Citizen Support Organization (CSO) Name: **Friends of Colt Creek State Park, Inc.**

Mailing Address *(required)*: **PO Box 2655 Lakeland, FL 33806**

Telephone Number *(required)*: **863-288-0317**

Website Address: **FriendsofColtCreek.org**

**Statutory Authority:**

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

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

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

FCCSP was started in 2014 to assist one of Florida’s newest parks to build up their visitor numbers and to improve the visitor’s experience. We focus our volunteer hours and financial resources into providing events and capital improvements. We also assist park management when needs arise for supplies and equipment. The original need was to let folks in the 4-county area know the park existed and welcome them to come explore the Green Swamp natural area.

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

**Financial:**

We started and ended the year with $23,000 in the bank. We raised and spent about $17,000 in 2019. Our major addition to Colt Creek was a storage shed that we placed in the Campground to free up precious space in the pavilion and Ranger station. We also purchased a second concrete mounting block for our equestrian park users and several additional heavy duty water troughs for the horses.

**Events:**

We sponsored two events specifically for our equestrian users:

- A Family Fun Ride in February with 55 riders and a scavenger hunt in November to commemorate Veteran’s Day with 80 riders.
- We held our Annual Get to Know Colt Creek State Park event in March with 300+ in attendance. Our equestrian volunteers provided horseback rides to kids of all ages.
- We held our annual New Year’s First Day Hike in January and our annual Black Friday Turkey Trek in November. We had monthly volunteer workdays in the Friend’s Butterfly Garden.

**Communications:**

We invested in Wild Apricot to help with Membership recruitment and record keeping.

Our Super Volunteer, Janet Schneider, sent out quarterly newsletters and kept content fresh on our Friends FB page. Our Facebook followers increased from 3481 in January to 4211 at the end of the year. Our
other incredible volunteer, photographer David White, posted a new photo of flora and fauna in the park to the FB page every day.

Board Volunteer hours:
Our small Board provided the park with 984 volunteer hours in 2019.

Awards:
One of our Board members, Margaret Von Ehr, won the 2019 Female Volunteer of the Year Award for District 3.
Our CSO won the 2019 Outstanding Special Event Award for our November Equestrian Event – The Veterans Day Scavenger Hunt. Thanks to Board Member Karen Turbeville and organizer Janet Schneider.
Our CSO also received an award for the addition of our beautiful Gazebo by the lake in March 2019

The tram the CSO purchased for the Park continues to be enjoyed by visitors for tours.
The Friends also added vending machines to the campground in 2019 in addition to the Washer/dryer and ice machine we previously provided to improve the camping experience for our guests.

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

The FCCSP is taking on an ambitious project for 2020 that may extend into 2021 because the Coronavirus set us back a few months. We are hoping to raise $40,000 through increased memberships and contributions, gifts and grants to install a pavilion in our primitive equestrian campground so our equestrian campers have a place to gather that provides shelter from the sun and rain. This is a large fundraising effort for our rural park that doesn’t have a beach, river or spring.

We are replacing a washing machine for our resident volunteers and assisting with other needs.

We plan to continue our successful events and to try to break up our large “Get To Know” event (sometimes close to 1000 people) into smaller more manageable events.

We will continue to sell merchandise from the Ranger’s station and will add postcards of pictures taken by photographer David White to our offerings of t-shirts, hats, magnets, stickers and field guides.

A long-range dream for us is to renovate the “Dead Head Lodge” which is a one-room hunting cabin with a tiny bathroom and kitchenette on the property. It would be a significant cost of at least $100,000. Our goal would be to maintain the history and character of the Lodge while making it more usable.

Lastly we plan to increase our annual membership to 150-200 and maintain that level.

☒ 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 Colt Creek State Park, Inc.
CODE OF ETHICS

PREAMBLE

(1) It is essential to the proper conduct and operation of Friends of Colt Creek State Park, Inc. (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 Colt Creek State Park, Inc. 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.
Form 990-N (e-Postcard)

Organizations who have filed a 990-N (e-Postcard) annual electronic notice. Most small organizations that receive less than $50,000 fall into this category.

