

Florida Department of Environmental Protection CITIZEN SUPPORT ORGANIZATION 2021 LEGISLATIVE REPORT

(pursuant to Section 20.058 Florida Statutes)

Citizen Support Organization (CSO) Name: Hillsborough River State Park Preservation Society, Inc

Mailing Address: 15402 US Hwy 301 N, Thonotosassa, Fl 33592

Telephone Number: 813 391 5649

Website Address (required if applicable): www.Historyandnature.org

Check to confirm your Code of Ethics is posted conspicuously on your website.

Statutory Authority:

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

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

YOUR MISSION AND LAST CALENDAR YEAR'S PROGRAM ACCOMPLISHMENTS:

CSO's Mission: The Hillsborough River State Park Preservation Society Inc. are to act as a non-profit corporation, functioning as a Citizen Support Organization as provided for by the Florida Department of Environmental Protection Celebrating 31 years of service as a nonprofit Citizens Support Organization has assisted in making Hillsborough River State Park and Fort Foster outstanding sites for both visitors and the local community. The Society has shown tremendous support for Hillsborough River and Fort Foster operation in since its incorporation in 1989 and many strides have been made due to its efforts.

Describe Last Calendar Year's Results Obtained: <u>Brag!</u> List or discuss the past calendar year's accomplishments and contributions. Cite specific support from last calendar year's Annual Program Plan.

During the past year we were able to move the CCC Cabin and contribute to the restoration. Assisted in the remodel of the DEP LE Trailer making it a residence. Due to COVID -19 we were only able to have Under the Stars in Jan 20 and Feb 20 at Fort Foster. In Feb 20 we were able to have the Fort Foster Rendezvous and the school days with about 800 students receiving the history of the 2nd Seminole Indian war. Assisted in repairing the board walk along the Seminole Trail. Maintained 13 golf carts the were used by the campground host and rangers. Put on coffee and donuts and potluck dinners for the campers. Supported the ranger of the month program. Put on a volunteer appreciation dinner.

Describe the CSO's Plans for the Next Three Calendar Years: The major purpose shall be to provide additional support for the Hillsborough River State Park and Fort Foster Historic site. This will be accomplished through special work projects, programs and events, outreach programs, educational and scientific research, activities and communications guided tours and other functions to benefit the Park as needed. We continue to support many Eagle Projects in cooperation with the Boy Scouts of America. We host programs quarterly at the Park. We provide volunteers to host tours in uniform at Fort Foster throughout the year. We continue to select monthly the outstanding performance of select Rangers. It is our desire to continue our support for Hillsborough River State Park and have several projects we are working on for the future.

CSO's LAST CALENDAR YEAR STATISTICS:

Total Number of CSO General Membership: 32

Total Number of Board of Directors: 15

Total Volunteer Hours for the Board of Directors (Hours from VSys. Work with your parks' volunteer manager): 916

PARK & CSO RELATIONSHIP:

Keep the summary simple. Save time. Don't duplicate by describing accomplishments and contributions in the summary. Braq in the above Results Obtained. Describe the relationship here.

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

Provide your perspective on

- Changing developments of the park provided by the CSO.
 - As park manager I have been in the position a short time. During that time this area appears to have been effective.
- Effectiveness of the organization in fulfilling their purpose to support the park(s).
 - As park manager I have been in the position a short time. During that time this area appears to have been effective.
- Effectiveness of the Board of Directors in completing their Annual Program Plan.
 - As park manager I have been in the position a short time. During that time this area appears to have been effective.
- The relationship between the park and CSO What went well? Are there areas of improvement?
 - As park manager I have been in the position a short time. During that time this area appears to have been effective. I look forward to continued support.

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

Provide your perspective on the relationship between the park and CSO. What went well? Are there areas of improvement?

The CSO and the park manger work closely together. The park manager attends the CSO board meetings and keeps the board advised of the problems in the park and updates on projects that are ongoing. The CSO President is invited to attend staff meetings. The park manager makes himself available to the CSO President when needed.

