

Florida Department of Environmental Protection

CITIZEN SUPPORT ORGANIZATION 2020 LEGISLATIVE REPORT

(pursuant to Section 20.058 Florida Statutes)

Citizen Support Organization (C	SO) Name: Gold Head Associates, Inc.	
Mailing Address (required):	6239 State Road 21, Keystone Heights, FL 32656	
Telephone Number (required): (3	52)473-4701 Website Address (required if applicable): FriendsofGoldF	 Head.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

Our mission is to develop, promote and support Mike Roess Gold Head Branch State Park and The Palatka to Lake Butler State Trail while working with the staff to preserve, interpret and restore their natural and cultural resources.

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

The year of 2019 was again a very successful year for our CSO/Park partnership. Proceeds from our annual fundraisers allowed us to provide \$12,443.39 for purchase of the following items:

A new commercial vacuum for cabin cleaning, Termite treatment for Historic Cabins, Replacement chain saw, commercial heavy-duty washer for Park laundry facility, Interpretative costumes and accessories for representation of CCC and park history, and miscellaneous supplies for Park interpretative programs such as First day hike, campfire programs, Local parade floats, National Public Lands Day, Food for District Managers Meeting, Headlamp hikes, backpacking experience, scout programs and 80th Park Birthday Celebration.

Description of the CSO's Plans for the Next Three Fiscal Years: Expand section as necessary to be complete Continue to provide support of Park Programs such as monthly hikes/events. Work on building improvements such as rebuilding the outdoor stage, repaint and repair siding on historic cabins, annual termite treatment of historic cabins; restoration of native grasses, nesting boxes for endangered Red Cockaded Woodpecker. Continue to help with purchases of equipment such as mowers for Park and Trail. Raise funds and set aside funds for future purchase of ADA trams, utility vehicles and a 4x4 diesel pickup truck for Park use. Place benches and kiosks along PTLB State Trail and fund interpretative programs and support volunteers.

- ☑ 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.

Gold Head Associates, Inc.

CODE OF ETHICS

PREAMBLE

- (1) It is essential to the proper conduct and operation of Gold Head Associates, 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 <u>Section 112.3251</u>, 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 Gold Head Associates, 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.

<u>Home > Tax Exempt Organization Search > Gold Head Associates Inc</u>

Gold Head Associates Inc

EIN: 51-0484991 | Keystone Heights, FL, United States

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:

51-0484991

Legal Name (Doing Business as):

Gold Head Associates Inc

Mailing Address:

6239 State Rd 21 Keystone Heights, FL 32656 United States

Principal Officer's Name and Address:

Barbara Bradley

7412 CR 315 Keystone Heights, FL 32656 United States

Gross receipts not greater than:

\$50,000

Organization has terminated:

Short Form 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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

