



# FLORIDA DEPARTMENT OF Environmental Protection

**Ron DeSantis**  
Governor

**Jeanette Nuñez**  
Lt. Governor

**Noah Valenstein**  
Secretary

Lake Griffin State Park  
3089 US Highway 441-27  
Fruitland park, Florida 34731

## Memorandum

**TO:** Larry Fooks, Bureau Chief  
District 1 Parks & Recreation

**FROM:** Mark Knapke, Park Manager  
Lake Griffin State Park

**THROUGH:** Tess Busch, Program development specialist  
District 1 Parks and Recreation

**SUBJECT:** 2019 CSO annual report

**DATE:** 05/25/2020

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The Friends of Lake Griffin State Park continued to be an asset to the Park in the year 2019. During the year 2019 the Friends of Lake Griffin State Park continued to provide retail sales of firewood, servicing overnight guest at the park. The CSO also provided guided kayak tours and added a kayak 101 program. Kayak tours and firewood sales generated over \$10,000.00 dollars in revenue for the CSO. In 2020 the CSO has plans to resale ice to guest at the park for additional revenue.

In addition to providing services to visitors at Lake Griffin the CSO purchased 5 new kayaks, trained new kayak tour guides, increased public awareness of the CSO and the park at several community events and worked with local press to keep the community informed. The CSO funded and assisted in the Parks annual Kids Fishing Clinic event and supported other needs of the park. Expenditures of nearly \$5,000.00 were spent supporting the park.

For the year 2020 the CSO has plans to purchase additional kayaks, fund improvements to the kayak launch area and to install fitness stations in the picnic area. The CSO also plans to continue participating in community events, assist in marketing the park and assist in the purchase of volunteer uniforms while supporting other park needs.

The CSO has been successful in recruiting and maintaining active officers for the board and new members to the organization. It has been a pleasure working with the Friends of Lake Griffin State Park and I look forward to working with them in the future.

MK/mk  
CC: Friends of Lake Griffin State Park

# Friends of Lake Griffin State Park, Inc.

February 21, 2020

Mr. Mark Knape  
Park Manager  
Lake Griffin State Park  
Fruitland Park, FL

Mark:

On behalf of the Board of Directors and members of the Friends of Lake Griffin State Park, I want to express the pleasures and honor of working with you, your staff and all the park's volunteers as your servicing Citizens Support Organization (CSO). Our cooperative efforts and atmosphere continues to result in a great sense of unity in our shared desire to enhance our objectives in accomplishing the mission and goals of our park.

You have brought to your new assignment a wealth of knowledge and ideas that can only add to the success our CSO and park has enjoyed over the past years. I am sure that the next CSO President and new additions to our Board of Directors will prove successful to future events.

While our Guided Interpretative Paddle Tours continues to be the main source of revenues for our CSO, we have, through innovated ideas such as running monthly advertisement in our local newspaper about our guided paddle tours program. We have also maintained our noteworthy relationship with that paper which has resulted in frequent articles highlighting park events and programs.

We look at the next year with eager and most positive enthusiasm.

Ted Wendel

Friends of Lake Griffin State Park, Chairperson

# Friends of Lake Griffin State Park, Inc

## CSO President's Summary

March 2020

Total number of general memberships is 37, about a 50 percent increase from last year's membership. We continue to solicit new and renewal memberships throughout the year and in various venues.

Describe the status of the relationship between the park and CSO: I am pleased to say that we enjoy a very positive and professional relationship with our park. While we are separate entities, we operate with the same goal to ensure our park's success in providing an attractive and enjoyable outdoors experience to our visitors.

We are truly grateful to have on our CSO Board, individuals who embrace our mission to serve the park and to work with as a park manager and staff who readily share ideas as well as suggestions on how we, their Citizens Support Organization, can best support our park's needs and we have been fortunate that the high level of cooperative efforts have enabled us to do so. In 2019, the CSO contributed 1,055 hours to supporting the park.

It has been a rewarding experience to serve as the president of the Friends of Lake Griffin State Park.

