

Florida Department of Environmental Protection CITIZEN SUPPORT ORGANIZATION 2024 LEGISLATIVE REPORT

(pursuant to Section 20.058 Florida Statutes)

Citizen Support Organization (CSO) Name:
Mailing Address:
Telephone Number:
Website Address (required if applicable):
Check to confirm your Code of Ethics is posted conspicuously on your website.
Statutory Authority: Section 20.2551, F.S., Citizen support organizations; use of property; audit; public records; partnerships. In summary,
the statute specifies the organizational requirements, operational parameters, duties of a CSO to support the Department of Environmental Protection (Department), or individual units of the Department, use of Department property, audit requirements, public records requirements, and authorizes public-private partnerships to enhance lands managed by the Department.
Section 258.015, F.S., Citizen support organizations; use of property; audit. In summary, the statute defines a CSO, requires authorization by the Division of Recreation and Parks, and specifies the use of property. This statute authorizes the Partnerships in Parks (PIP) program for state parks, the program's operational parameters, CSO's operational parameters, and donor recognition.
YOUR MISSION AND LAST CALENDAR YEAR'S PROGRAM ACCOMPLISHMENTS: CSO's Mission: (Consistent with your Articles and Bylaws)
Describe Last Calendar Year's Results Obtained: Brag! (List or discuss the past calendar year's accomplishments and contributions. Cite specific support from last calendar year's Annual Program Plan.)
Describe the CSO's Plans for the Next Three Calendar Years:

CSO's LAST CALENDAR YEAR STATISTICS:

Total Number of CSO General Membership:

Total Number of Board of Directors:

Total Volunteer Hours for the Board of Directors (From VSys - Work with your parks' volunteer manager):

PARK & CSO RELATIONSHIP:

Do not duplicate by describing accomplishments and contributions in the summary. <u>Brag</u> in the above Results Obtained. Below, describe the <u>relationship</u>.

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

Provide your perspective on

- Changing developments of the park provided by the CSO.
- Effectiveness of the organization in fulfilling their purpose to support the park(s).
- Effectiveness of the Board of Directors in completing their Annual Program Plan.
- The relationship between the park and CSO. What went well? Are there areas of improvement?

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?

SUMMARIZE FINANCIAL ACTIVITY FOR LAST CALENDAR YEAR, DIRECT PARK(S) SUPPORT & REVENUES:

Program Services are costs related to providing your organizations' programs or services in accordance with your mission. Describe and provide expenses that <u>directly support the park(s)</u>. For established nonprofit organizations, program service expenses generally represent most of the overall expenses of the organization. For the last calendar year provide the total \$ for each that apply. Do not use commas.

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

Visitor Services Revenue are revenues and the sources generated from fundraising on park property. Do not use commas.

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

NET ASSETS: \$

Organizations end of last year's <u>Total Assets minus Total Liabilities</u>. This is <u>not</u> the above's Visitor Service Revenue minus Program Service Expenses.

CSO AUDIT THRESHOLD:

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

Are the CSO's annual total expenses \$300,000 including grants? Then Section 215.981(2), Florida Statute requires an independent CPA audit using Government Audit Standards (<u>U.S. GAO Yellow Book</u>). 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.

CONFIRM ATTACHMENTS:

Code of Ethics

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

2024 CSO Legislative Report Acknowledgment	
This information is confident to the best of my knowledge	e pursuant to Section 20,058 Florida S
Signature:	
Print name:/Punckerdg/s	CSO President
	- Control of the control
Friends of Comp Helen Inc.	
Date: 5/30/2024	
11/14	

THE FRIENDS OF CAMP HELEN STATE PARK

CODE OF ETHICS

July, 2014

PREAMBLE

- (1) It is essential to the proper conduct and operation of The Friends of Camp Helen State Park (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 arid 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 fo1th standards of conduct required of The Friends of Camp Helen State Park 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 m ember, 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.

