

Florida Department of Environmental Protection

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

Citizen Support Organization (CSO) Name: The Friends of Tomoka Basin State Parks, Inc.

Mailing Address (required): <u>PO Box 1035</u>, Bunnell, Florida 32110 Telephone Number (required): 386-627-5705 Website Address (required if applicable): <u>Under construction</u>

Statutory Authority:

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

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

CSO's Mission: Consistent with Articles and Bylaws

Promote activities to conserve, enhance, and interpret the cultural, historic, natural, scenic and recreational resources of the Tomoka Basin State Parks.

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

New accomplishments and initiatives in 2019:

- Jan 2019- Ordered the FOTB tablecloth \$225 from local company in Palm Coast.
- Feb 8, 2019- President went on Air with local radio station Surf 97.3 to help promote the CSO FOTBSP. NPO's get Air Time @ no charge.- 3.25 hours
- Feb 2019-Co-hosted another sold out Old Florida Plantation tour event with the Ormond Beach Historical Society at both Bulow Plantation and Tomoka parks.
- March and Dec 2019- Continued successful partnership with Race Organizer, Don Stoner, Runner's High Timing and Race Management. The FOTB hosts a water stop at the Tomoka Marathon and at Bulow Woods Trail Race (Dec).
- Added a kiosk at Bulow Plantation using general information about slaves provided by Daytona State College students via Vice-President, Nancy Duke-Birkhead.
- Phil Rand, Park Manager created history presentation for park/CSO to use to educate people on park history and history of slaves at programs, events and general outreach.
- April 2019- Annual- Arts in the Park- very successful event- 53 attendees and 18 kids for Easter Egg Hunt. FOTB co-sponsored with the Florida Women's Art Association (FLWAA) group.
- Purchased 2 large Ice machines \$1,078 for Tomoka State Park for fire crews and occasional event/programs use.
- Donation pipe chase and brochure holder installed at Bulow Creek to help promote CSO and fundraise.
- Sept 2019- updated Facebook social media account for the promotion of Parks and CSO

- Sept 2019- successful Annual Birds and Books program with Gina Holt, Wild About Birds 2 hour appearance with 3 raptors and CSO member Bill Ryan showcasing his plantation history books.
- Oct 2019-8th Annual Tomoka Fest event at Tomoka- over 400 attendees. FOTB provided refreshments/BBQ for exhibitors, living history participants and volunteers. They also manned an informational table and conducted membership recruitment.
- Nov 2019- Sponsored living history participants, Jimmy Sawgrass and Cody Boettner at another highly successful Native American Heritage Month at Tomoka State Park.
- Nov 2019 Tomoka Mounds Behind-The Scenes and Lost Causeway tours lecture on 11/23/2019 by Phil Rand at Ormond Beach Historical Society's (OBHS) Anderson-Price building to promote 1st ever Mound and Lost Causeway Tours- a partnership with the OBHS.
- Dec 2019- Highly successful Old Tyme Holiday at the Ruins event at Bulow Plantation with FOTB offering hot cider and cookies and fundraiser. Guided history, tram tours and live music and holiday crafts.
- Revamped membership list to a more efficient excel spreadsheet format and more user friendly.
- Tri-fold brochures order placed to help increase awareness and promote the FOTB group.

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

- Continue with above programs and activities, increase participation where possible.
- Provide volunteer living history interpretation at Bulow, including historical tours of slave cabins and ruins
- Use Daytona State College students, engaged in service learning, to develop and present programs to the public on local history topics.
- Increase fundraising activities where possible through hosting open houses, new and targeted programs to attract and broaden a more diverse audience and visitors to the park (i.e. local/college photography and art groups, area senior assisted living residence field trips). Invite local groups such as 4H, scout groups, elementary, middle and high schools to age appropriate programs and workshops.
- Create educational materials and other publishable works for visitors to enjoy at the parks.
- Erection of late 19th century sugar mill grinder to be used for interpretive experience at Bulow
- Assist with Tomoka Mound and Lost Causeway Tours
- Expand membership recruitment methods and increase opportunities to showcase the CSO and its parks through attending more local outreach events, meetings such as HOA, civic organizations in both Flagler and Volusia counties.
- Procure more efficient roadside signage for events/programs hosted at Bulow Plantation and other parks. Finalize new CSO website and expand social media accounts, such as Instagram and Twitter, to promote awareness of the group and its activities.
- Continue discussions and research and build a replica slave cabin at Bulow Plantation.
- Revive trail maintenance group service work days at Bulow Plantation at Tomoka using community partnerships and local groups.
- Host Junior Ranger days and revive the Family Fun Day event.