SUMMARIZE FINANCIAL ACTIVITY FOR LAST CALENDAR YEAR, SPECIFIC PARK(S) SUPPORT:

Program Service Expenses are costs related to providing your organization's programs or services in accordance with your mission. For CSO's provide expenses that directly support the park(s). For established nonprofit organizations,

program service expenses generally represent most of the overall expense of the organization. For the last calendar year provide totals \$ for each that apply.

Building improvement, construction or renovations	\$ 5,090
Cultural resources (e.g., historic structure restoration/ renovation)	\$ 194
Natural resources (e.g., native plants, natural lands restoration)	\$
Maintenance equipment (e.g., mowers, chippers, blowers, chainsaws)	\$ 1,112
Other facilities and landscape maintenance	\$
Vehicles (e.g., trucks/cars, UTVs, golf carts, accessible devices, etc.)	\$ 11,257
Amenities (e.g., water fountains, benches, picnic tables, recreational equipment, kiosks etc.)	\$
Park employees or volunteers support (e.g., interns, training, uniforms, awards, or recognition)	\$ 3,263
Big ticket visitor center exhibits or interpretation updates	\$
Park exhibits, displays, signage	\$ 983
Park publications, brochures, maps, etc.	\$ 3,218
Programing/interpretation support material purchases	\$
Other program services	\$
Total Program Service Expenses	\$ 25,126
Total Operating Expenses (Overhead including fees, memberships, postage, rent, utilities, etc.)	\$ 7,530
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CSO AUDIT:

Total of Last Calendar Year's Expenses (including grants) \$ 32,656

Section 215.981(2), Florida Statute requires an independent CPA audit using Government Audit Standards (<u>U.S. GAO</u> <u>Yellow Book</u>) when the CSOs annual expenses are \$300,000 including grants. The audit is **due by September 1** (9 months after the CSO's calendar year ends) to the Florida Auditor General and to the Department.

This information is complete to the best of my knowledge pursuant to Section 20.058 Florida Statutes							
Title	Name	Signature	Date				
CSO President							
Park Manager							

CSO's Code of Ethics is attach

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

Building improvement, construction or renovations	\$ 5,090
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This information is complete to the best of my knowledge pursuant to Section 20.058 Florida Statutes					
Title	Name	Signature	Date		
CSO President	/woull	lacon	6/16/202)		
Park Manager	Ho Ess	ly	6/16/2020		

☑ CSO's Code of Ethics is attached

[☐] CSO has attached the most recent Internal Revenue Service (IRS) Form 990, 990-EZ, or 990-N Receipt. All IRS Form 990's must be *complete* with Part III Program Service and *all* appropriate Schedules (A, O and others as appropriate). If filing an IRS extension, attach the IRS 8868 receipt and the most recent 990 and schedules.

CODE OF ETHICS

- (1) It is essential to proper conduct and operation of Hillsborough River State Park Preservation Society, Inc (herein "CSO") that its board members. Officers ,and employees be independent and impartial and that the 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 occur 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 Hillsborough River State Park Preservation Society, Inc. 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.
 - Prohibition of Solicitation 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. 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, page 1 of 2.
 - 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 personal 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 of 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 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 th CSO board member of 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.

Extended to November 15, 2021 **Short Form**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

Form **990-EZ**

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.