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(Rev. January 2024)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

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

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

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

7004 to	request an extension of time to file income tax re	turns.	(-,	-,		
Part I	- Identification						
Туре о	Name of exempt organization, employer,	or other filer, see in	structions. T	axpayer ic	yer identification number (TIN)		
Print	THE FRIENDS OF CAMP HELEN STATE PARK, INC.)295936	
File by th	Number, street, and room or suite no. If a	P.O. box, see instr	uctions.				
due date	for 13123 EMERALD COAST PKWY. EAST,						
filing you return. So		ode. For a foreign a	ddress, see instructions.				
instruction							
Enter t	ne Return Code for the return that this applic	cation is for (file a	separate application for each ret	turn) .		0 1	
Applic	cation Is For	Return Code	Application Is For			Return Code	
Form	990 or Form 990-EZ	01	Form 4720 (other than individua	al)		09	
Form	4720 (individual)	03	Form 5227			10	
Form	990-PF	04	Form 6069			11	
Form	990-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12	
Form	990-T (trust other than above)	06	Form 5330 (individual)			13	
Form	990-T (corporation)	07	Form 5330 (other than individua	al)		14	
Form	1041-A	08	James				
	Plan Year Ending (MM/DD/YYYY) — Automatic Extension of Time To	<u> </u>	t Organizations (see instruction	o ns)			
The b	ooks are in the care of PETER J. BARTON						
Telep	hone No. 850-830-3000	Fax	No				
If the	organization does not have an office or place	ce of business in	the United States, check this box				
• If this	is for a Group Return, enter the organizatio	n's four-digit Gro	up Exemption Number (GEN)			If this is	
	whole group, check this box		t of the group, check this box .		. [and attach	
a list w	ith the names and TINs of all members the e	extension is for.					
	I request an automatic 6-month extension of the organization named above. The extension of the calendar year 20 or tax year beginning	on is for the orga	nization's return for:				
	If the tax year entered in line 1 is for less tha Change in accounting period	an 12 months, ch	eck reason: Initial return	Final ret	urn		
	If this application is for Forms 990-PF, 9 nonrefundable credits. See instructions.	90-T, 4720, or (6069, enter the tentative tax, le	ess any	3a	\$	
	If this application is for Forms 990-PF, 9 estimated tax payments made. Include any			its and	3b	\$	
С	Balance due. Subtract line 3b from line 3			red, by	30		

Form 8868 (Rev. 1-2024) Page **2**

Part	II — Extension of Time To File Form 5330 (see instructions)		
1	I request an extension of time until, 20, to file Form 5330.		
	You may be approved for up to a 6-month extension to file Form 5330, after the normal due d	ate of	Form 5330.
а	Enter the Code section(s) imposing the tax.	1	
b	Enter the payment amount attached.	1b	\$
С	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date (MM/DD/YYYY).	1c	
2	State in detail why you need the extension.		
	enalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and care this application.	mplete,	and that I am authorized
2010	Date		
		F	orm 8868 (Rev. 1-2024)

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form, as it may be made public. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990EZ for instructions and the latest information.