Ted Wendel

Friends of Lake Griffin State Park, Inc

Board of Directors and Officers

Current as of March 2, 2020

Chairperson

Ted Wendel

9311 SE 173<sup>rd</sup> Surrey Lane

The Villages, FL 32162

Tele: 352.753.1955

Email: [tjwendel@embarqmail.com](mailto:tjwendel@embarqmail.com)

Vice Chairperson

Karl Langlois

2286 Pawleys Island Park

The Villages, FL 32162

Tele: 352.674.9101

Email: [karllonglois@icloud.com](mailto:karllonglois@icloud.com)

Secretary

Joanne Wendel

9311 SE 173<sup>rd</sup> Surrey Lane

The Villages, FL 32162

Tele: 352.533.0295

Email: [tjwendel@embarqmail.com](mailto:tjwendel@embarqmail.com)

Treasurer

Mary Jo Wuest

35240 Mayflower Loop

The Villages, FL 32162

Tele: 513.312.2039

Email: [mjwuest@gmail.com](mailto:mjwuest@gmail.com)

Directors

Larry Wuest

3240 Mayflower Loop

The Villages, FL 32162

Tele: 513.312.3447

Email: [lswuest@gmail.com](mailto:lswuest@gmail.com)



Ray Sutherland  
23563 Beachwood St  
The Villages, FL 32162  
Tele: 352.633.1796  
Email: [raysutherland123@gmail.com](mailto:raysutherland123@gmail.com)

Linda Morrison  
2299 Hopespring loop  
The Villages, FL 32163  
Tele: 865.258.4744  
Email: [lmorrison@yahoo.com](mailto:lmorrison@yahoo.com)

Marc Munaretto  
3338 Inkwood Lane  
The Villages, FL 32162  
Tele: 815.245.2117  
Email: [mmarco@aol.com](mailto:mmarco@aol.com)

Karl Buettner  
3668 Vineland Ave  
The Villages, FL 32163  
Tele: 786.390.8745  
Email: [kbuettner67@gmail.com](mailto:kbuettner67@gmail.com)



Florida Department of Environmental Protection

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

Citizen Support Organization (CSO) Name: Friends of Lake Griffin State Park

Mailing Address (required): 3089 US 441/27, Fruitland Park, Florida 34731

Telephone Number (required): 352.753.1955 Website Address (required if applicable): <https://www.flgsp.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:**

**To support the preservation, interpretation and restoration of natural and cultural resources of Lake Griffin State Park.**

**Description of the CSO's Results Obtained:**

- **Continued Day and Night Guided Interpretative Paddle Tours**
- **Initiated a new kayak program (Kayak 101) to teach basic kayaking skills and general information on kayak boats and safety**
- **Purchased five (5) new kayaks as replacements for worn-out equipment.**
- **Funded and Staffed a CSO Booth at a nearby and large communities Outdoor Recreation Expo**
- **Provided funding support for training events**
- **Supported the Annual Kids' Fishing Clinic**

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

- **Emphasize attracting new members into our CSO as well as retaining current members**
- **Recruit for additional members into our Board of Directors and Officers especially those who possess beneficial skills and energies**
- **Fund the purchase of additional canoes and kayaks to both add to and replace worn-out boats**
- **Fund and provide staffing for a nearby community's annual Outdoors Recreation Expo and other events as arise**
- **Fund and provide staffing for the park's annual Kids Fishing Clinic**
- **Attend the annual FSP/CSO symposium**
- **Recruit and qualify additional Paddle Tour Guides**
- **Conduct at least one fund raising event to be hosted by an area restaurant**
- **Develop and fund new marketing ideas**

- **To the extent possible – meet unanticipated funding and staffing needs of the park’s manager**

- 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 Lake Griffin State Park CODE OF ETHICS**

### **PREAMBLE**

- (1) It is essential to the proper conduct and operation of Friends of Lake Griffin 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 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 Lake Griffin 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 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.

### > Tax Year 2019 Form 990-N (e-Postcard)

**Tax Period:**

2019 (01/01/2019 - 12/31/2019)

**EIN:**

45-1060685

**Legal Name (Doing Business as):**

Friends Of Lake Griffin State Park

**Mailing Address:**

3089 US HWY 441-27  
Fruitland Park, FL 34731  
United States

**Principal Officer's Name and Address:**

Karl Langlois  
2286 Pawley Island Path  
The Villages, FL 32162  
United States

**Gross receipts not greater than:**

\$50,000

**Organization has terminated:**

No

**Website URL:**



**Return of Organization Exempt From Income Tax**

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

**2019**

**Open to Public Inspection**

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

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**A For the 2019 calendar year, or tax year beginning** \_\_\_\_\_, 2019, and ending \_\_\_\_\_, 20

**B** Check if applicable:

Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization **FRIENDS OF LAKE GRIFFIN STATE PARK MC**

**D** Employer identification number **45-1060685**

Number and street (or P.O. box if mail is not delivered to street address) **3089 U.S HWY 44 1/2** Room/suite \_\_\_\_\_

**E** Telephone number **352-360-6760**

City or town, state or province, country, and ZIP or foreign postal code **FRUITLAND PARK, FL 34731**