<table>
<thead>
<tr>
<th>Tax Year 2019 Form 990-N (e-Postcard)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tax Period:</strong> 2019 (01/01/2019 - 12/31/2019)</td>
</tr>
<tr>
<td><strong>EIN:</strong> 46-5083225</td>
</tr>
<tr>
<td><strong>Legal Name (Doing Business as):</strong> Friends Of Colt Creek State Park Inc</td>
</tr>
<tr>
<td><strong>Mailing Address:</strong> PO Box 2855 Lakeland, FL 33806 United States</td>
</tr>
<tr>
<td><strong>Principal Officer’s Name and Address:</strong> Julie Townsend 818 Johnson Ave Lakeland, FL 33801 United States</td>
</tr>
<tr>
<td><strong>Gross receipts not greater than:</strong> $50,000</td>
</tr>
<tr>
<td><strong>Organization has terminated:</strong> No</td>
</tr>
<tr>
<td><strong>Website URL:</strong> FriendsOfColtCreek.org</td>
</tr>
</tbody>
</table>
Form 990-EZ

Return of Organization Exempt From Income Tax

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

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

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

For the 2019 calendar year, or tax year beginning , 2019, and ending , 2019.

Friends of Caloosa State Park, Inc

PO Box 2245

Lakeland, FL 33802

Employer identification number 46-S08225

Telephone number 863-263-0310

Group Exemption 85-

Accounting Method: [ ] Cash [ ] Accrual [ ] Other (specify)

Check [ ] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

Form of organization: [ ] Corporation [ ] Trust [ ] Association [ ] Other

Check [ ] to indicate gross receipts. If gross receipts exceed $200,000 or more, or if total assets (part II, column (B)) are $500,000 or more, file Form 990 instead of Form 990-EZ.

Part I

Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

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

Contributions, gifts, grants, and similar amounts received.

Program service revenue including government fees and contracts.

Membership dues and assessments.

Investment income.

Gross amount from sale of assets other than inventory.

Less: cost or other basis and sales expenses.

Gain or (loss) from sale of assets other than inventory.

Gaming and fundraising events:

Gross income from gaming.

Less: direct expenses from gaming and fundraising events.

Net income or (loss) from gaming and fundraising events.

Gross sales of inventory, less returns and allowances.

Less: cost of goods sold.

Gross profit or (loss) from sales of inventory.

Other revenue (describe in Schedule O).

Total revenue. Add lines 1, 2, 3, 4, 5a, 5b, 5c, 6a, 6b, 6c, 6d, 7a, 7b, 7c, 8, and 9.

Grants and similar amounts paid (list in Schedule O).

Benefits paid to or for members.

Salaries, other compensation, and employee benefits.

Professional fees and other payments to independent contractors.

Occupancy, rent, utilities, and maintenance.

Printing, publications, postage, and shipping.

Other expenses (describe in Schedule O).

Total expenses. Add lines 10 through 16.

Excess or (deficit) for the year (subtract line 17 from line 9).

Net assets or fund balances at beginning of year (must agree with end-of-year figure reported on prior year's return).

Other changes in net assets or fund balances (explain in Schedule O).

Net assets or fund balances at end of year. Combine lines 18 through 20.

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 108-421

Form 990-EZ (2019)
### Part II  Balance Sheets (see the instructions for Part II)

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(A) Beginning of year</td>
<td>(B) End of year</td>
</tr>
<tr>
<td>22</td>
<td>Cash, savings, and investments</td>
<td>23,012.18</td>
</tr>
<tr>
<td>23</td>
<td>Land and buildings</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Other assets (describe in Schedule O)</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Total assets</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities (describe in Schedule O)</td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>19,521.48</td>
</tr>
</tbody>
</table>