CSO's Code of Ethics is attached, and if the CSO has a website the code of ethics is posted conspicuously.

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

FRIENDS OF TOMOKA BASIN STATE PARKS CODE OF ETHICS

June 14, 2020

PREAMBLE

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

STANDARDS

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

1. Prohibition of Solicitation or Acceptance of Gifts

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

2. Prohibition of Accepting Compensation Given to Influence a Vote

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

3. Salary and Expenses

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

4. Prohibition of Misuse of Position

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

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

| _ | Q | 90-EZ | F | Return of | Organiz | Short zation Ex | Form cempt Fro | m Incon | ne Tax | | | OMB No. 1545-0047 |
|--|---|----------------------------------|-------------------|-------------------|---------------|---------------------|---------------------------------------|----------------|--------------|------------|-----------|---------------------------|
| For | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) | | | | | | | 2019 | | | | |
| ► Do not enter social security numbers on this form, as it may be made public. | | | | | | | | Open to Public | | | | |
| Depa Inter | artment nal Rev | of the Treasury venue Service | ► | Go to www. | irs.gov/Fori | <i>m990EZ</i> for i | nstructions a | nd the lates | t informatio | n <i>.</i> | | Inspection |
| Α | For t | he 2019 calen | ıdar year, or t | ax year begi | inning | | , 20 19 | , and endin | g | | , | , |
| В | Check | if applicable: C | | | | | | | | D En | nployer i | dentification number |
| | | s change | ciends of | Tomoka | Racin S | tato Day | rke Inc | | | л | 6-38 | 62922 |
| | | | D Box 103 | | Dasin S | cale fai | LKS INC | | | | lephone | |
| H | Initial r | | unnell, F | | | | | | | (| 386) | 437-5338 |
| | | ded return | | | | | | | | | | |
| | | ation pending | | | | | | | | | umber | xemption ► |
| G | Acco | unting Method | d: 🗙 Cash | Accrual | Other (sp | ecify) 🕨 | | | H Check | < ► X | if the | organization is not |
| | | | | | | kaBasinS | StateParks | | requir | red to | attach | Schedule B |
| J | Тах-е | kempt status (chec | ck only one) — | X 501(c)(3) | 501(c) (|) ◄(inser | t no.) 4947(a |)(1) or 5 | 27 (Form | ı 990, | 990-E | Z, or 990-PF). |
| κ | Form | of organization | n: X Corp | oration | Trust | Association | Other | | • | | | |
| L | Add I | lines 5b, 6c, a | and 7b to line | 9 to determi | ne gross re | ceipts. If gro | ss receipts are | e \$200,000 (| or more, or | if total | | |
| | | ts (Part II, colu | | | | | | | | | | 2,878. |
| Pa | nrt I | | | | | | or Fund Ba | | | | | |
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| Expenses | 15 | Printing, pub | lications, pos | tage, and sh | nipping | | | | | | 15 | 103. |
| ш | 16 | Other expense | ses (describe | in Schedule | O) | | | See Sche | dule O | | 16 | 3,531. |
| | 17 | I otal expens | ses. Add lines | 10 through | 16 | | | | | ► | 17 | 3,634. |
| Ś | 18 | Excess or (de | eficit) for the | year (subtra | ct line 17 fr | om line 9) | | | | | 18 | -756. |
| Net Assets | 19 | Net assets or | r fund balanc | es at beginn | ing of year | (from line 27 | , column (A)) | (must agree | e with end-o | f-year | | |
| As | | figure reporte | ed on prior ye | ear's return). | | | | | | | 19 | 1,281. |
| Net | 20 | | | | | | edule O) | | | | 20 | |
| | 21 | | | | - | | through 20 | | | •••• | 21 | 525. |
| BA | A 10 | r Paperwork F | τεαμοτιοή Ας | i notice, see | i ine separa | ie instructio | 115. | | | | | Form 990-EZ (2019) |