_		2022 calendar year, or tax year beginning , 2022, and ending		, 20					
В			D Employer identification number						
吕	Address		30-029593						
H	Name ch	The state of the s	Telephone number						
H	Initial retu	13123 EMERALD COAST PRWY. EAST	850-249-2642						
	Amended	City or town otate as a surface a limit of the city of	F Group Exemption						
	Application	INI ET DEACH EL 20474	Number						
G	Accoun	ting Method: Cash Accrual Other (specify):	k∏if the o	organization is not					
1 1	Website			ch Schedule B					
JI	ax-exer		1990).	conocalo B					
		organization: Corporation Trust Association Other:	,	CONTRACTOR OF THE PROPERTY OF					
		is 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asse	ts						
(Pa	rt II, col	umn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ							
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instr		or Part I)					
	-	Check if the organization used Schedule O to respond to any question in this Part I	dottorio i						
?	1	Contributions, gifts, grants, and similar amounts received	11	3,440					
?	2	Program service revenue including government fees and contracts	2	3,440					
?;	3	Membership dues and assessments	3	655					
?	4	Investment income	4	033					
	5a	Gross amount from sale of assets other than inventory 5a							
	b	Less: cost or other basis and sales expenses							
	C		- 5-						
	6	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c Gaming and fundraising events:							
	a	Gross income from gaming (attach Schedule G if greater than							
P	-	\$15,000)							
Revenue	b	Od							
ev		from fundraising events reported on line 1) (attach Schedule G if the							
ш		sum of such gross income and contributions exceeds \$15,000) 6b							
	C	Land direct	47						
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract							
		line 6c)		00.000					
	7a		6d	88,088					
	b	Gross sales of inventory, less returns and allowances	19						
	C	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)							
	8	Other revenue (describe in Schedule O)	7c						
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	8	01 407					
	10	Create and similar are suit and distinct to a late of	9	91,407					
	11	Benefits paid to or for members	11						
5	12	Salaries, other compensation, and employee benefits 3	12	00.400					
Se	13	Professional fees and other payments to independent contractors		90,409					
Expenses	14	Occupancy, rent, utilities, and maintenance	13	1,024					
X	15	Printing, publications, postage, and shipping	14	14,156					
_	16	Other expenses (describe in Schedule O)	15	5,221					
	17	Total expenses Add lines 10 through 16	16	14,140					
	18	Total expenses. Add lines 10 through 16	17	124,950					
Net Assets	19	Excess or (deficit) for the year (subtract line 17 from line 9)	18	-33,543					
55									
A T	20		19						
Ž	21	Other changes in net assets or fund balances (explain in Schedule O)	20						
_		Net assets or fund balances at end of year. Combine lines 18 through 20	21	-33,543					

2:

Part II	Balance Sheets (see the	e instructions	for Part II)				
	Check if the organization	used Schedule	O to respond to	any question in this		* .	[
00 0-	all and the second				(A) Beginning of year		(B) End of year
	sh, savings, and investments				164,341		96,5
	nd and buildings					23	
	her assets (describe in Schedi					24	
	tal assets				-1,444		16,0
			(D) ====================================	4h line (04)		26	
Part III	t assets or fund balances (li Statement of Program S	ervice Accer	(B) must agree wi	tn line 21)	162,897	27	112,5
	Check if the organization	used Schedule	O to respond to	the instructions for	Part III)		Expenses
Vhat is th	e organization's primary exem		o to respond to a	any question in this	Part III L	(Req	uired for section
			aban anta fara a sala	er in an armina			c)(3) and 501(c)(4)
s measu	the organization's program se red by expenses. In a clear	and concise m	sonnents for each t	oi its three largest p	the number of	other	nizations; optional rs.)
ersons b	enefited, and other relevant in	formation for ea	ach program title.	ic services provider	u, the number of		,
28				·····			

(Grai	nts\$	If this amount	includes foreign gr	ants, check here .	🗍	28a	
29							
		**		***************************************			
				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
(Gran	nts \$	If this amount	includes foreign gr	ants, check here .	🗆	29a	
30							
******							
(Gran	ato ¢	If the contract	in late 6 at				
_	r program services (describe i	n Cohodula (1)		ants, check here .		30a	
(Gran			includes foreign on	ants, check here		04-	
	program service expenses	(add lines 28a t	through 31a)	ants, thete .	· · · · <u>L</u>	31a	
art IV	List of Officers, Directors, Tr	ustees, and Key	Employees (list eac	h one even if not com	nensated—see the in		tions for Part I\0
	Check if the organization u	used Schedule	O to respond to a	nv question in this	Part IV		
				(c) Reportable		T	
	(a) Name and title		(b) Average hours per week	compensation (Forms W-2/1099-MISC	(d) Health benefits, contributions to employe	e (e) E	Estimated amount
	(a) Name and tige		devoted to position	1099-NEC)	benefit plans, and	ot	her compensation
				(if not paid, enter -0-)	deferred compensation		
ATRICK	IODGES - PRESIDENT		10				
UDICTLE				(	)	0	
HRISTIFI	ERRY - SECRETARY		10				
VAN VIDI	/ WOE DECIDENT			(	)	0	
TANKIKI	C - VICE PRESIDENT		10				
ETED BA	PTON TREASURED				)	0	
CIEK DA	RTON - TREASURER		10				
DURTNE	Y HARPER WILLIS - EXECUTIVE	DIDECTOR		(	)	0	
JORTHE	HARPER WILLIS - EXECUTIVE	DIRECTOR	25	24 222 25			
				34,333.32		0	
						+	
				4			
						1	
				0			

