other visitor services revenue \$0
 - Total Visitor Services Revenue \$23,879.42
 - Net Assets \$10,234.21

CSO AUDIT:

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

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

CSO President	Melissa Ann Gibbs Allen lan Ails	5-28-2021
Park Manager	MWatkins	7/6/2021

⊠ CSO's Code of Ethics is attached

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

[Friends of Blue Spring State Park] CODE OF ETHICS

PREAMBLE

- (1)olt is essential to the proper conduct and operation of [Friends of Blue Spring State Park] (hereinoo "CSO") that its board members, officers, and employees be independent and impartial and thatoo their position not be used for private gain. Therefore, the Florida Legislature in Section 112.3251,00 Florida Statute (Fla. Stat.), requires that the law protect against any conflict of interest andoo establish standards for the conduct of CSO board members, officers, and employees in situationsoo where conflicts may exist.oo
- (2)olt is hereby declared to be the policy of the state that no CSO board member, officer, oroo employee shall have any interest, financial or otherwise, direct or indirect, or incur any obligationoo of any nature which is in substantial conflict with the proper discharge of his or her duties for theoo CSO. To implement this policy and strengthen the faith and confidence of the people in Citizenoo Support Organizations, there is enacted a code of ethics setting forth standards of conductoo required of [Friends of Blue Spring State Park] board members, officers, and employees in theoo performance of their official duties.oo

STANDARDS

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

1.0 Prohibition of Solicitation or Acceptance of Giftsoo

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

2.0 Prohibition of Accepting Compensation Given to Influence a Voteoo

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

3.0 Salary and Expenses00

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

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Model CSO Code of Ethics - June 2014

4.eeProhibition of Misuse of Position

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

5. Prohibition of Misuse of Privileged Information

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

6. Post-Office/Employment Restrictions

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

7. Prohibition of Employees Holding Office

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

8. Requirements to Abstain From Voting

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

9. Failure to Observe CSO Code of Ethicsee

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

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12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 27,288. 23,339. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (A), line 25) 20, 180. 29, 563. 17 Other expenses (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 25) 20, 180. 29, 563. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 20, 180. 29, 563. 18 Total expenses. Subtract line 18 from line 12. 7, 108. -6, 224. Beginning of Current Year End of Year. 16, 4588. 10, 234. 21. Total assets (Part X, line 26) 22. Total assets (Part X, line 26) 16, 4588. 10, 234. 22. Net assets or fund balances. 22. Net assets or fund balances. 22. Net	ven	10	Investment i	ncome (Part VIII, column (A), lines 3, 4, and 7d)					
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Re	11	Other revenu	ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					
14 Benefits paid to or for members (Part IX, column (A), line 4) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising expenses (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (A), line 25) 20, 180. 29, 563. 17 Other expenses (Part IX, column (A), line 21) 17 Other expenses (Part IX, column (A), line 21a-11d, 11f-24e) 20, 180. 29, 563. 17 Other expenses. (Part IX, column (A), line 21a-11d, 11f-24e) 20, 180. 29, 563. 17 Other expenses. Subtract line 18 from line 12. 19 Revenue less expenses. Subtract line 18 from line 12. 10. Total assets (Part X, line 16) 10. Total assets (Part X, line 26) 20. Total assets (Part X, line 26) 21. Total liabilities (Part X, line 21 from line 20 16, 458. 10, 234. Part III 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 an		12	Total revenu	e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		27,28	38.	23,3	339.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (D), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 19 Revenue less expenses. Subtract line 18 from line 12 10 20 Total assets (Part X, line 16) 21 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 16 , 458 . 10 , 234 . 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. Signa		13	Grants and s	similar amounts paid (Part IX, column (A), lines 1-3)					
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (D), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 19 Revenue less expenses. Subtract line 18 from line 12 10 20 Total assets (Part X, line 16) 21 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 16 , 458 . 10 , 234 . 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. Signa		14	Benefits paid	to or for members (Part IX, column (A), line 4)					
16a Professional fundraising fees (Part IX, column (A), line 11e)		15	•						
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18. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	0eu								
18. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	Ä					20,18	30.1	29.	563.
19 Revenue less expenses. Subtract line 18 from line 12			•						
Beginning of Current Year End of Year. 20. Total assets (Part X, line 16). 16,458. 10,234. 21. Total liabilities (Part X, line 26). 16,458. 10,234. 22. Net assets or fund balances. Subtract line 21 from line 20. 16,458. 10,234. Part II Signature Block 10,234. 10,234. 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. Image: Correct Part II Signature of officer Signature of officer Date Image: Correct Part II Signature of officer MELISSA GIBBS, PRESIDENT Image: Correct Part II Signature of officer Date									
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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 MELISSA GIBBS, PRESIDENT	-				ا ا			10,4	
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Sign Signature of officer Date Here MELISSA GIBBS, PRESIDENT								mouge and benef, i	1.13
Here MELISSA GIBBS, PRESIDENT	uue	, cor			леранен наз ану к	l			
Here MELISSA GIBBS, PRESIDENT	¢i/	-n	Sionature	of officer		Date			
		-	-						
	ne	a e							