Open to Public Inspection

Part Revenue, Experises, and Changes in Net Assets of Fund Balances (see the instructions (of Part I)	Ā	For the	2020 calendar year, or tax year beginning	and e	ending			
Hillsborough River State Park + - * + * + 0,505			le: C Name of organization			D Emp	oyer i	dentification number
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Number and street (or F.D. Dox if mail is not delivered to street address)	F		change Preservation Society					
Manifester with Thombtosassa, FL 33592-2318 F Group Exemption			Number and street (or P.O. boy if mail is not delivered to street andress)		Room/suite			
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16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 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 21 24,080.	ens					·····	$\overline{}$	
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 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 21 24,080.	X					·····	$\overline{}$	
17 Total expenses. Add lines 10 through 16 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 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 17 Z5, 481. 25, 481. 18 Excess or (deficit) for the year (subtract line 19) 18 -4, 124. 19 28, 204. 20 0ther changes in net assets or fund balances (explain in Schedule 0) 20 0.	-		Printing, publications, postage, and snipping	Sche	dule O	·····	-	
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 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 24,080.		1				b	$\overline{}$	
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21 Net assets or fund balances at end of year. Combine lines 18 through 20	ţ	1						
21 Net assets or fund balances at end of year. Combine lines 18 through 20	SSe	19					19	28,204.
21 Net assets or fund balances at end of year. Combine lines 18 through 20	¥ A	00					_	
Z1 Not describ of fully buildings at dire of feath contains miss to an early	ž						$\overline{}$	24,080.
LHA For Paperwork Reduction Act Notice, see the separate instructions.	-		Penerwork Reduction Act Notice, see the separate instructions.					Form 990-EZ (2020)

Form 990-EZ (2020)