A F	or the	2019 calenda	ar year, or tax year beginning , 2019, and ending			, 20				
B 0	heck if ap	oplicable:	Name of organization ??		oyer identi	fication number				
	Address c	change	Gold Head Associates, Inc.		51-0	48499				
	Name cha		Number and street (or P.O. box if mail is not delivered to street address) ? Room/suite	E Telep	hone numb	er				
	nitial retu			352-4	73-4701					
	-inal retur Amended	n/terminated	F Grou	F Group Exemption						
		on pending	Keystone Heights, FL 32656		nber ▶					
		ting Method:	☑ Cash ☐ Accrual Other (specify) ▶			e organization is not				
	Vebsite	•				Schedule B				
J Ta	ax-exen	not status (che	eck only one) — ✓ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	-		Z, or 990-PF).				
			☐ Corporation ☐ Trust ☐ Association ☐ Other							
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to	tal assets						
			5500,000 or more, file Form 990 instead of Form 990-EZ		•					
-	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see th		rtions fo	r Part I) 2				
			the organization used Schedule O to respond to any question in this Part							
?1	1		ons, gifts, grants, and similar amounts received		1	26635.84				
?1	2		ervice revenue including government fees and contracts		2	2534.76				
71	3	_	ip dues and assessments		3	950.				
21	4	Investment			4	750.				
2 :					4	44 1151				
	5a		unt from sale of assets other than inventory 5a							
	b		ss: cost or other basis and sales expenses							
	C		ain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)							
	6		Gaming and fundraising events:							
Revenue	а		Gross income from gaming (attach Schedule G if greater than 615,000)							
Ve	b		Gross income from fundraising events (not including \$ 26022.00 of contributions							
Be			aising events reported on line 1) (attach Schedule G if the							
		sum of suc	h gross income and contributions exceeds \$15,000) 6b	13431.10						
	C	Less: direc	t expenses from gaming and fundraising events 6c	26076.14						
	d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and 6b and s	ubtract						
		line 6c) .			6d	-12645.04				
	7a	Gross sale	s of inventory, less returns and allowances							
	b	Less: cost	of goods sold							
	C	Gross prof	it or (loss) from sales of inventory (subtract line 7b from line 7a)		7c					
	8	Other reve	nue (describe in Schedule O)		8					
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	•	9	17475.56				
	10		similar amounts paid (list in Schedule O)		10	12443.39				
	11	Benefits pa	aid to or for members		11					
S	12		ther compensation, and employee benefits 21		12					
JSE	13		al fees and other payments to independent contractors 22		13					
Expenses	14		/, rent, utilities, and maintenance		14					
Ä	15		ublications, postage, and shipping		15					
	16		enses (describe in Schedule O) 22		16	707.66				
	17		enses. Add lines 10 through 16		17	13151.05				
(0	18		(deficit) for the year (subtract line 17 from line 9)		18	4324.51				
ets	19		or fund balances at beginning of year (from line 27, column (A)) (must agr							
ASS			r figure reported on prior year's return)		19	23917.66				
Net Assets	20	-	ges in net assets or fund balances (explain in Schedule O)		20	- W				
ž	21		or fund balances at end of year. Combine lines 18 through 20		21	28242.17				

Part II			or greation in this	Dort II		
	Check if the organization used Schedule	O to respond to an		(A) Beginning of year	• •	(B) End of year
22 Ca	sh, savings, and investments			23918	22	28242
	nd and buildings				23	
	ner assets (describe in Schedule O)				24	
	tal assets		1		25	28242
	tal liabilities (describe in Schedule O)				26	
	t assets or fund balances (line 27 of column		ļ		27	28242
Part III	Statement of Program Service Accomp			Part III)		
	Check if the organization used Schedule					Expenses
What is th	e organization's primary exempt purpose?					quired for section (c)(3) and 501(c)(4)
as measu persons b	the organization's program service accomplision red by expenses. In a clear and concise menefited, and other relevant information for ea	anner, describe the			org	anizations; optional for ers.)
28 Purc	hased Commercial Washer for Park Laundry					
(Gran	nts \$ 5801.00) If this amount	includes foreign gra	nts check bere	> []	28	5801.
	rided Termite Spray Control for Historic Cabins					
100 to 10						