Paid	Print/Type prepare	r's name	Preparer's signature	1.1 7	Date	41	Check 🔲 if	PTIN
Ргера	rer DEBORAHLN	MORAN	N Severen V	Marcin	4/10/	2 L	self-employed	P00573697_
•	nly Firm s'name	DEBORAH	MORAN, CPA PA	7		Firm's	S EIN 🕨	27-3266198
	Firm's address	PO BOX 28	05			Phone	eno.	407)625 1606
		ORLANDO,	FL 32802-2805					(407)625-1696
May the I	RS discuss this return with		wn above? See instructions	• • • • • • • • •				. Yes No

orm 990 (2020) FRIENDS OF BLUE SPRING STATE PARK INC	57-1199346 Page
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: FRIENDS OF BLUE SPRING STATE PARK INC'S MISSION IS TO	PURCHASE GOODS &
MATERIALS TO ENHANCE BLUE SPRING STATE PARK'S INFRASTR SERVICES TO THE GENERAL PUBLIC.	UCTURE AND
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 🔀 I
If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program	
services?	Yes 🔀 🛛
If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as m	pasured by
expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation the total expenses, and revenue, if any, for each program service reported.	-
la (Code:) (Expenses \$ 7,500. including grants of \$) (Revenue \$	12,150.)
FRIENDS OF BLUE SPRING STATE PARK, INC SELLS WOOD DURI	
RAISE FUNDS. THEY PAID OUT \$7,500 FOR THE WOOD TO SELL	•
b (Code:) (Expenses \$ 323. including grants of \$) (Revenue \$	4,442.)
FRIENDS OF BLUE SPRING STATE PARK, INC PUTS ON A MANAT	EE FESTIVAL
EVERY YEAR TO RAISE FUNDS. THEY PAID OUT \$323 FOR FOOD	AND DRINKS TO
SELL DURING THE FESTIVAL.	
c (Code:) (Expenses \$ including grants of \$) (Revenue \$))
d Other program services (Describe on Schedule O.)	
d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ e Total program service expenses ►) 7,823

Form 990 (2020) FRIENDS OF BLUE SPRING STATE PARK INC Part IV Checklist of Required Schedules

T I -

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	L
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		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	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			v
-	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			v
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V.	10		
11	If the organization's answer to any of the following questions is 'Yes," then complete Schedule D, Parts VI,			
а	VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	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.	11c		x
d				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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	12b		<u>_X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>x</u>
14a	•	14a		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.	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45		v
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		<u> </u>
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	16		х
47	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		<u>A</u>
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		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	18	x	
19	Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		x
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes," to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
		21		X

Form 990 (2020) FRIENDS OF BLUE SPRING STATE PARK INC Part IV Checklist of Required Schedules (continued)

			Yes	No
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.	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			~
20	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23		x
24 2	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	25		
24 a	\$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	24a		x
L				X
b		24b		A
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		X
d		24d		X
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or			
	founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity			
	(including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		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):		n ar di	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?			X
	If "Yes," complete Schedule L, Part IV	28a		
Ь	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?			
	If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	'		
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	Ī		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33	1	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	İ	ĺ	
	or IV, and Part V, line 1	34		x
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	i	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		i	
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes,", complete Schedule R, Part V, line 2.	36		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,			
		37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u> </u>		42
	19? Note: All Form 990 filers are required to complete Schedule O.	38		x
Pa			L	42
ı a	Check if Schedule O contains a response or note to any line in this Part V			
		<u> </u>	Yes	
1-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			No
1a				
b				
<u> </u>	Did the organization comply with backup withholding rules for reportable payments to vendors and reporable gaming (gambling) winnings to prize winners?	IC	000	