032172 01-08-21

16	art II Balance Sheets (see the instructions for Part					
	Check if the organization used Schedule O to	respond to any question	n in this Part II		/B\ E	nd of year
			(A) Beginning of year 28,204	100		24,080.
22			20,204	\rightarrow	-	24,000.
23				23		
24			28,204			24,080.
25	***************************************		20,204	_		0.
26	Total liabilities (describe in Schedule 0)		28,204			24,080.
27	Net assets or fund balances (line 27 of column (B) must agree with line art III Statement of Program Service Accomplish	ments (see the instruct		• 21	F	(penses
Pa	art III Statement of Program Service Accomplish	recoond to any question	n in this Part III	X	(Required	for section
	Check if the organization used Schedule O to at is the organization's primary exempt purpose? See Schedule	respond to any question	ii ii i ii i		501(c)(3)	and 501(c)(4) ons; optional for
			on In a close and consists		others.)	ons, optional to
Desc	cribe the organization's program service accomplishments for each of its three largest pro ner, describe the services provided, the number of persons benefited, and other relevent	information for each program title.	es. III a ciear and concise			
	Preservation of Hillsborough Rive					
28	Fleservacion of milipototy: 1111					
	(Grants \$) If this amount includes fore	ign grants, check here			28a	25,481.
29	Grants of The amount modern the					
20						
	(Grants \$) If this amount includes fore	ign grants, check here			29a	
30	Tarana 4					
	(Grants \$) If this amount includes fore	ign grants, check here			30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount includes fore	ign grants, check here		<u> </u>	31a	05 401
32	Total program service expenses (add lines 28a through 31a)			>	32	25,481.
Pa	art IV List of Officers, Directors, Trustees, and Ke	ey Employees (list each one	even if not compensated - :	see the	instructions f	for Part IV)
	Check if the organization used Schedule O to			(4)	alth benefits,	
		(b) Average hours	(C) Reportable	tut He	alth benefits.	
				cont	ributions to	(e) Estimated
	(a) Name and title	per week devoted to	compensation (Forms W-2/1099-MISC)	emple plans,	ributions to byee benefit and deferred	amount of other compensation
_	· ·		compensation (Forms	emple plans,	ributions to oyee benefit	amount of other
	alter Williams	per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	emple plans,	ributions to byee benefit and deferred apensation	amount of other compensation
Pr	alter Williams resident	per week devoted to	compensation (Forms W-2/1099-MISC)	emple plans,	ributions to byee benefit and deferred	amount of other
Pr Ri	alter Williams resident chard Fulton	per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	emple plans,	ributions to byee benefit and deferred pensation	amount of other compensation
Pr Ri Vi	alter Williams resident chard Fulton ce President	per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	emple plans,	ributions to byee benefit and deferred apensation	amount of other compensation
Pr Ri Vi Su	alter Williams resident chard Fulton ce President ne Moulton	per week devoted to position 20.00	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	emple plans,	cibutions to obview benefit and deferred opensation	amount of other compensation 0.
Pr Ri Vi Su Se	alter Williams resident chard Fulton ce President ne Moulton ecretary	per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	emple plans,	ributions to byee benefit and deferred pensation	amount of other compensation
Pr Ri Vi Su Se Li	alter Williams resident chard Fulton ce President ne Moulton ecretary sa Hartley	20.00 20.00 5.00	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	emple plans,	observations to be observed by the control of the c	amount of other compensation 0 • 0 •
Pr Ri Vi Su Se Li As	alter Williams resident chard Fulton ce President ne Moulton ecretary sa Hartley esistant Secretary	per week devoted to position 20.00	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	emple plans,	cibutions to obview benefit and deferred opensation	amount of other compensation 0 • 0 •
Pr Ri Vi Su Se Li As	alter Williams resident chard Fulton ce President ne Moulton ecretary sa Hartley ssistant Secretary nna Marie Fulton	20.00 20.00 5.00	compensation (Forms W-2/1099-MISC) (if not paid, enter-0-) 0 • 0 •	emple plans,	output of the control	amount of other compensation 0. 0. 0.
Pr Ri Vi Su Se Li As Tr	alter Williams resident chard Fulton ce President me Moulton ecretary sa Hartley ssistant Secretary ma Marie Fulton reasurer	20.00 20.00 5.00	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	emple plans,	observations to be observed by the control of the c	amount of other compensation 0 • 0 •
Pr Ri Vi Su Se Li As An Tr	alter Williams resident chard Fulton ce President ne Moulton ecretary sa Hartley ssistant Secretary nna Marie Fulton reasurer andi Miller	per week devoted to position 20.00 20.00 5.00 5.00 5.00	compensation (Forms W-2/1099-MISC) (if not paid, enter-0-) 0 • 0 •	emple plans,	output of the control	amount of other compensation 0. 0. 0.
Pr Ri Vi Su Se Li As An Tr Ra Me	alter Williams resident chard Fulton ce President ne Moulton ecretary sa Hartley ssistant Secretary nna Marie Fulton reasurer andi Miller	20.00 20.00 5.00	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 • 0 • 0 •	emple plans,	o . O . O .	amount of other compensation 0. 0. 0. 0.
