



**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: *Brag! 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. Brag 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**

Visitor Services Revenue

Park gift shops, craft stores and concession sales	\$
Merchandise sales (e.g., plants, firewood, ice, t-shirts, hats, etc.)	\$ 18,763
Programs and Special Events (e.g., fundraising workshops, seasonal events, concerts, etc.)	\$ 1,493
Vending (e.g., drink machines, penny press, laundry, Wifi, etc.)	\$
Rentals (e.g., bikes, canoe, kayak, SUPs, etc.)	\$
In-park donation boxes	\$ 1,987
Other visitor services revenue	\$
Total Visitor Services Revenue	\$ 22,243
Net Assets	\$ 24,079

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.S. GAO Yellow Book](#)) 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 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.

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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			6/16/2021
Park Manager			6/16/2021

☒ 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 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 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.
 1. 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 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 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.

Extended to November 15, 2021

Short Form

OMB No. 1545-0047

Form **990-EZ**

Return of Organization Exempt From Income Tax

2020

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

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning and ending		D Employer identification number
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Hillsborough River State Park Preservation Society	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 15402 US 301 N	
	City or town, state or province, country, and ZIP or foreign postal code Thonotosassa, FL 33592-2318	
	E Telephone number 813-391-5649	
	F Group Exemption Number ▶	
G Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶		
I Website: ▶ www.historyandnature.org		
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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 ▶ \$ 50,355.		

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 <input checked="" type="checkbox"/>		
Revenue	1 Contributions, gifts, grants, and similar amounts received	4,246.
	2 Program service revenue including government fees and contracts	
	3 Membership dues and assessments	45.
	4 Investment income	
	5a Gross amount from sale of assets other than inventory	5a
	b Less: cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c
	6 Gaming and fundraising events:	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
	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)	6b 7,603.
c Less: direct expenses from gaming and fundraising events	6c 8,110.	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d -507.	
7a Gross sales of inventory, less returns and allowances	7a 38,461.	
b Less: cost of goods sold See Schedule O	7b 20,888.	
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c 17,573.	
8 Other revenue (describe in Schedule O)		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 21,357.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12
	13 Professional fees and other payments to independent contractors	13 3,060.
	14 Occupancy, rent, utilities, and maintenance	14 13,908.
	15 Printing, publications, postage, and shipping	15 292.
	16 Other expenses (describe in Schedule O) See Schedule O	16 8,221.
	17 Total expenses. Add lines 10 through 16	17 25,481.
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18 -4,124.
	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)	19 28,204.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 0.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 24,080.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2020)

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	28,204.	24,080.
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	28,204.	24,080.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	28,204.	24,080.

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 ☒

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

What is the organization's primary exempt purpose? **See Schedule O**

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

28 Preservation of Hillsborough River State Park	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 25,481.
29	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	32 25,481.

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
Walter Williams President	20.00	0.	0.	0.
Richard Fulton Vice President	20.00	0.	0.	0.
Sue Moulton Secretary	5.00	0.	0.	0.
Lisa Hartley Assistant Secretary	5.00	0.	0.	0.
Anna Marie Fulton Treasurer	5.00	0.	0.	0.
Randi Miller Media	5.00	0.	0.	0.
John Warrener Media	5.00	0.	0.	0.
David Hill Membership	5.00	0.	0.	0.
Dave Moulton Board Member	5.00	0.	0.	0.
Chris Beisler Board Member	5.00	0.	0.	0.
Marshall Hartley Board Member	5.00	0.	0.	0.

**Hillsborough River State Park
Preservation Society**

Form 990-EZ (2020)

-*0505 Page 3

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 Sch. O to respond to any question in this Part V ☒

		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		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
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)?	35a		X
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	N/A	
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		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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.	
b Did the organization file Form 1120-POL for this year?	37b		X
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?	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:			
a Initiation fees and capital contributions included on line 9	39a	N/A	
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A	
40a 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 of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.	
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		0.	
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41 List the states with which a copy of this return is filed FL			
42a The organization's books are in care of Walter Williams Telephone no. 813-391-5649 Located at 15402 US 301 N, Thonotosassa, FL ZIP + 4 33592-2318			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
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).			
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country	42c		X
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	43	N/A	
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c Did the organization receive any payments for indoor tanning services during the year?	44c		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		

Form 990-EZ (2020)

**Hillsborough River State Park
Preservation Society**

-*0505

Page 4

- 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
46		X

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

	Yes	No
47		X
48		X
49a		X
49b		

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 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." NONE

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

- 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

Walter Williams, President

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Cynthia J. Zygadlo

CJ Zygadlo

P00554679

Firm's name PDR CPAS + Advisors

Firm's EIN ** - *** 7531

Firm's address 4023 Tampa Road, Suite 2000
Oldsmar, FL 34677

Phone no. 727-785-4447

- May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

Form 990-EZ (2020)

Hillsborough River State Park

Preservation Society

-*0505 Page 3

Schedule A (Form 990 or 990-EZ) 2020

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar 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 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.
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						
6 Total. Add lines 1 through 5	9,869.	17,428.	25,341.	22,529.	42,752.	117,919.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						117,919.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	9,869.	17,428.	25,341.	22,529.	42,752.	117,919.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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 Total support. (Add lines 9, 10c, 11, and 12.)	9,869.	17,428.	25,341.	22,529.	42,752.	117,919.
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	100.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	.00 %
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☒

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization Hillsborough River State Park
Preservation Society

Employer identification number
-*0505

Part I 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.

- a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

- 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.

[illegible]

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.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2020

Hillsborough River State Park

Schedule G (Form 990 or 990-EZ) 2020

Preservation Society

** - ***0505 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 Foster Rendezvous (event type)	(b) Event #2 Foster Dinner Under (event type)	(c) Other events 4 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	4,427.	3,176.		7,603.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	4,427.	3,176.		7,603.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages		2,120.	600.	2,720.
	8 Entertainment				
	9 Other direct expenses	3,591.	263.	3,116.	6,970.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				9,690.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-2,087.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2020

Open to Public
Inspection

Name of the organization

Hillsborough River State Park
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Employer identification number
-*0505

Form 990-EZ, Part I, Line 7, Gross Profit from Sales of Inventory:

Income:

1. Gross Receipts	38,461.
2. Returns and Allowances	0.
3. Line 1 less line 2	38,461.
4. Cost of Goods Sold (line 13)	20,888.
5. Gross Profit (line 3 less line 4)	17,573.

Cost of Goods Sold:

6. Inventory at Beginning of Year	0.
7. Merchandise Purchased	0.
8. Cost of Labor	0.
9. Materials and Supplies	20,888.
10. Other Costs	0.
11. Add Lines 6 through 10	20,888.
12. Inventory at End of Year	0.
13. Cost of Goods Sold (line 11 less line 12)	20,888.

Form 990-EZ, Part I, Line 16, Other Expenses:

Description of Other Expenses:	Amount:
Meals & Entertainment	2,720.
Volunteer Appreciation Expenses	2,545.
Advertising & Marketing	75.
Dues & Subscriptions	257.
Office Expenses	648.
Facility & Equipment Expenses	1,976.
Total to Form 990-EZ, line 16	8,221.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization	Hillsborough River State Park Preservation Society	Employer identification number **-***0505
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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.