Short Form

| | n 990-EZ (2019) Friends of Tomol | | ks Inc | 4 | 6-38 | 62922 Page 2 |
|-------------|--|--|--------------------------|---|---------------|--|
| Pa | t II Balance Sheets (see the inst | ructions for Part II) | antina in this Dant II | | | |
| | Check if the organization used Sche | dule O to respond to any qu | estion in this Part II | (A) Beginning of y | | (B) End of year |
| 22 | Cash, savings, and investments | | | 1,28 | | |
| 23 | Land and buildings | | | 1/20 | 23 | 0101 |
| 24 | Other assets (describe in Schedule O) | | | | 24 | |
| 25 | Total assets | | | 1,28 | 1. 25 | 525. |
| 26 | Total liabilities (describe in Schedule O) | | | | 0.26 | ÷. |
| _27 | | () | , | 1,28 | 1.27 | 0101 |
| Pa | t III Statement of Program Service Ac | complishments (see the inst | ructions for Part III) | | 1 | Expenses |
| What | Check if the organization used Scl is the organization's primary exempt purpose? See | | question in this Part | III | | uired for section 501 and 501(c)(4) |
| Des | cribe the organization's primary exempt purpose. See | ccomplishments for each of | its three largest pro | gram services, as | orga | nizations; optional |
| mea | cribe the organization's program servi ce a sured by expenses. In a clear and concise fited, and other relevant information for e | e manner, describe the service | ces provided, the nu | mber of persons | for c | others.) |
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| | (Grants \$) If thi | is amount includes foreign g | rants, check here | · · · · · · · · · · · · · · · · · · · | 28 a | 3,634. |
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| 20 | (Grants \$) If thi | is amount includes foreign g | rants, check here | •••••• | 29 a | |
| 30 | | | | | - | |
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| | (Grants \$] If thi | is amount includes foreign g | rants check here | ► | 30 a | |
| 31 | Other program services (describe in Sch | edule O) | | | | |
| •. | | is amount includes foreign g | | | 31 a | |
| 32 | Total program service expenses (add lir | | | | ► 32 | 3,634. |
| Pa | t IV List of Officers, Directors, | Frustees, and Key Emp | loyees (list each one | even if not compensated - | - see the | |
| | Check if the organization used Scl | hedule O to respond to any o | question in this Part | IV | | <u></u> |
| | (a) Name and title | (b) Average hours per week devoted to (Forms W-2/ | | tion (d) Health bene contributions to em | ployee | (e) Estimated amount of |
| | | position | (if not paid, enter -0-) | benefit plans, and c compensation | leferred า | other compensation |
| Her | <u>vitt_J_Dupont</u> | | | | | |
| Tre | easurer | 10 | | 0. | 0. | 0. |
| | Nancy Duke Birkhead | | | | | |
| | ce President | 10 | | 0. | 0. | 0. |
| | ly Dodson | 1.0 | | 0 | 0 | 0 |
| | cretary-Memb | 10 | | 0. | 0. | 0. |
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| Form 990-EZ (2019) Friends of Tomoka Basin State Parks | | 22 | Ρ | age 3 |
|--|--|----------|-------|----------|
| Part V Other Information (Note the Schedule A and personal benefit co the instructions for Part V.) Check if the organization used Schedule | ontract statement requirements in O to respond to any question in this Part V | See S | | 0 . 🗌 |
| 33 Did the organization engage in any significant activity not previously repo If 'Yes,' provide a detailed description of each activity in Schedule O | orted to the IRS? | | Yes | No |
| | | 33 | | Х |
| 34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a change to the organization's name. Otherwise, explain the change on Schedule O. See instru- | | 34 | | v |
| 35 a Did the organization have unrelated business gross income of \$1,000 or more of | | 34 | | Х |
| (such as those reported on lines 2, 6a, and 7a, among others)? | | 35 a | | Х |
| b If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? | | 35 b | | |
| c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organiza reporting, and proxy tax requirements during the year? If 'Yes,' complete | ition subject to section 6033(e) notice, Schedule C, Part III | 35 c | | Х |
| 36 Did the organization undergo a liquidation, dissolution, termination, or sig disposition of net assets during the year? If 'Yes,' complete applicable pa | | 36 | | Х |
| 37 a Enter amount of political expenditures, direct or indirect, as described in | the instructions. ► 37 a 0 | | | |
| b Did the organization file Form 1120-POL for this year? | | 37 b | | Х |
| 38 a Did the organization borrow from, or make any loans to, any officer, director, tr any such loans made in a prior year and still outstanding at the end of th | ustee, or key employee; or were e tax year covered by this return? | 38 a | | Х |
| b If 'Yes,' complete Schedule L, Part II, and enter the total amount involved | | | | |
| 39 Section 501(c)(7) organizations. Enter: | 38 b 0 | <u>-</u> | | |
| a Initiation fees and capital contributions included on line 9 | | | | |
| b Gross receipts, included on line 9, for public use of club facilities | | | | |
| 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organizations | | - | | |
| section 4911 ► 0. ; section 4912 ► | 0. ; section 4955 ► 0. | | | |
| b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organi benefit transaction during the year, or did it engage in an excess benefit | ization engage in any section 4958 excess transaction in a prior year that has not been | | | |
| reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Sche | | 40 b | | Х |
| c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax managers or disqualified persons during the year under sections 4912, 49 | | <u>.</u> | | |
| d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tay by the organization | ····· 0 | <u>.</u> | | |
| e All organizations. At any time during the tax year, was the organization a shelter transaction? If 'Yes,' complete Form 8886-T | party to a prohibited tax | 40 e | | Х |
| 41 List the states with which a copy of this return is filed ► <u>None</u> | | | | |
| 42 a The organization's books are in care of ► Hewitt J Dupont | Telephone no. ► (386) | 322 | -242 | 25 |
| Located at ► 1515 Herbert St Ste 213 Port Orange | | | _ = = | <u> </u> |
| b At any time during the calendar year, did the organization have an interest in o financial account in a foreign country (such as a bank account, securities | | 42 b | Yes | No X |
| If 'Yes,' enter the name of the foreign country ► | | | | Λ |
| See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Forei | ign Bank and Financial Accounts (FBAR). | | | |
| ${f c}$ At any time during the calendar year, did the organization maintain an of | fice outside the United States? | 42 c | | Х |
| If 'Yes,' enter the name of the foreign country ► | | | | |

| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here | | • | N/A N/A |
|------|--|---------|--------|------------|
| | | | Yes | No |
| 44 : | a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. | . 44a | | X |
| I | Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. | . 44 b | | X |
| (| Did the organization receive any payments for indoor tanning services during the year? | . 44 c | | Х |
| | I If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' <i>provide an explanation in Schedule O</i> Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 44 d | | x |
| | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions | | | X |
| BA/ | TEEA0812L 08/23/19 | Form 99 | 0-EZ (| (2019) |

| Form 990- | EZ(2019) Friends of Tomoka E | Basin State Par | ks Inc | 46-386 | 52922 | F | Page 4 |
|------------------|--|---------------------------------------|--|--|---------------------------|---------|-------------|
| | | | | | | Yes | No |
| 46 Did t | he organization engage, directly or indire | ctly, in political campa | ign activities on behalf | of or in opposition to | | | |
| | lidates for public office? If 'Yes,' complete | | | | 46 | | Х |
| Part VI | Section 501(c)(3) Organizations | | | | | | |
| | All section 501(c)(3) organizatic for lines 50 and 51. | ons must answer q | uestions 47-49b ar | id 52, and complete | e the table | es | |
| | | | | | | | |
| | Check if the organization used Schedul | e O to respond to any | question in this Part VI | | | | <u> </u> |
| 47 Did th | ne organization engage in lobbying activities | or have a section 501/h |) election in effect during | the tax year? If 'Yes ' | | Yes | No |
| | blete Schedule C, Part II | | | | 47 | | Х |
| 48 Is the | e organization a school as described in se | ection 170(b)(1)(A)(ii)? | If 'Yes,' complete Sche | edule E | 48 | | X |
| | he organization make any transfers to an | | • | | | | X |
| | es,' was the related organization a section | | | | | - | |
| | plete this table for the organization's five high | - | | | | | |
| | oyees) who each received more than \$100,00 | | | | - J | | |
| | | | | (d) Health benefits, | | | |
| | (a) Name and title of each employee | (b) Average hours per week devoted | (c) Reportable compensation (Forms W-2/1099-MISC) | contributions to employee benefit plans, and deferred | (e) Estimate other com | | |
| | | to position | (| compensation | | | |
| None | | | | | | | |
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| f Total | I number of other employees paid over \$1 | 00.000 ► | | | | | |
| | plete this table for the organization's five high | | endent contractors who e | _ ach received more than \$ | 5100,000 of | | |
| comp | pensation from the organization. If there i | s none, enter 'None.' | | | · | | |
| | (a) Name and business address of each independent co | ontractor | (b) Туре | of service | (c) Comp | ensatio | n |
| None | | | | | | | |
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| | | | | | | | |
| d Total | I number of other independent contractors | s each receiving over § | 5100.000 | • | | | |
| | he organization complete Schedule A? N | - | | | | _ | |
| | pleted Schedule A | | | | ►X Yes | ; | No |
| Under penaltie | es of perjury, I declare that I have examined this return, | including accompanying sche | dules and statements, and to th | e best of my knowledge and be | lief, it is | | |
| true, correct, a | and complete. Declaration of preparer (other than office | r) is based on all information | of which preparer has any know | /ledge. | | | |
| o ' | Signature of officer | | | Date | | | |
| Sign | | | | _ | | | |
| Here | Hewitt J Dupont Type or print name and title | | | Treasurer | | | |
| | Print/Type preparer's name | Preparer's signature | Date | | TIN | | |
| | | | | Check if | | | |
| Paid | Hewitt J Dupont | Hewitt J Dupor | nt | self-employed | 0014188 | 9 | |
| Preparer | Firm's name ► <u>SHELLEY & SHELL</u> | | | | | | |
| Use Only | Firm's address ► 1515 HERBERT ST | | | Firm's EIN | 48-1290 | | |