Pr Ri Su Se Li As An Tr Ra Me	alter Williams resident chard Fulton ce President ne Moulton ecretary sa Hartley ssistant Secretary na Marie Fulton reasurer andi Miller edia ohn Warrener	per week devoted to position 20.00 20.00 5.00 5.00 5.00	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 • 0 • 0 •	emple plans,	o . O . O .	amount of other compensation 0. 0. 0.
Printer Riving Section Associated Annual Residual Medium Printer Residual R	alter Williams resident chard Fulton ce President ne Moulton ecretary sa Hartley ssistant Secretary na Marie Fulton reasurer andi Miller edia ohn Warrener	per week devoted to position 20.00 20.00 5.00 5.00 5.00	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 • 0 • 0 •	emple plans,	O . O . O .	amount of other compensation 0. 0. 0. 0. 0.
Pr Ri Vi Su Se Li As An Tr Ra Me Jo	alter Williams resident chard Fulton ce President ne Moulton recretary sa Hartley sistant Secretary na Marie Fulton reasurer andi Miller redia ohn Warrener redia avid Hill	per week devoted to position 20.00 20.00 5.00 5.00 5.00	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 • 0 • 0 •	emple plans,	O . O . O .	amount of other compensation 0. 0. 0. 0. 0.
Printer Riving Set Line Asset And Transfer Median M	alter Williams resident chard Fulton ce President ne Moulton recretary sa Hartley sistant Secretary na Marie Fulton reasurer andi Miller redia ohn Warrener redia avid Hill rembership	per week devoted to position 20.00 20.00 5.00 5.00 5.00 5.00 5.00	compensation (Forms W-2/1099-MISC) (if not paid, enter-0-) 0 • 0 • 0 • 0 • 0 •	emple plans,	O . O . O . O .	amount of other compensation O. O. O. O. O. O.
Prr Ri Su Se Li As An Trr Ra Me Da Me	alter Williams resident chard Fulton ce President ne Moulton recretary sa Hartley sistant Secretary na Marie Fulton reasurer andi Miller redia ohn Warrener redia avid Hill embership ave Moulton	per week devoted to position 20.00 20.00 5.00 5.00 5.00 5.00 5.00	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 • 0 • 0 • 0 •	emple plans,	O . O . O .	amount of other compensation 0. 0. 0. 0. 0.
Principal Richard Richard Raman Rama	alter Williams resident chard Fulton ce President ne Moulton recretary sa Hartley sistant Secretary na Marie Fulton reasurer andi Miller redia ohn Warrener redia avid Hill embership ave Moulton oard Member	per week devoted to position 20.00 20.00 5.00 5.00 5.00 5.00 5.00 5.00	O . O . O . O . O . O .	emple plans,	O . O . O . O . O .	amount of other compensation O. O. O. O. O. O. O.
Principal Rivers Rivers Raman	alter Williams resident chard Fulton ce President ne Moulton recretary sa Hartley sistant Secretary na Marie Fulton reasurer andi Miller redia ohn Warrener redia avid Hill embership ave Moulton oard Member nris Beisler	per week devoted to position 20.00 20.00 5.00 5.00 5.00 5.00 5.00 5.00	compensation (Forms W-2/1099-MISC) (if not paid, enter-0-) 0 • 0 • 0 • 0 • 0 •	emple plans,	O . O . O . O .	amount of other compensation O. O. O. O. O. O. O.
Principal Rivers Rivers Range Research	alter Williams resident chard Fulton ce President ne Moulton recretary sa Hartley sistant Secretary na Marie Fulton reasurer andi Miller redia who Warrener redia avid Hill rembership reard Member ris Beisler bard Member	per week devoted to position 20.00 20.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00	compensation (Forms W-2/1099-MISC) (if not paid, enter-0-) 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0	emple plans,	O . O . O . O . O . O .	amount of other compensation O. O. O. O. O. O. O. O. O. O
Principal Richard Richard Raman Rama	alter Williams resident chard Fulton ce President ne Moulton recretary sa Hartley sistant Secretary na Marie Fulton reasurer andi Miller redia ohn Warrener redia avid Hill embership ave Moulton oard Member arshall Hartley	per week devoted to position 20.00 20.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00	O . O . O . O . O . O .	emple plans,	O . O . O . O . O .	amount of other compensation O. O. O. O. O. O. O. O. O. O
Principal Richard Richard Raman Rama	alter Williams resident chard Fulton ce President ne Moulton recretary sa Hartley sistant Secretary na Marie Fulton reasurer andi Miller redia who Warrener redia avid Hill rembership reard Member ris Beisler bard Member	per week devoted to position 20.00 20.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00	compensation (Forms W-2/1099-MISC) (if not paid, enter-0-) 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0	emple plans,	O . O . O . O . O . O .	amount of other compensation O. O. O. O. O. O. O. O. O. O
Principal Richard Richard Raman Rama	alter Williams resident chard Fulton ce President ne Moulton recretary sa Hartley sistant Secretary na Marie Fulton reasurer andi Miller redia ohn Warrener redia avid Hill embership ave Moulton oard Member arshall Hartley	per week devoted to position 20.00 20.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00	ompensation (Forms W-2/1099-MISC) (if not paid, enter-0-) 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0	emple plans,	O . O . O . O . O . O .	amount of other compensation O. O. O. O. O. O. O. O. O. O