**F** Group Exemption Number ▶ **?**

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

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

**I Website:** ▶ \_\_\_\_\_

**J Tax-exempt status** (check only one) –  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
Revenue	1	Contributions, gifts, grants, and similar amounts received																												
	2	Program service revenue including government fees and contracts																												
	3	Membership dues and assessments																												
	4	Investment income																												
	5a	Gross amount from sale of assets other than inventory																												
	b	Less: cost or other basis and sales expenses																												
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)																												
	6	Gaming and fundraising events:																												
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																												
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																												
c	Less: direct expenses from gaming and fundraising events																													
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																													
7a	Gross sales of inventory, less returns and allowances																													
b	Less: cost of goods sold																													
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)																													
8	Other revenue (describe in Schedule O)																													
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																													
Expenses	10	Grants and similar amounts paid (list in Schedule O)																												
	11	Benefits paid to or for members																												
	12	Salaries, other compensation, and employee benefits																												
	13	Professional fees and other payments to independent contractors																												
	14	Occupancy, rent, utilities, and maintenance																												
	15	Printing, publications, postage, and shipping																												
	16	Other expenses (describe in Schedule O)																												
17	<b>Total expenses.</b> Add lines 10 through 16																													
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)																												
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																												
	20	Other changes in net assets or fund balances (explain in Schedule O)																												
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																												

**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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments . . . . .	23376	21093
23 Land and buildings . . . . .		
24 Other assets (describe in Schedule O) . . . . .		
25 <b>Total assets</b> . . . . .		
26 <b>Total liabilities</b> (describe in Schedule O) . . . . .		
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .		

**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? RAISE MONEY FOR PARK NEEDS

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.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 <u>UTILITY VEHICLE</u>	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	5500
29 <u>FISHING CLINIC</u>	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	302
30 <u>AWARDS</u>	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	194
31 Other program services (describe in Schedule O) . . . . .	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	2322
32 <b>Total program service expenses</b> (add lines 28a through 31a) . . . . .		32	8318

**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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>THEODORE WENDEL</u> <u>PRESIDENT</u>	<u>12</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>MARY JO WUEST</u> <u>TREASURER</u>	<u>6</u>	<u>0</u>	<u>0</u>	<u>0</u>



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 O to respond to any question in this Part V

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
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 change on Schedule O. See instructions
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)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
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?
38b If "Yes," complete Schedule L, Part II, and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b 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: section 4911; section 4912; section 4955
40b 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
40c 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
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e 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
41 List the states with which a copy of this return is filed
42a The organization's books are in care of Located at Telephone no. ZIP + 4
42b 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 See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
42c 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
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 completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b 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



**46** 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 . . . . . 

	Yes	No
<b>46</b>		

**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 . . . . .

**47** 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 . . . . . 

	Yes	No
<b>47</b>		<input checked="" type="checkbox"/>

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . 

<b>48</b>		<input checked="" type="checkbox"/>
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**49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . . 

<b>49a</b>		<input checked="" type="checkbox"/>
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**b** If "Yes," was the related organization a section 527 organization? . . . . . 

<b>49b</b>		
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**50** 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."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

**f** Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

**51** 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."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . ▶ \_\_\_\_\_

**52** 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 of officer \_\_\_\_\_ Date \_\_\_\_\_  
 Type or print name and title \_\_\_\_\_

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶		Phone no.	
Firm's address ▶				

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

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

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization

FRIENDS OF LAKE GRIFFIN STATE PARK INC

Employer identification number

45-1060685

**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)(vi)**. (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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 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.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations . . . . .
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	1525	8928	2040	2055	1786	16334
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .	1525	8928	2040	2055	1786	16334
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 . . . . .	1525	8928	2040	2055	1786	14334
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	11629	8928	2040	2055	1786	26438
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	100	%
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	100	%
<b>16a 22 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>			
<b>b 33 1/3% support test—2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>			
<b>17a 10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>			
<b>b 10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>			
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>			

SCHEDULE O  
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2019

▶ Attach to Form 990 or 990-EZ.

Open to Public  
Inspection

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

FRIENDS OF LAKE GRIFFIN STATE PARK INC

Employer identification number

45-1060685

OTHER REVENUE

DAY PADDLE TOURS

2131

NIGHT PADDLE TOURS

673

KAYAK 101

56

RECYCLE

25

2885

OTHER EXPENSES

ADVERTISING

1200

WEB SERVICE

172

SUPPLIES

552

SEMINAR

298

DUES

100

UTILITY VEHICLE

5500

AWARD

194

FISHING CLINIC

302

8318

OTHER PROGRAM SERVICES

ADVERTISING

1200

WEB SERVICE

172

SUPPLIES

552

SEMINAR

298

DUES

100

2322