| | PORT ORANGE, FL | 32129-4114 | | Phone no. 386 | <u>-322-37</u> | | |
| May the IR | RS discuss this return with the preparer sh | nown above? See instr | uctions | | ► X Yes | | No |
| BAA | | | | | Form 99 | 0-EZ (| (2019) |

| 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 | |
|-------------------|--|
| 20 19 | |

Open to Public

| Depar Interna | epartment of the Treasury ternal Revenue Service Servi | | | | | | Inspection | | |
|------------------|--|---|--|--|--|---|----------------------------------|--|--|
| Name | Name of the organization Employer identification number | | | | | ation number | | | |
| | Friends of Tomoka Basin State Parks Inc 46-3862922 | | | | | | | | |
| | | | | | rganizations must o | | | | tions. |
| | orga | | | | For lines 1 through 12, | | - | | |
| 1 | | | | | nurches described in sec | • | | (i). | |
| 2 | | | | | Schedule E (Form 990 or | | | | |
| 3 4 | - | | | | ization described in sec unction with a hospital o | | | | ntor the beenital's |
| - | | name, city, a | - | | | lescribe | | | inter the hospital s |
| 5 | | | | | | | escribed in | | |
| 6 | | A federal, sta | ate, or local gov | ernment or governme | ental unit described in s | ection 1 | 70(b)(1) |)(A)(v). | |
| 7 | | An organization in section 17 | on that normally r ′ 0(b)(1)(A)(vi). (| eceives a substantial p Complete Part II.) | part of its support from a | governm | ental un | it or from the general pu | blic described |
| 8 | | A community | trust described | in section 170(b)(1)(| A)(vi). (Complete Part I | l.) | | | |
| 9 | | | or a non-land-grai | nt college of agriculture | tion 170(b)(1)(A)(ix) oper (see instructions). Enter | the nam | | | |
| 10 | | from activitie investment ir June 30, 197 | is related to its encome and unre 5. See section ! | exempt functions-sub lated business taxabl 509(a)(2). (Complete P | • | ons, and 511 tax) | (2) no from b | more than 33-1/3% of usinesses acquired by | its support from gross |
| 11 | | - | - | | ly to test for public safe | - | | | |
| 12 a | X | or more publ lines 12a thro Type I. A supp | icly supported o ough 12d that de porting organization | rganizations describe escribes the type of si on operated, supervise | ely for the benefit of, to d in section 509(a)(1) of upporting organization d, or controlled by its sup a majority of the directo | or sectio and com ported o | n 509(a plete lii roanizat |)(2). See section 509(a nes 12e, 12f, and 12g. ion(s). typically by giving | (3). Check the box in |
| | | complete Pa | rt IV, Sections A | and B. | | 13 01 11 43 | | | on. Tou must |
| t | | management | | organization vested in | ontrolled in connection the same persons that c | | | | |
| c | | Type III function organization (| onally integrated (s) (see instructi | . A supporting organizat ons). You must com | ion operated in connection plete Part IV, Sections | n with, ar A, D, an | nd functio d E. | onally integrated with, its | supported |
| C | | functionally in | ntegrated. The c | prognization generally | anization operated in cor must satisfy a distribu s A and D, and Part V. | nnection tion requ | with its s uiremen | supported organization(s t and an attentiveness |) that is not requirement (see |
| e | | Check this bo | ox if the organiz | ation received a writt | en determination from t | the IRS | that it is | s а Туре I, Туре II, Тур | e III functionally |
| f | En | integrated, of | er of supported (| organizations | supporting organizatior | 1. | | | 6 |
| ç | Pr | ovide the follo | wing informatio | n about the supported | d organization(s). | | | | |
| | | me of supported of | | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) I organizat in your g docur | ion listed overning | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | | | | Yes | No | | |
| (A) | See | e Part VI | | | | | | | |
| (B) | | | | | | | | | |
| | | | | | | | | | |
| (C) | | | | | | | | | |
| (D) | | | | | | | | | |
| (E) | | | | | | | | | |
| Tota | I | | | | | | | 0. | 0. |