Page 3

Pa	instructions for Part V.) Check if the organization used Sch. O to respond to any question in thi	s Par	. V	X
_	indududing for factory and 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			
00	activity in Schedule O	33		X
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	34		X
35 a	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)?	35a		X
Ь	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	A
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
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		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	-		
h	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made			37
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A	-		
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9	-		
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ 0 · ; section 4912 ▶ 0 · ; section 4955 ▶ 0 ·			
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	404		x
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		^
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0			
	organization managers or disqualitied persons during the year under sections 4512, 4555, and 4555			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
	DV the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	400		X
	transaction? If "Yes," complete Form 8886-T	40e		Λ
41	List the states with which a copy of this return is filed FL The graphization's hooks are in care of Walter Williams Telephone no. > 813-39	11_5	649	_
42 a		2250	$\frac{0}{2}$	318
	LOCARD AL PIJEUZ OD JULIA, INCLUSOR DE LA	,,,,,	2 2	310
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Vac	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b	103	X
	account)?	720		
	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).			
	See the instructions for exceptions and filing requirements for Finder Form 114, Report of Follogy Bank and Financial Accounts (Form).	42c		X
¢	At any time during the calendar year, did the organization maintain an office outside the United States?	140		
	If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
43	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
	and enter the amount of tax-exempt interest received of accided during the tax year			
			Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
448	Form 990-EZ	44a		X
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
D	of Form 990-EZ	44b		X
	Of Form 990-E2 Did the organization receive any payments for indoor tanning services during the year?	44c		X
C	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
d	in Schedule O	440		
40	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
40 a	Did the organization have a controlled entity within the meaning of section 312(6)(16)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			
D	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		
_	312(U)(10)(11 100), 1 U1111 330 and Gonedule 11 Intal 1000 to 50 denigrated include 51 51.11 500 22 22 22 22 2	Form :	190-EZ	(2020

		Hillsborough River Stat	e Park						
Form	1 990-EZ (2	(120) Preservation Society				**-***0	505	Yes	age 4
46		panization engage, directly or indirectly, in political campalgn ac					40	res	X
_	If "Yes," co	mplete Schedule C, Part I		.,			46		Λ_
Pa	rt VI S	Section 501(c)(3) Organizations Only All section 501(c)(3) organizations must answer question	e 47-49h and 52	and comple	te the tables for lin	es 50 and 51.			
	,	Check if the organization used Schedule O to respond to	any question in	this Part VI					
_								Yes	
47	Did the org	panization engage in lobbying activities or have a section 501(h)) election in effect o	uring the tax y	/ear? If "Yes," complet	te Sch. C, Part II	47		X
48	Is the orga	nization a school as described in section 170(b)(1)(A)(ii)? If 'Yo	es," complete Sche	dule E			48 49a		X
		panization make any transfers to an exempt non-charitable relat					49a		
	If "Yes," wa	s the related organization a section 527 organization? this table for the organization's five highest compensated emplo	ovee (other than o	ficers directo	rs, trustees, and key e	emplovees) who e		ceived	more
50	than \$100	,000 of compensation from the organization. If there is none, er	nter "None."	moore, an este	,,,				
_	than \$ 100.	(a) Name and title of each employee	(b) Aver per week	age hours devoted to sition	(C) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefit contributions to employee benefit plans, and deferre	am	e) Estima ount of mpensa	other
		NONE	- po:	SILIUII		compensation	-	Пропос	
_									
_						1	+		
_									
							+		_
			_						
_							+		
f 51	Complete	ber of other employees paid over \$100,000 this table for the organization's five highest compensated indep	endent contractors	who each rec	eived more than \$100	,000 of compens	ation f	rom the	
_	organizatio	on. If there is none, enter "None." NONE		(1) Type of service	(c)	Comp	ensation	1
	(a) Na	me and business address of each independent contractor			,, , , , , , , , , , , , , , , , , , , ,	(-)			
_									
_									
							_		
_									
_									
-									
_									
d	Total num	ber of other independent contractors each receiving over \$100,	,000		>			-	_
52		ganization complete Schedule A? Note: All section 501(c)(3) or					ΧY	es [□ No
The st	completed	Schedule A	accompanying sch		tements, and to the b				
trus	er penames	d complete. Declaration of preparer (other than officer) is based	d on all information	of which prep	arer has any knowled	ge.			
ii uo,	, correct, an	d dompidos Booka anon es proparos (essos cameros)							
Sig	ın 🏴	Signature of officer				Dale			
He	re 📗	Walter Williams, President Type or print name and title					_		
			ature	Date	Check	if PTIN	_		
		Print/Type preparer's name Preparer's signa	gadli	2	self- empl				
Pa		Cynthia J. Zygadlo	y sauce	^				679	
	eparer e Only	Firm's name PDR CPAS + Advisors			Firm's El	N > **-**		31	