ran	Gratements (regarding other into i mings and tax compliance (command)			
		Execution	Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	的。 1973年3月		
	Statements, filed for the calendar year ending with or within the year covered by this return	Diama		
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		10000000000
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a_		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country		Tillet i St	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?.	5c		
6 a	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?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?.	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	7a	In the second	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
U	required to file Form 8282?.	70		x
đ				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	- PANEOR DODA	TRANSPORTATION D	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Ū	sponsoring organization have excess business holdings at any time during the year?	8		1000 200 200 200 200
9	Sponsoring organizations maintaining donor advised funds.			BC ST 1
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	1,500,1452,714757	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12.			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
'' a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	HAR BEACH		
~	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
.2 G	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.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		and the second second
-	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
5	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
14 a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration			
15		15		x
	or excess parachute payment(s) during the year?	No.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	HCISCO IN	X
10	If "Yes," complete Form 4720, Schedule O.			
		PROTECTION OF A CONTRACTOR	CONTRACTOR OF STREET	and the second se

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Form 990	(2020)

Form 990 (2020) FRIENDS OF BLUE SPRING STATE PARK INC

Form 990 (20	(20) FRIENDS OF F	BLUE SPRING STATE PARK INC	
Part V	Statements Regarding	ng Other IRS Filings and Tax Compliance	(continued)

	Check if Schedule O contains a response or note to any line in this Part VI			
Sect	ion A. Governing Body and Management			
			Yes	No
1 a	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
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?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7 a	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?	7a		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?	7b	202523	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	Pro Maria		
	the year by the following:	8a	X	State St
a				
Ь	Each committee with authority to act on behalf of the governing body?	8b		x
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
Saati	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		X
Secu	OIL B. POIICIES (This Section & requests information about policies not required by the internal Nevenue code.)		Yes	No
10 -	Did the organization have local chapters, branches, or affiliates?	10a		X
	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		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12 a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	ooo oo ioo aaaaaa
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?			
а	The organization's CEO, Executive Director, or top management official.	15a		X
b	Other officers or key employees of the organization	15b	14240-000-00	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			arte an una de Fisial
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
0 4	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17 19	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright FL.	onhi		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s	uniy)		
	available for public inspection. Indicate how you made these available. Check all that apply.			
10	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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 (386)	775	-36	63
10	STACEY E. TYSON 772 MOCKINGBIRD LANE DELAND, FL 32720			

Form 990 (2020) FRIENDS OF BLUE SPRING STATE PARK INC

Part VI	Governance, Management,	and Disclosure For each "Yes" response to lines 2 through 7b below, a	and for a "No"
	response to line 8a, 8b, or 10b below,	describe the circumstances, processes, or changes on Schedule O. See inst	tructions.

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	s, Trustees, Key	y Employees,	, and Highe	st Compensated	Employees

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

		(C)								
(A)	(B)	Position						(D)	(E)	(F)
Name and title	Average	(do n	(do not check more than one				ne	Reportable	Reportable	Estimated
	hours per		unles	s pe	erson	is both	an	compensation	compensation from	amount of
	week (list any hours for	οπις	er and		lirect	or/trust		from the	related organizations	other compensation
	related	우코	Ins	Officer	Ke	en Hig	Former	organization	(W-2/1099-MISC)	from the
	organizations	Jire di	litut	ē	en	ploy	me	(W-2/1099-MISC)		organization
	below dotted	lố là	ona		Key employee	le ĉ				and related
	line)	Individual trustee or director	Ē		yee	mp				organizations
		6	Institutional trustee			Highest compensated employee				
						ted				
(1) MELISSA GIBBS										
PRESIDENT	1			X						
(2) VACANT										
VICE PRESIDENT				X						
(3) CORA BERCHEM										
SECRETARY				X						1
(4) STACEY E TYSON										
TREASURER				X						
(5) GARY BLAIR										
(6) RICH HATTON										
(7) MONICA ROSS										
(0)										
(8)										
(0)				<u> </u>			<u> </u>			
(9)										
(10)				- 1			<u> </u>			
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(12)										
(13)	1	i 1					<u> </u>			
							ļ			
(14)	!									