| chedule A (Form 990 or 990-EZ) 2019 | Friends | of | Tomoka | Basin | State | Parks | Inc | 46-3862922 | Page 4 |
|-------------------------------------|---------|----|--------|-------|-------|-------|-----|------------|--------|
| | | | | | | | | | |

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

No Yes Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe Х the designation. If historic and continuing relationship, explain. 1 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was Х 2 described in section 509(a)(1) or (2). 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below. Х 3a **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in **Part VI** when and how the organization made the determination. 3b c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in **Part VI** what controls the organization put in place to ensure such use. 3c 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and Х if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. Δh **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes.' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a Х amendment to the organizing document). b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one 6 or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of 6 Х the filing organization's supported organizations? If 'Yes,' provide detail in Part VI. 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ). Х 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' 8 complete Part I of Schedule L (Form 990 or 990-EZ). 8 Х 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI. Х 9a **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If 'Yes,' provide detail in Part VI*. Х 9b c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If 'Yes,' provide detail in Part VI*. Х 9c 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' Х answer 10b below. 10a **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) 10b

Friends of Tomoka Basin State Parks Inc

Section B. Type I Supporting Organizations

Schedule A (Form 990 or 990-EZ) 2019

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

Section C. Type II Supporting Organizations

| | | Yes | No |
|---|------------|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trust of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the organization's support of the organization of the organization of the organization's support of the organization of the organization's support of the organization of the o | | | |
| supporting organization was vested in the same persons that controlled or managed the supported organiza | tion(s). 1 | | |

Section D. All Type III Supporting Organizations

| | | | Yes | No |
|---|---|---|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | Х | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No ' evolution in Part VI how | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | Х | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played | | | |
| | in this regard. See Part VI | 3 | Х | |

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - a The organization satisfied the Activities Test. Complete line 2 below.
 - **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
 - c X The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in **Part VI identify those supported** organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* 'Yes,' *explain in* **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard.

Yes

2a

2b

3a

3h

No

See Part VI

46-3862922

Page 5

Yes

1

2

No

Part VI Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule A, Part I, Line 12 Name(s) of Supported Organization(s)

| Name of Supported Organization | Federal EIN | Organi- | Listed in Governing Document? <u>Yes</u> No | М | nount of onetary upport | Amount of Other Support |
|--------------------------------------|----------------------------|---------|--|----|-------------------------------|-------------------------------|
| Bulow Plantation Ruins | H State Park 59-6001874 | 6 | Х | \$ | 0.\$ | 0. |
| Bulow Creek State Park | 59-6001874 | 6 | Х | | 0. | 0. |
| Tomoka State Park | 59-6001874 | 6 | Х | | 0. | 0. |
| Addison Blockhouse Hist | State Park 59-6001874 | 6 | Х | | 0. | 0. |
| Haw Creek Preserve Stat | e Park 59-6001874 | 6 | Х | | 0. | 0. |
| Dummett Sugar Mill Ruin | s59-6001874 | 6 | Х | | 0. | 0. |
| | | | | \$ | 0.\$ | 0. |