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

46	Did	the organization analysis discatly as	-0-1		a la sarar la composición		Yes	NO
40	toca	the organization engage, directly or i andidates for public office? If "Yes,"	nairectly, in political	campaign activities on	behalf of or in oppos	tion		
Part	VI	Section 501(c)(3) Organization	e Only	, Part 1		46		1
Tart		All section 501(c)(3) organization	s only	notions 47 40h and	50 and an add to the	1-61		
		All section 501(c)(3) organization 50 and 51.	is must answer qui	estions 47-49b and	5∠, and complete tr	e tables	tor lin	es
		Check if the organization used So	hadula O ta raanan	d to only myselfer in t	his Dank VII			
		orioden the organization used Sc	nedule O to respon	u to any question in t	nis Part VI			
47	Did 1	the organization engage in lobbying	activities or have a	section 501/h) plactic	n in offect during the	tov	Yes	No
	vear	? If "Yes," complete Schedule C, Par				-1//		
48		organization a school as described i				47		-
49a	Did t	the organization make any transfers	o an exempt non ob	nife in res, complete a	Schedule E	dule E 48		
b	If "Y	es," was the related organization a s	ection 527 organization	antable related organiz	Zauon7	. 49a	-	-
50	Com	plete this table for the organization's	five highest comper	asated employees (ath	er than officers direct	. 49b	oc an	d ko
	empl	loyees) who each received more that	\$100,000 of compe	nsation from the organ	nization. If there is non	e enter "I	Vone "	,
				(c) Reportable	(d) Health benefits,	0, 011101 1	TOTIO	
	(a)	Name and title of each employee	(b) Average hours per week	compensation	contributions to employee	(e) Estimate		
			devoted to position	(Forms W-2/1099-MISC/ 1099-NEC)	benefit plans, and deferred compensation	other cor	npensat	tion
				1	- componionion			
*******								
********								
				70 10				
f	Total	number of other employees paid ov	er \$100,000					
51		plete this table for the organization		ensated independent	contractors who each	received	more	than
	\$100	,000 of compensation from the organ	nization. If there is no	ne, enter "None."	contractors who cac	received	more	uigii
		Name and business address of each independ						
	(0)	Traine and business address of each independ	dent contractor	(b) Type of servi	ce (c)	Compensati	ion	
			******************					
						100000	-	
	-			]				
d	Total	number of other independent contra	ctors each receiving	over \$100,000				
52	Did 1	the organization complete Schedu	le A? Note: All se	ection 501(c)(3) organ	nizations must attach	а		
	comp	Notod Cohodulo A				. TYes	ПМ	do
Under pe	enalties	of perjury, I declare that I have examined this r	eturn, including accompan	ying schedules and statemen	nts, and to the best of my kn			it is
rue, con	rect, an	d complete. Declaration of preparer (other than	officer) is based on all info	rmation of which preparer ha	as any knowledge.	o Meago Eno	. Dollos, 1	. 10
		1-,						
Sign		Signature of officer	3		Date	7		
Here	?"	1011			9/15	5/23		
		Type or print name and title	J. Barten	Treegurer			-	
Paid	-	Print/Type preparer's name	Preparer's signature	Dat	e Check	# PTIN	****	
Prepa	rer				self-employ	/ed		
Use (		Firm's name			Firm's EIN	- 1		
		Firm's address			Phone no.			
		discuss this return with the preparer						

### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

# 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 Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

THE FRIENDS OF CAMP HELEN S	STATE PARK, INC.	30-0295936
BANK SERVICE CHARGES	\$4,033	 
DUES & SUBSCRIPTIONS	1,387	
INSURANCE	4,169	
TRAVEL & MEETINGS	4,551	 
TOTAL	\$14,140	 
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