(Grai	nts \$ 3800.00) If this amount	includes foreign gra	nts, check here .	▶ 🗆	298	3800.
30 Purc	hased Interpretative Costumes and accessories	for CCC and Park his	story demonstrations	\$		
(Grai	nts \$ 1111.00) If this amount	includes foreign gra	nts, check here .	▶ 🗌	30	a 1111.
31 Othe	er program services (describe in Schedule O)					
	nts \$ 1731.39) If this amount	includes foreign gra	nts, check here .	▶ 🗌	31:	a 1731.
32 Tota	Il program service expenses (add lines 28a t	hrough 31a)		>	32	12,443.
Part IV	List of Officers, Directors, Trustees, and Key	, ,	· ·		stru	ctions for Part IV)
	Check if the organization used Schedule	O to respond to ar			•	📙
	(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-)	contributions to employed benefit plans, and	-) Estimated amount of other compensation
	radley, President	10				
	15, Keystone Heights, FL 32656	10	(0	0
	iams, V. President	2				
	15, Keystone Heights, FL 32656	-	()	0	. 0
	esser, Secretary	2				
	Trail, Middleburg, FL 32068		(0	0
	Ison, Treasurer	4				
	on St. Middleburg, FL 32068				0	0
	ree, Director	2				
	01st Way, Starke, FL 32091		()	0	0
~~~~~~~~~~~	x, Director	2				
	ng Rd, Middleburg, FL 32068				0	0
	ett, Director	1				
5516 India	n Trait, Keystone Heights, FL 32656		(		0	0
					-	
					-	
					-	

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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this				
	instructions for Fart v., Officer if the organization used confedure of to respond to any question in the	, ,	Yes	No	-
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 change on Schedule O. See instructions				?
35a	change on Schedule O. See instructions	34 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			
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	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	36		1	7
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a				
b	Did the organization file <b>Form 1120-POL</b> for this year?	37b		~	_
38a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		V	?
ъ 39	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b  Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on line 9				
ь 40а	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:				
b	section 4911 ► ; section 4912 ► ; section 4955 ► Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958				
D	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		v	1
41	List the states with which a copy of this return is filed ▶				_
42a	The organization's books are in care of ► Telephone no. ►				
b	Located at  ZIP + 4  At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No	-
	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 ▶	42b		V	_
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
С	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			<b>V</b>	]
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		V	
b	completed instead of Form 990-EZ	44b		V	
C	Did the organization receive any payments for indoor tanning services during the year?	44c		V	
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an				
1E-	explanation in Schedule O	44d		. 1	
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	100	-	-
	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			

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			All was to the high to the second				Yes	No
46	Did the organization engage, directly or in	ndirectly, in political c	ampaign activities o	on behalf of or	in oppositi	on [		
	to candidates for public office? If "Yes," of	complete Schedule C,	Part I			46		~
Part	VI Section 501(c)(3) Organization All section 501(c)(3) organization 50 and 51.  Check if the organization used Sc	s must answer que			mplete the	tables f	or line	es
NP.							Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) elect	tion in effect o	during the t	47		V
48	Is the organization a school as described i	n section 170(b)(1)(A)(i	)? If "Yes," complet	e Schedule E		48		1
49a	Did the organization make any transfers t	o an exempt non-cha	ritable related orga	nization?		49a		V
ь 50	If "Yes," was the related organization a se Complete this table for the organization's employees) who each received more than	five highest compen-	sated employees (o	ther than offic janization. If th	ers, directo ere is none	. 49b ers, truste e, enter "N	es, an lone."	d key
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	(d) Health contributions benefit plans, comper	to employee and deferred	(e) Estimate other con		
					Andreas de des constantes de la constante de l			
		100						
					and the second			
51	Complete this table for the organization \$100,000 of compensation from the organization	anization. If there is no				received Compensat		than
						***		
-								
***********								
52	Total number of other independent contr Did the organization complete Sched completed Schedule A			-		a . <b>⊳</b> ☑ Yes	s 🗆	No
	penalties of perjury, I declare that I have examined this orrect, and complete. Declaration of preparer (other tha					owledge an	d belief	, it is
Sign Here	1			Dat	е			
	Distr	Preparer's signature		Date	1	PTIN		
Paid		reparer a signature	логодосничен.	-aic	Check self-employ	if		
_	Preparer							
1150	Only Firm's name			{ Fim	n's EIN ▶			
	Only Firm's name ► Firm's address ►				n's EIN ► one no.			

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

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Gold	Head A	ssociates, Inc.					51-048	
Par		Reason for Public Cha						is.
The o	organiz	ation is not a private founda	ition because it i	s: (For lines 1 through	12, chec	k only on	e box.)	
1	□ A d	church, convention of churc	hes, or associati	on of churches descri	bed in <b>se</b>	ction 170	O(b)(1)(A)(i).	