Form 990 (2020) FRIENDS OF BLUE SPRING STATE PARK INC 57-119934 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

57-1199346 Page 8	5	7-	1	19	99	3	4	6	Page	8
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(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Positi (do not check m box, unless pers officer and a dire officer and a dire officer and a dire or director		C) ition more erson	e than one n is both an tor/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	
(15)		•	tee			Isated				
(16)										-
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)				-						
(24)										
(25)										
1b Subtotal c Total from continuation sheets to Pa d Total (add lines 1b and 1c) 2 Total number of individuals (including b	<u></u>			seli	ister	 	Ve)	who received r	nore than \$100.	000 of
reportable compensation from the orga										
 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>. 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? <i>If "Yes," complete Schedule J for such individual</i>. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>. 										
Section B. Independent Contractors 1 Complete this table for your five highest of	omponsato	d ind		ndo	nt o	ontro	ator	re that received	more than \$10	
compensation from the organization. Rep tax year.										
(A) Name and business address	·····							(B) Description of s	ervices	(C) Compensation
2 Total number of independent contractors received more than \$100,000 of compense							e lis	ted above) who		

Form 990 (2020) FRIENDS OF BLUE SPRING STATE PARK INC

Part VIII Statement of Revenue

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

		Check if Schedule O co	ntain	s a response or no	te to any line in this	s Part VIII			[]			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
nts	1a	Federated campaigns .		1a								
S al	Ь	Membership dues		1 b	175							
S a	c	Fundraising events		1 c								
ar a	d	Related organizations .		1d								
in is	е	Government grants (con	ribut	ions) 1e								
r S	f	All other contributions, gi	fts, g	rants,								
đ Ť		and similar amounts not	inclu	ded above 1f	6,432.							
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions in	clude	ed in lines 1a-1f	\$							
<u>a</u> ŭ	h	Total. Add lines 1a-1f.	· · ·	<u> </u>	<u>,</u>	23,339.						
9					Business Code							
Ven	2a											
Re	b											
Viet	c											
Sel	d											
ram	e	A										
Program Service Revenue	f	All other program service			· · · · · · · · · · · · · · · · · · ·		AN A VICTOR AND A VICTOR AND AND A VICTOR		and a second			
	g	Total. Add lines 2a-2f					and the second secon					
	3	Investment income (inclu	-									
		and other similar amount	-									
	4	Income from investment	of tax	exempt bond proc	ceeds 🕨							
	5	Royalties	i-i-i									
	6-	Create state	6-	(i) Real	(ii) Personal							
	6a		6a 6b									
		Less: rental expenses Rental income or (loss)	6c					and a second state of the				
	d	Net rental income or (loss)			•	e ferrire frances for an or a first state of		in a star and a star and a star a star a star	a Martin Color Co			
	-	Gross amount from sales of		(i) Securities	(ii) Other							
		assets other than inventory	7a									
	ь	Less: cost or other basis										
		and sales expenses	7b									
	c	Gain or (loss)	7c									
	d	Net gain or (loss)			🕨							
enu	8a	Gross income from fundr	aisin	a								
өлө		events (not including \$										
r R		of contributions reported		ie 1c).		nad se Stort and						
Other Reve		See Part IV, line 18										
0	b	Less: direct expenses		8b								
		Net income or (loss) from										
	9a	Gross income from gamin						e de la contra de la General				
		See Part IV, line 19										
		Less: direct expenses										
		Net income or (loss) from	-	ing activities	<u> </u>							
	10a	Gross sales of inventory,										
		returns and allowances .										
		Less: cost of goods sold .										
	<u> </u>	Net income or (loss) from	sale		Business Code				1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -			
Sng _	11a								en surene de l'étais de la bénérie.			
scellaneo Revenue	b											
Miscellaneous Revenue	c	<u></u>										
S &	d	All other revenue							An			
~		Total. Add lines 11a-11d		L								
		Total revenue. See instr				23,339.						

Form 990 (2020) FRIENDS OF BLUE SPRING STATE PARK INC Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations of