Oldsmar, FL 34677 May the IRS discuss this return with the preparer shown above? See instructions

Firm's address ▶ 4023 Tampa Road, Suite 2000

Firm's EIN **-**7531 Phone no. 727-785-4447

▶ X Yes No

Use Only

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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. Hillsborough River State Park

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

-*0505 Preservation Society 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 10 X 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 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. 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. 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. ____ 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. 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 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). iv) is the organization listed (v) Amount of monetary (vi) Amount of other (iii) Type of organization (i) Name of supported (ii) EIN in your governing docume (described on lines 1-10 support (see instructions) support (see instructions) organization above (see instructions))

Schedule A (Form 990 or 990-EZ) 2020 Preservation Society

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.)

Sec	ction A. Public Support	Into-					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	1			4 000	4 001	10 010
	include any "unusual grants.")	1,321.	1,843.	635.	1,922.	4,291.	10,012.
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	8,548.	15,585.	24,706.	20,607.	38,461.	107,907.
	Gross receipts from activities that						
3	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization'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						
6	Total. Add lines 1 through 5	9,869.	17,428.	25,341.	22,529.	42,752.	117,919.
	Amounts included on lines 1, 2, and						
,,	3 received from disqualified persons						0.
t	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						0.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						117,919.
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018 25,341.	(d) 2019 22,529.	(e) 2020 42,752.	(f) Total 117,919.
9	Amounts from line 6	9,869.	17,428.	25,341.	24,529.	42,152.	111,313.
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ł	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b 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.)			12 1 2 2 3 1			
13	Total support, (Add lines 9, 10c, 11, and 12.)	9,869	17,428.	25,341	22,529.	42,752.	
14	First 5 years. If the Form 990 is for the check this box and stop here	e organization's fin	st, second, third, f	ourth, or fifth tax y	ear as a section 5	i01(c)(3) organizat	tion,
50	ction C. Computation of Publi	c Support Per	centage				
45	Public support percentage for 2020 (I	ine 8 column (f) d	ivided by line 13. o	olumn (f))		15	100.00 %
_						16	100.00 %
16	ction D. Computation of Inves	tment Income	Percentage				
-		20 (line 10c. colum	n (f), divided by lin	ne 13, column (f))		17	.00 %
17		2019 Schedule A. F	Part III. line 17	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		18	%
18	a 33 1/3% support tests - 2020. If the	organization did n	ot check the box of	n line 14, and line	15 is more than 3	3 1/3%, and line	17 is not
191	more than 33 1/3%, check this box at	ndstop here. The	organization qualifi	ies as a publicly su	upported organiza	tion	► X
ı	33 1/3% support tests - 2019. If the	organization did no	ot check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	CK This box and sto	op nere. Ine organ	nzation qualifies at	e a publicly suppl ie hav and cac inc	tructions	
20	Private foundation. If the organizatio	n did not check a l	DOX OF TIME 14, 198	, or rab, check th	13 DOV OLIO SEE ILIS		0 or 000 EZ) 2020

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

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

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Hillsborough River State Park Preservation Society Employer identification number **-***0505

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants e Mail solicitations Solicitation of government grants Internet and email solicitations b Special fundraising events Phone solicitations C In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? _ Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (or retained by) (iii) Did fundraiser have custody or control of contributions' (vi) Amount paid (iv) Gross receipts (i) Name and address of individual to (or retained by) (ii) Activity fundraiser from activity or entity (fundraiser) organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Hillsborough River State Park