Additional Explanation of Other Income

Scrap sales of equipment donations

Part IV, Section D, Line 3 - Role The Organization's Supported Orgs. Played

Citizens Support Organization Agreement with the State of Florida grants exclusive right for the CSO to conduct following activities, projects and events for Bulow Plantation Ruins Historic State Park, Bulow Creek State Park, Tomoka State Park, Addison Block House State Park and Haw Creek Preserve State Park including fundraising, offical meetings, volunteer activities and projects, public educational and interpretative activities or events and any other activities set forth in Articles of Incorporation. The State Park Manager is the designated CSO Agreement manager and is responsible for comunicating agency policy and proper procedures, ensuring that CSO programs and projects are consistent with Park needs and goals, ensuring that CSO upholds CSO agreement, ensuring sound governance in accordance with Bylaws, Articles of Incorporation, CSO agreement, State and Federal laws and ensuring Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part IV, Section D, Line 3 - Role The Organization's Supported Orgs. Played (continued) that CSO is capable of meeting non-profit organization standards and the organization's mission. CSO annually develops and submits to State Park Manager for review and approval a CSO Program Plan of all projects, activities and events it plans to carry out on Park property. CSO annually provides financial reports to State Park Manager either as a financial statement or a Form 990-EZ.

Part IV, Section E, Line 1c - Explain How Organization Supports Government Entity

Citizens Support Organization Agreement with the State of Florida grants exclusive right for the CSO to conduct following activities, projects and events for Bulow Plantation Ruins Historic State Park, Bulow Creek State Park, Tomoka State Park, Addison Blockhouse Historic State Park and Haw Creek Preserve State Park including fundraising, offical meetings, volunteer activities and projects, public educational and interpretative activities or events and any other activities set forth in Articles of Incorporation. The State Park Manager is the designated CSO Agreement manager and is responsible for comunicating agency policy and proper procedures, ensuring that CSO programs and projects are consistent with Park needs and goals, ensuring that CSO upholds CSO agreement, ensuring sound governance in accordance with Bylaws, Articles of Incorporation, CSO agreement, State and Federal laws and ensuring that CSO is capable of meeting non-profit organization standards and the organization's mission. CSO annually develops and submits to State Park Manager for review and approval a CSO Program Plan of all projects, activities and events it plans to carry out on Park property. CSO annually provides financial reports to State Park Mananger either as a financial statement or a Form 990-EZ.

Part IV, Section E, Line 2a - Identify Supported Orgs. and Explain How Activities Furthered Exempt Purposes Citizens Support Organization Agreement with the State of Florida grants exclusive right for the CSO to conduct following activities, projects and events for Bulow Plantation Ruins Historic State Park, Bulow Creek State Park, Tomoka State Park, Addison Blockhouse Historic State Park and Haw Creek Preserve State Park including fundraising, offical meetings, volunteer activities and projects, public educational and interpretative activities or events and any other activities set forth in Articles of Incorporation. The State Park Manager is the designated CSO Agreement manager and is responsible for comunicating agency policy and proper procedures, ensuring that CSO programs and projects are consistent with Park needs and goals, ensuring that CSO upholds CSO agreement, ensuring sound governance in accordance with Bylaws, Articles of Incorporation, CSO agreement, State and Federal laws and ensuring that CSO is capable of meeting non-profit organization standards and the organization's mission. CSO annually develops and submits to State Park Manager for review and approval a CSO Program Plan of all projects, activities and events it plans to carry out on Park property. CSO annually provides financial reports to State Park Mananger either as a financial statement or a Form 990-EZ.