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

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

What is the organization’s primary exempt purpose? **PARK SUPPORT**

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

#### 28  Get to Know Colt Creek State Park Event

- **Seals to increase awareness and visitation**

#### 29  Storage Shed

- **Purchased to store event supplies**

- **(Grants $ 1352.40)** If this amount includes foreign grants, check here

#### 30

- **(Grants $ 2400.00)** If this amount includes foreign grants, check here

#### 31  Other program services (describe in Schedule O)

- **(Grants $)** If this amount includes foreign grants, check here

#### 32  Total program service expenses (add lines 28a through 31a)

The amount includes $0.00

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

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Name and title</td>
<td>(b) Average hours per week devoted to position</td>
</tr>
<tr>
<td>(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0)</td>
<td></td>
</tr>
<tr>
<td>(d) Health benefits, contributions to employee benefit plan, and deferred compensation</td>
<td></td>
</tr>
<tr>
<td>(e) Estimated amount of other compensation</td>
<td></td>
</tr>
</tbody>
</table>

**See attached list**

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Form 990-EZ (2019)
Officer/Director Details

Title President

DOCKERY, PAULA B
P.O. BOX 2646
LAKELAND, FL 33806

Title Treasurer

TOWNSEND, JULIE
818 JOHNSON AVENUE
LAKELAND, FL 33801

Title Director

Oldenkamp, Natalie
413 E. Poinsettia St
Lakeland, FL 33803

Title Director

Turberville, Karen
1223 N Galloway Road
Lakeland, FL 33810

Title Secretary

Von Ehr, Margaret
1508 W Socrum Loop Rd
Lakeland, FL 33810-1465
### Part V  Other Information

(Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule C to respond to any question in this Part V. □

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34  Were any significant changes made to the organizing or governing documents? If “Yes,” attach a conforming copy of the amended documents if they reflect a change to the organization’s name. Otherwise, explain the change on Schedule O. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35a Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If “Yes,” complete Schedule C, Part III.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>37a Enter amount of political expenditures, direct or indirect, as described in the instructions.</td>
<td>37a</td>
<td></td>
</tr>
<tr>
<td>b Did the organization file Form 1120-POL for this year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b If “Yes,” complete Schedule L, Part II, and enter the total amount involved</td>
<td>38b</td>
<td></td>
</tr>
<tr>
<td>39  Section 501(c)(7) organizations. Enter:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Initiation fees and capital contributions included on line 9</td>
<td>39a</td>
<td></td>
</tr>
<tr>
<td>b Gross receipts (including on line 9, for public use of club facilities</td>
<td>39b</td>
<td></td>
</tr>
<tr>
<td>40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>40b</td>
<td></td>
</tr>
<tr>
<td>c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.</td>
<td>40c</td>
<td></td>
</tr>
<tr>
<td>d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.</td>
<td>40d</td>
<td></td>
</tr>
<tr>
<td>e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If “Yes,” complete Form 8886-T.</td>
<td>40e</td>
<td></td>
</tr>
<tr>
<td>41  List the states with which a copy of this return is filed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>42a The organization’s books are in care of:</td>
<td>Julie Townsend</td>
<td>Telephone no. 832-888-031</td>
</tr>
<tr>
<td>Located at: 588 Johnson Ave Lakeland Fl 33801</td>
<td>ZIP + 4</td>
<td></td>
</tr>
<tr>
<td>b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If “Yes,” enter the name of the foreign country.</td>
<td>42b</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td>42c</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td>43</td>
<td></td>
</tr>
<tr>
<td>44a Did the organization maintain any donor advised funds during the year? If “Yes,” Form 990 must be completed instead of Form 990-EZ.</td>
<td>44a</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td>44b</td>
<td></td>
</tr>
<tr>
<td>c Did the organization receive any payments for indoor tanning services during the year?</td>
<td>44c</td>
<td></td>
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<tr>
<td>d If “Yes” to line 44c, has the organization filed a Form 720 to report these payments? If “No,” provide an explanation in Schedule O.</td>
<td>44d</td>
<td></td>
</tr>
<tr>
<td>45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</td>
<td>45a</td>
<td></td>
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<tr>
<td>b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If “Yes,” Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions.</td>
<td>45b</td>
<td></td>
</tr>
</tbody>
</table>
Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If “Yes,” complete Schedule C, Part I ____________________________________________________________ 46 Yes No