Schedule G (Form 990 or 990-EZ) 2020 Preservation Society **-***0505 Page

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 **-***0505 Page 2

		of fundraising event contributions and	(a) Event #1 Foster Rendezvous	(b) Event #2 Foster Dinner Under	(c) Other events	(d) Total events (add col. (a) through col. (c))
4			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	4,427.	3,176.		7,603.
	2	Less: Contributions				
	3	Gross income (line 1 mlnus line 2)	4 427	3,176.		7,603.
	4	Cash prizes				
~	5	Noncash prizes				
uses	6	Rent/facility costs				
ed x	6	neritraciiity costs				
Direct Expenses	7	Food and beverages		2,120.	600.	2,720.
	8	Entertainment		0.60	2 116	6 070
	9	Other direct expenses			3,116.	
	10	Direct expense summary. Add lines 4 thro				9,690. -2,087.
	11		m line 3, column (d)	. 000 Dat N/ San 40 au s		-2,007.
Pa	rt l	Gaming. Complete if the organization	on answered "Yes" on Forr	n 990, Part IV, line 19, or r	eported more trian	
	_	\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total garning (add
e			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Hevenue						
Ę		Gross revenue				
-	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	6	Other direct expenses				
-	9	Cuter direct expositors	Yes %	Yes %	Yes%	
	6	Volunteer labor	□ No	□ No	No	
	7	Direct expense summary. Add lines 2 thro			>	
	8	Net gaming income summary. Subtract lin	ne 7 from line 1, column (d)		>	
	U	Not gaining moonte sanina,				
9	s	ter the state(s) in which the organization co the organization licensed to conduct gamin	g activities in each of these	e states?		Yes No
	II "	No,* explain:				
b	_					1
b 10a	We	ere any of the organization's gaming license			year?	Yes No
b Oa	We	ere any of the organization's gaming license Yes," explain:			year?	Yes No
b 10a	We				year?	Yes No

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.

OMB No. 1545-0047

2020
Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for the latest information.
Hillsborough River State Park
Preservation Society

Employer identification number ** - * * * 0 5 0 5

Form 990-EZ, Part I, Line 7, Gross Profit from Sales of Inventory: Income: 38,461. 1. Gross Receipts 0. 2. Returns and Allowances 38,461. 3. Line 1 less line 2 20,888. 4. Cost of Goods Sold (line 13) 17,573. 5. Gross Profit (line 3 less line 4) Cost of Goods Sold: 0. 6. Inventory at Beginning of Year 0. 7. Merchandise Purchased 0. 8. Cost of Labor 20,888. 9. Materials and Supplies 0. 10. Other Costs 20,888. 11. Add Lines 6 through 10 0. 12. Inventory at End of Year 20,888. 13. Cost of Goods Sold (line 11 less line 12) Form 990-EZ, Part I, Line 16, Other Expenses: Amount: Description of Other Expenses: 2,720. Meals & Entertainment 2,545. Volunteer Appreciation Expenses 75. Advertising & Marketing 257. Dues & Subscriptions 648. Office Expenses 1,976. Facility & Equipment Expenses 8,221. Total to Form 990-EZ, line 16

Employer identification number **-***0505

Form 990-EZ, Part III, Primary Exempt Purpose - This not-for-profit

Florida Corporation was established to support the needs of

Hillsborough River State Park and Fort Foster Historic Site. Like other

state parks in Florida, Hillsborough River State Park and the Fort

Foster Historic Site have programs and physical needs which go beyond

the state's ability to provide funding and support. By generating

additional support for the park in the form of fundraising,

supplemental staffing, equipment, etc., we are aiding the park in

fulfillment of its mission. This mission, as set forth by the Florida

Park Service, is to provide resource based recreation while preserving,

interpreting and restoring natural, cultural and historical resources.

Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts:

The organization did not, during the year, receive any funds, directly,
or indirectly, to pay premiums on a personal benefit contract.

The organization, did not, during the year, pay any premiums, directly,
or indirectly, on a personal benefit contract.