Check If Schedule C contains a response or note to any line in this Part N. (a) and the ord Part Vill. (b) (c) (c	Sec	tion 501(c)(3) and 501(c)(4) organizations must complete all co	olumns. All other organi	zations must complete	column (A).	,
Do not include amounts reported on lines 6p, 7b, 8b, 9b, and 40b of Par V Uil. 1 Grants and other assistance to domestic organizations and domestic powermosts. See Part IV, Ine 21. 2 Grants and other assistance to foreign organizations, frorsing operments, and foreign individuals. See Part IV, Ines 15 and to foreign organizations, frorsing operments, and foreign individuals. See Part IV, Ines 15 and to foreign organizations, frorsing and other assistance to foreign organizations. Compensation of Lourel do Files, directors, trustees, and key employees 6 Compensation and included above to disqualified persons (as defined under section 4958(7(1)) and persons descroted in accurds affactority(10). 9 Other entropies benefits 11 Fees for services (nonemployees): 12 Adventising anounds and contributions (include section 40 (k) and 4030) employees. 13 Adventising anounds and contributions 14 Information technology. 15 Other, efficience in the file operanes on Schedule 0. 15 Other entropies of the approxes. See Part IV, line 17. 16 Intestment management fees 10 Other, entropies benefits 11 Fees for services (nonemployees): 13 Adventising and promotion 11, 983. 14 Information technology. 15 Rogaties 16 Occupanny. 17 Tread. 18 Degrates of trade or entrativenet expresses for any fedora, state, or completion (inter 25, oolumn (Lat microtenology. 14 Adventising approximation (A) amount, ist line 24 expresses on Schedule 0. 24 Adventising approximation (A) amount, ist line 24 expresses on Schedule 0. 25 PROCEAM SERVICES EXPENSES 7, 923. 26 Other entropies. Itemize expresses for any fedora, state, or completion line expresses for any fedora, state, or completion line expresses 7, 923. 25 Other denses. Machines Intences 26 Other express. Interibue Other 27 Prometals REPATIESE EX						
and the Par Viii. Pollar exercises Management and the exercise cognitizations and domestic organizations. Personal exercises of the exercise of the ex	Dor		(A)	(B)	(C)	(D)
1 Grants and other assistance to domesic organizations and domesic parements. Be Part IV, Ine 21. 2 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, Ines 15 and to of or members. 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, Ines 15 and to of or members. 4 Benefits paid to of members. 5 Compensation of nucled above to disqualified persons (as defined under section 4958(QI(T))) and persons described in action 4958(QI(S)) e. 7 Other saleries and wages. 9 Define religible persons (as defined under section 4958(QI(T))) and persons described in action 4958(QI(S)) e. 9 Other enclose benefits. 9 Other enclose encloses.			Total expenses			
ard domestic governments. See Part IV, line 21. 2 2 Grants and other assistance to Gregor organizations, foreign governments, and Gregor individuals. See Part IV, line 31 failed to of or members. 5 3 Grants and other assistance to Gregor organizations, foreign governments, and Gregor individuals. See Part IV, line 31 failed to of or members. 5 4 Benefits paid to of foreign organizations, foreign governments, and foreign (figure 10 foreign organizations, foreign governments, and foreign (figure 10 foreign organizations, foreign governments, and foreign (figure 10 foreign organizations), and key employees. 6 6 Compensation not included above to disqualified persons (as defined under section 4985(c)(3)(8). 6 7 Other antipoyee benefits 9 9 Other enployee benefits 9 9 Other enpreses 9 10 Programetab Scieptato Scieptato Scieptato Columnation	1	Grants and other assistance to domestic organizations			Water water water and the second state of the second state of the	
2 Grants and other assistance to domestic individuals See Part IV. Ines IS and foreign individuals. See Part IV. Ines IS and 16 or						
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8 Persion plan accutate and contributions (include section 401(k) and 403(b) employer contributions). 9 Other employee benefits . 10 Payroll taxes . 11 Frees for services (nonemployees): a Management . . b Legal . . c Accounting . . d Lobbying . . 9 Other expressional fundraising services. See Part IV, line 17 . f Investment management fees . . 9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g express on Schedule O.) . 14 Advertising and promotion . 13 Office expresses . 14 Information technology . 15 Royaties . 16 . 17 Travel . 18 Payments of travel or entertainment express for any federal, state, or local public officials . 11 . 11 Payments of travel or entertainment express for any federal, state, or local public officials . 12 Payments of filiates . 13 Office expresses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expreses on Schedule O.) 14<	7					
9 Other employee benefits	_	-				
9 Other employee benefits	U					
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11 Fees for services (nonemployees): a Management						
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b Legal 400. c Accounting 400. d Lobbying						
c Accounting 400. d Lobbying	h	C C C C C C C C C C C C C C C C C C C		· · · · · · · · · · · · · · · · · · ·		
d Lobbying Professional fundraising services. See Part IV, line 17. f Investment management fees 9 g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 1 12 Advertising and promotion 1, 983. 13 Office expenses. 1, 983. 14 Information technology. 1, 983. 15 Royalties 1 16 Occupancy 1 17 Travel. 1 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1 10 Conferences, conventions, and meetings 1 20 Interest. 1 21 Payments to affiliates 1 22 Depreciation, depletion, and amortization 1 23 Insurance. 14 Information texpenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 14 , 054. 24 Other expenses. 14 , 054. 14 , 054. b MI SCELLLANEOUS EXPENSES 5 , 303. 1 c 7, 823. 1 d All ther expenses. 29 , 563. 2 25 Total functional expenses. Add lines 1 through 24e 29 , 563. 2	Č	-	400			
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f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royatiles 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance. 24 Other expenses Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e amount exceeds 10% of line						
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(A) amount, list line 11g expenses on Schedule O.)		-				
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13 Office expenses 1,983. 14 Information technology.	12					
14 Information technology. 15 Royaties 16 Occupancy. 17 Travel. 17 Travel. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest. 11 Travel. 12 Payments to affiliates 14 Interest. 15 Repencients to affiliates 16 Depreciation, depletion, and amortization 17 Insurance. 16 Insurance. 17 Insurance. 18 Insurance. 19 Cother expenses. Itemize expenses on to covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 18 REPAIRS 14 .054 14 .054 17			1 983			
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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 23 Insurance. 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 26 REPAIRS 14 ,054. 15 MISCELLANEOUS EXPENSES 16 14 17 7,823. 18 29,563.		-				
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23 Insurance.		-				······································
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c PROGRAM SERVICES EXPENSES 7,823. d						
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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			29 563			
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check	26		20,000.			·····
educational campaign and fundraising solicitation. Check						
		here ▶ if following SOP 98-2 (ASC 958-720)				