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

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

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

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 ____________________________________________________________ 47 Yes No

Is the organization a school as described in section 170(b)(1)(A)(i)? If “Yes,” complete Schedule E ____________________________________________________________ 48 Yes No

Did the organization make any transfers to an exempt non-charitable related organization? ____________________________________________________________ 49a Yes No

If “Yes,” was the related organization a section 527 organization? ____________________________________________________________ 49b Yes No

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

<table>
<thead>
<tr>
<th>(a) Name and title of each employee</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC)</th>
<th>(d) Health benefits contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
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</thead>
<tbody>
<tr>
<td>none</td>
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<tr>
<td><strong>f Total number of other employees paid over $100,000</strong></td>
<td></td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>(a) Name and business address of each independent contractor</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>none</td>
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<tr>
<td><strong>d Total number of other independent contractors each receiving over $100,000</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ____________________________________________________________ □ Yes □ No

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

**Sign Here**

[Signature]

Julie O. Townsend, Treasurer

6-1-2020

**Paid Preparer Use Only**

Print/Type preparer’s name ____________________________ Preparer’s signature ____________________________ Date ____________________________ Check □ if self-employed

Firm’s EIN ▶

Firm’s address ▶

Phone no. ▶

May the IRS discuss this return with the preparer shown above? See instructions □ Yes □ No

**Form 990-EZ (2019)**
Other Revenue:

Recycle money - 135.10
Donation box - 832.49
Washer/dryer - 1720.50
Misc. - 3660.80
Amazon Smile - 100.16
Ice sales - 1006.12

Total: $4161.64

Other expenses:

Misc - 1843.80
Memberships - 632.00
Get to Know event - 1352.40
Butterfly Workdays - 3416.09
Advertising - 360.00
Sales tax - 131.16
Square fees - 166.97
General Supplies - 331.67
Meeting supplies - 1067.98
Recycle money spent - 2190.00
Ice - 813.75

Total: $6518.95
**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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

1. □ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2. □ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
3. □ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4. □ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5. □ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6. □ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7. □ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8. □ A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)
9. □ An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
10. □ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
12. □ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3).

Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a. □ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.

b. □ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

c. □ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

d. □ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f. Enter the number of supported organizations:

   

g. Provide the following information about the supported organization(s):

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-10 above (see instructions))</th>
<th>(iv) Is the organization listed in your governing document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>(C)</td>
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<tr>
<td>(D)</td>
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<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>1719.15</td>
<td>0</td>
<td>16445</td>
<td>2500</td>
<td>750</td>
<td>21464.15</td>
</tr>
<tr>
<td>2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons |          |          |          |          |          |          |
| 7b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year |          |          |          |          |          |          |
| 7c Add lines 7a and 7b |          |          |          |          |          |          |
| 8 Public support. (Subtract line 7c from line 6.) |          |          |          |          |          |          |

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Total support. (Add lines 9, 10c, 11, and 12.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td>1500</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

| Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) | 1500%    |
| Public support percentage from 2018 Schedule A, Part III, line 15 | 1600% |

#### Section D. Computation of Investment Income Percentage

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

| 19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | □      |
| 19b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | □      |
| Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions | □      |
### Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?
   a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
   b A family member of a person described in (a) above?
   c A 35% controlled entity of a person described in (a) or (b) above? If “Yes” to a, b, or c, provide detail in Part VI.

### Section B. Type I Supporting Organizations

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

1 Were a majority of the organization’s directors or trustees during the tax year also a majority of the directors or trustees of each of the organization’s supported organization(s)? If “No,” describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

### Section D. All Type III Supporting Organizations

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?

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,” explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).

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.

### 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 ☐ 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.

2b Did the activities described in (a) constitute activities that, 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.