2	☐ A s	school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-EZ	<u>().)</u>	
3	□ A h	nospital or a cooperative ho	spital service org	ganization described in	section	170(b)(1	)(A)(iii).	
4	☐ A r	nedical research organization	on operated in co	onjunction with a hosp	oital desc	ribed in <b>s</b>	ection 170(b)(1)(A)(i	ii). Enter the
		spital's name, city, and stat						
5		organization operated for ction 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	d by a governmenta	al unit described in
6 7	☐ An	federal, state, or local gover organization that normally scribed in <b>section 170(b)(1</b> )	receives a subs	tantial part of its sup				the general public
8	□ A d	community trust described i	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	or un	agricultural research organ university or a non-land-gra iversity:	int college of agr	iculture (see instruction	ons). Ente	r the nam	ne, city, and state of	the college or
10	red	organization that normally ceipts from activities related pport from gross investmen quired by the organization a	to its exempt fu t income and un	nctions—subject to co related business taxal	ertain exc ole incom	eptions, a le (less se	and (2) no more thar ection 511 tax) from	1 33¹/₃% of its
11	☐ An	organization organized and	doperated exclusion	sively to test for public	safety.	See <b>secti</b>	on 509(a)(4).	
12		organization organized and						
		one or more publicly supponeck the box in lines 12a thro						
а		<b>Type I.</b> A supporting organithe supported organization supporting organization. <b>Y</b>	n(s) the power to	regularly appoint or e	lect a ma	jority of the		
b		Type II. A supporting orga control or management of organization(s). You must	the supporting of	organization vested in	the same			
С		Type III functionally integits supported organization						lly integrated with,
d		Type III non-functionally that is not functionally inte requirement (see instructionally interesting the contraction of the con	grated. The orga	nization generally mu	st satisfy	a distribu	tion requirement and	
е		Check this box if the organ functionally integrated, or						II, Type III
f	Ente	er the number of supported	organizations .					
g	Prov	vide the following informatio	n about the supp	ported organization(s).				
	(i) Nam	ne of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)		AND THE STATE OF T					***************************************	460
(D)		**************************************						
(E)	12 12							

Total

### 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	6351	14593	18283	21665	27586	82127
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	10301	12096	13497	12989	15966	54548
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge	2395	7550	4831	6748	5121	
6	Total. Add lines 1 through 5	19047	34239	36611	41402	48673	163320
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	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						
с 8	Add lines 7a and 7b						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	19047	34239	36611	41402	48673	163320
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	0	0	35	0	0	35
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	0	0	35	0	0	35
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	19047	34239	36646	41402	48673	163355
14	First five years. If the Form 990 is for the	e organization	s first, second	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
Conti	organization, check this box and stop her						🕨 📋
	on C. Computation of Public Suppor			O! (A)		15	00.00.0/
15	Public support percentage for 2019 (line 8					16	99.98 %
16 Socti	Public support percentage from 2018 Sch					10	99.97 %
	on D. Computation of Investment Inc Investment income percentage for 2019 (I			v line 12 colur	mp (A)	17	0 %
17	Investment income percentage for 2019 (					18	0 %
18 19a	331/3% support tests—2019. If the organi						
134	17 is not more than 331/3%, check this box						
b	331/3% support tests—2018. If the organize line 18 is not more than 331/3%, check this beautiful to the support tests—2018.	ation did not ch	eck a box on l	ine 14 or line 1	9a, and line 16	is more than 33	31/3%, and
20	<b>Private foundation.</b> If the organization di						
20	Thrace Touridation. If the organization di	a not check at	OA OH IIIIC 14,	130, 01 130, 0	NOOK CHIS DOX	and 300 monde	HOID -

### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Gold Head Associates, Inc.

Employer identification number 51-0484991

Part 1, Line 1 - Donations for Ice:\$3468.00, T-shirts: \$3029.00, Firewood: \$18,855.00, Water Bottles: \$75.00, Frisbees: \$315.00,
Medallions: \$280.00, Miscellaneous donations: \$613.84
Part 1, Line 2 - Washer/Dryer income: \$2534.76
Part 1, Line 6b - Yesterdays Festival Income: \$5719.10, Haunted Hike Income: \$7187.00, Primitive Art Class: \$525.00
Part 1, Line 6c - Yesterday Festival Expense: \$2166.71, Haunted Hike Expenses \$2088.49, Primitive Art Class Expense: \$300.00
Ice Purchases: \$1456.25, T-shirt purchases: \$2449.00, Firewood Purchases: \$16,365.00, Bottle Purchases: \$247.49
Medallion Purchases: \$1003.25
Part 1, Line 10 - Items purchased for use at Gold Head Branch State Park and Palatka to Lake Butler State Trail
Commercial Vaccumn \$455.88
Termite Control for Historic Cabins: \$3800.00
Intrepretative costumes and accessories for CCC and Park History: \$1111.00
Chain Saw: \$299.95
Commercial Washer for Park Laundry: \$5801.00
Miscellaneous items to support Park Programs and Services: \$975.56
Part 1, Line 16 - Membership Dues: \$245.00, Supplies: \$98.10, Canopy:\$189.07, Postage: \$15.49, Late Fee Sales Tax: \$60.00,
Radio Advertising for 80th Birthday Celebration: \$100.00