Form 990 (2020) FRIENDS OF BLUE SPRING STATE PARK INC Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			<u> </u>
	Ι		(A)		(B)
	<u> </u>		Beginning of year		End of year
	1	Cash — non-interest-bearing.	16,458		10,234.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	<u>+</u>
	4	Accounts receivable, net.		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%	and the second		
		controlled entity or family member of any of these persons		5	
				n in the second se	
		the second of the second states of the second states and the second states are set			
ഇ	6	Loans and other receivables from other disqualified persons (as defined			
Assets		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
As	7	Notes and loans receivable, net.		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges.		9	
	10 a	a Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D			
	t	b Less: accumulated depreciation		10c	
	11	Investments — publicly traded securities		11	
	12	Investments — other securities. See Part IV, line 11		12	
	13	Investments program-related. See Part IV, line 11.		13	
	14	Intangible assets		14	· · · · · · · · · · · · · · · · · · ·
	15	Other assets. See Part IV, line 11.		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33).	16,458.	1	10,234.
	17	Accounts payable and accrued expenses		17	
	18			18	
	19			19	
es	20 24	Tax-exempt bond liabilities		20	[
Liabilities	21 22	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	The Stranger Handler
abi		Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	SALAR AND
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		23	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities		- 24	
		not included on lines 17-24). Complete Part X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25	· · · · · · · · · · · · · · · · · · ·	26	
98		Organizations that follow FASB ASC 958, check here			
õ		and complete lines 27, 28, 32, and 33.			
la	27	Net assets without donor restrictions	16,458.	27	10,234.
B	28	Net assets with donor restrictions.			
2				28	
		Organizations that do not follow FASB ASC 958, check here			
or Fund Balances		and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
Set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ië 🖌	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets	32	Total net assets or fund balances	16,458.	32	10,234.
ž	33	Total liabilities and net assets/fund balances.	16,458.	33	10,234.
UY.					Form 990 (2020)

Form 990 (2020)

Form 99	^{0 (2020)} FRIENDS OF BLUE SPRING STATE PARK INC	57-11	99346 Pa	e 12
Part				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,3	
2	Total expenses (must equal Part IX, column (A), line 25)	2	29,5	
3	Revenue less expenses. Subtract line 2 from line 1	3	-6,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16,4	58.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	10	10,2	234.
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII.	. <i></i>	<u></u>	<u>i L</u>
1	Accounting method used to prepare the Form 990: X Cash Cash Other Other. Other).	Yes 2a X	
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 or basis, consolidated basis, or both:	n a separate		
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both:	oasis, consolidated		
	Separate basis Consolidated basis Both consolidated and separate basis		and the second secon	er der and Gebru 2 19 - Her angeler and 19 - State Angeler and 19 - State Angeler and
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		2c	
	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 on Schedule O.			
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
54	the Single Audit Act and OMB Circular A-133?		3a	X
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	<u></u>	3b	<u> </u>
			Eorm 99((2020)