Part IV, Section E, Line 2b - Reasons For The Organization's Position

Citizens Support Organization Agreement with the State of Florida grants exclusive right for the CSO to conduct following activities, projects and events for Bulow Plantation Ruins Historic State Park, Bulow Creek State Park, Tomoka State Park, Addison Blockhouse Historic State Park and Haw Creek Preserve State Park including fundraising, offical meetings, volunteer activities and projects, public educational and interpretative activities or events and any other activities set forth in Articles of Incorporation. The State Park Manager is the designated CSO Agreement manager and is responsible for comunicating agency policy and proper procedures, Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part IV, Section E, Line 2b - Reasons For The Organization's Position (continued)

ensuring that CSO upholds CSO agreement, ensuring sound governance in accordance with Bylaws, Articles of Incorporation, CSO agreement, State and Federal laws and ensuring that CSO is capable of meeting non-profit organization standards and the organization's mission. CSO annually develops and submits to State Park Manager for review and approval a CSO Program Plan of all projects, activities and events it plans to carry out on Park property. CSO annually provides financial reports to State Park Manager either as a financial statement or a Form 990-EZ.

Part IV, Section E, Line 3b - Role Played in Management of Policies, Programs, & Activities

Citizens Support Organization Agreement with the State of Florida grants exclusive right for the CSO to conduct following activities, projects and events for Bulow Plantation Ruins Historic State Park, Bulow Creek State Park, Tomoka State Park, Addison Blockhouse Historic State Park and Haw Creek Preserve State Park including fundraising, offical meetings, volunteer activities and projects, public educational and interpretative activities or events and any other activities set forth in Articles of Incorporation. The State Park Manager is the designated CSO Agreement manager and is responsible for comunicating agency policy and proper procedures, ensuring that CSO programs and projects are consistent with Park needs and goals, ensuring that CSO upholds CSO agreement, ensuring sound governance in accordance with Bylaws, Articles of Incorporation, CSO agreement, State and Federal laws and ensuring that CSO is capable of meeting non-profit organization standards and the organization's mission. CSO annually develops and submits to State Park Manager for review and approval a CSO Program Plan of all projects, activities and events it plans to carry out on Park property. CSO annually provides financial reports to State Park Mananger either as a financial statement or a Form 990-EZ.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Friends of Tomoka Basin State Parks Inc

Employer identification number 46-3862922

Form 990-EZ, Part I, Line 5c Net Gain (Loss) from Noninventory Sales

Other Assets

| Description: Date Acquired: How Acquired: Date Sold: | 1 Computer & Printer 10/23/2016 Purchase 1/22/2019 | |
|---|---|------------|
| To Whom Sold: Gross Sales Price: | 250. | |
| Cost or Other Basis: Basis Method: | 0. Cost | |
| babib nechoa. | 0000 | Gain (Loss |

Gain (Loss) 250.

Total Gain (Loss) Other Assets\$250.Total Net Gain (Loss) From Noninventory Sales\$250.

Form 990-EZ, Part I, Line 16 Other Expenses

| Annual Report Fee | \$ 61. |
|--|--------------|
| Conferences, Conventions, and Meetings | 488. |
| Dues & Subscriptions | 100. |
| Office Expenses | 113. |
| Park Improvements | 1,078. |
| Park Programs | 1,691. |
| Total | \$ 3,531. |

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Citizens Support Organization for Florida State Parks

Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Citizens Support Organization for the Tomoka Basin Florida State Parks: Park

Trail Maintenance; Park Events and Educational Programs; Interpretive Displays;

Historical Tours and Internet Website visits. Number of persons benefited: Over

10,000

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or

indirectly, to pay premiums on a personal benefit contract?..... No

(b) Did the organization, during the year, pay premiums, directly or

| | | Page 1 |
|---|--|---|
| Friends of Tomoka Basin State Parks Inc | | 46-3862922 |
| | | 03:58PM |
| | | |
| ling Foundation 's High Timing and Race Management LLC Beach Historical Society ox | | 300. 31. 78. 1,400. 244. 81. |
| Total | \$ | 2,134. |
| | | |
| | \$ \$ | <u>61.</u> 61. |
| | Grants , grants, etc. Dupont. ling Foundation. 's High Timing and Race Management LLC. Beach Historical Society. ox. Total Grants , grants, etc. d-State of Florida Annual Report Fee. | Grants, etc. Dupont \$ ling Foundation \$'s High Timing and Race Management LLC Beach Historical Society ox Total \$ Grants , grants, etc. |