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Form **990** (2020)

SCHEDULE	A
----------	---

(C)

(D)

(E) Total

UYA

Public Charity Status and Public Sunne

Department of the Treasury
Internal Revenue Service

st.	2020							
	Open to Public							
	Inspection							
ation number								

OMB No. 1545-0047

Schedule A (Form 990 or 990-EZ) 2020

(Form 990 or 990-EZ)			n 501(c)(3) organization ora				2020		
Department of the Treasury			tach to Form 990 or For			exemptonanautica ast.			
Internal Revenue Service		Go to www.irs.gov	/Form990 for instructions	and the lat	est informa	tion.	Open to Public Inspection		
Name of the organization						Employer identificati			
FRIENDS OF B	LUE SPRIN	G STATE P	ARK INC			57-119934			
Part I Reason	for Public Ch	arity Status.(/	All organizations mu	ist comp	lete this	part.) See instruc	tions.		
The organization is no	ot a private found	dation because i	t is: (For lines 1 throu	gh 12, ch	neck only	one box.)			
1 🔲 A church, co	nvention of chur	ches, or associa	ation of churches desc	ribed in s	section 1	70(b)(1)(A)(i).			
			rganization described						
4 🔲 A medical re	search organizat	tion operated in	conjunction with a ho	spital des	scribed in	section 170(b)(1)(A)(iii). Enter the		
	me, city, and sta								
5 An organizati section 170	ion operated for (b)(1)(A)(iv). (Co	the benefit of a complete Part II.)	college or university c	wned or	operated	by a governmental	unit described in		
			rnmental unit describe						
7 X An organizati described in	ion that normally section 170(b)(/ receives a sub: 1)(A)(vi), (Com	stantial part of its sup plete Part II)	port from	a goverr	mental unit or from	the general public		
			b)(1)(A)(vi). (Comple	te Part II	1				
9 An agricultur	al research orga	nization describ	ed in section 170(b)(1)(A)(ix)	operated	in conjunction with	a land-grant college		
or university	or a non-land-gr	ant college of ac	griculture (see instruct	ions). En	iter the na	ame. city. and state	of the college or		
university:							-		
10 An organizati receipts from support from acquired by ti	on that normally activities related gross investmer he organization	receives (1) mo d to its exempt for t income and up after June 30, 19	ore than 33 1/3% of its unctions, subject to connelated business tax 975. See section 509	s support ertain exc able inco (a)(2), (C	from cor eptions; me (less complete	ntributions, members and (2) no more tha section 511 tax) fror Part III.)	ship fees, and gross in 33 1/3% of its in businesses		
11 📋 An organizati	on organized an	d operated exclu	usively to test for publ	ic safety.	See sec	tion 509(a)(4).			
12 🔲 An organizati	on organized and	d operated exclu	sively for the benefit o	f, to perfo	orm the fu	inctions of, or to cari	ry out the purposes of		
one or more p	ublicly supported	d organizations o	lescribed in section 5	09(a)(1) o	or sectior	n 509(a)(2) . See sec	tion 509(a)(3). Check		
			es the type of supporti						
a 📋 Type I. A si	upporting organi	zation operated,	supervised, or control	olled by it	s support	ed organization(s),	typically by giving		
the support	ed organization(s) the power to r	egularly appoint or el	ect a maj	ority of th	ne directors or truste	es of the supporting		
			Sections A and B.						
	upporting organi	ization supervise	ed or controlled in cor ganization vested in th	inection v	vith its su	ipported organizatio	n(s), by having		
organization	(s) You must c	complete Part I	V, Sections A and C.	le same	persons i	nat control or mana	ige the supported		
			ing organization operation		nnortion	with and functions	Ilse intermeted with		
its supporte	d organization(s)) (see instruction	ns).You must complete	ate Dart I		with, and functional \mathbf{D} and \mathbf{E}	ny integrated with,		
d 🗌 Type III nor	1-functionally ir	ntegrated. A su	pporting organization	onerated	in conne	ction with its suppor	ted organization(s)		
that is not fu	inctionally integr	ated. The organ	ization generally mus	t satisfy a	a distribu	tion requirement and	d an attentiveness		
requirement	(see instruction	s). You must co	mplete Part IV, Sect	ions A a	nd D, an	d Part V.			
e 🔲 Check this b	ox if the organiz	ation received a	written determination	from the	e IRS that	t it is a Type I, Type	II. Type III		
functionally	integrated, or Ty	/pe III non-functi	onally integrated sup	porting or	ganizatio	n.			
	er of supported of			<i>.</i> .					
g Provide the follo	wing information	n about the sup	ported organization(s)	•					
(i) Name of supported	organization	(ii) EIN	(III) Type of organization (described on lines 1-10 above (see instructions))	listed in you	organization ur governing ment?		(vi) Amount of other support (see instructions)		
	Yes No								
(A)									
(B)									

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

Schedu	e A (Form 990 or 990-EZ) 2020 FRIENDS O	F BLUE S	PRING ST	ATE PARK	INC	57-119	9346 Page 2
Part	Support Schedule for Organiz	ations Desci	ribed in Sect	tions 170(b)(1)(A)(iv) and	i 170(b)(1)(A)(vi)
	(Complete only if you checked th	ne box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	18,990.	17,154.	21,474.	27,288.	<u>23,339.</u>	108,245.
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	18,990.	17,154.	21,474.	27,288.	23,339.	108,245.
5	The portion of total contributions by						
-	each person (other than a governmental				and The second property of the second se		
	unit or publicly supported organization)						
	included on line 1 that exceeds 2%				an a		
	of the amount shown on line 11,	an de la companya de La companya de la comp					
	column (f)						
6	Public support. Subtract line 5 from line 4.	STRAN DE SLEAD		a starting	ar British Britan An	in container a	108,245.
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	18,990.	17,154.	21,474.	27,288.	23,339.	108,245.
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						ļ
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						500 04F
11	Total support. Add lines 7 through 10						108,245.
12	Gross receipts from related activities, etc	. (see instructi	ions)			12	4(-)(2)
13	First 5 years. If the Form 990 is for the o	organization's	first, second, t	hird, fourth, or	fifth tax year a	is a section 50)1(C)(3)
	organization, check this box and stop he			<u></u> .	<u></u>	<u></u>	🕨 📘
	on C. Computation of Public Suppo	ort Percentag	je	11			100.00%
14	Public support percentage for 2020 (line	6, column (f),	divided by line	11, column (t)))	14	100.00%
15	Phone suboon dercentage nom zong ou	Ileuule A. Fait	II, III C 1 T				
16a	33 1/3 % support test-2020. If the organ	ization did not	Check the box	con line 13, an		1/3 % OF MORE	
	box and stop here. The organization qua	alifies as a pub	liciy supported	organization	 Na . and line 46		
b	33 1/3 % support test-2019. If the organ	nization did not	Check a box o	on line 13 of 16	ba, and line 15	15 33 1/3 % 01	►
	check this box and stop here. The organ	ization qualifie	s as a publiciy	/ supported or	ganization		
17a	10%-facts-and-circumstances test-202	20. If the organ	nization did no	t check a box (on line 13, 16a	, or 160, and 1	me 14 is
	10% or more, and if the organization me	ets the facts-a	and-circumstar	The ergenizet	K INIS DOX and	stop nere. E.	xpiain in noorted
	Part VI how the organization meets the fa						
	organization.						
b	10%-facts-and-circumstances test-20	19. If the orga	nization did no	DI CHECK a DOX	on line 13, 168	a, 100, 011/a, and stop has	
	15 is 10% or more, and if the organization	on meets the fa	icts-and-circur	nstances test,	CHECK THIS DOX	anu stop nel gualifica as a	re.
	Explain in Part VI how the organization m						
	supported organization.				· · · · · · · · ·		P 🗋
18	Private foundation. If the organization of						
	instructions	<u></u>	<u></u>	<u></u>			
UYA					Sc	nedule A (Form 9	90 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization	Employer identification number
FRIENDS OF BLUE SPRING STATE PARK INC	57-1199346
Part I Line 16	
Other office expenses \$1983.00	
Part I Line 16	
REPAIRS \$14054.00	
Part I Line 16	
MISCELLANEOUS EXPENSES \$5303.00	
Part I Line 16	
PROGRAM SERVICES EXPENSES \$7823.00	