

Florida Department of Environmental Protection CITIZEN SUPPORT ORGANIZATION 2023 LEGISLATIVE REPORT

(pursuant to Section 20.058 Florida Statutes)

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: (Consistent with your Articles and Bylaws)

To support the park staff and park manager while honoring the standards stated in the unit management plan. To increase public education and awareness of the park and its history while preserving the park lands. To create a positive service atmosphere to all park visitors.

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.)

Unfortunately, the CSO Board resigned in June, 2022. This stopped all CSO activity. Before a new CSO had a chance to re-form, Hurricane lan struck and devastated not only Hontoon Island State Park, but also much of the state of Florida. The CSO has been re-established in May, 2023. Many of the records were destroyed by Hurricane Ian and the new CSO is unable to describe any results obtained before June, 2022.

Describe the CSO's Plans for the Next Three Calendar Years:

The new CSO will strive to establish and sustain relationships within the community. We will work to identify and apply for grants to preserve the park and its history. We will also establish an outreach program to local middle schools to promote awareness and education. We plan to have events at the park to increase park awareness, CSO membership and donations.

CSO's LAST CALENDAR YEAR STATISTICS:
Total Number of CSO General Membership: Unknown
Total Number of Board of Directors: 0
Total Volunteer Hours for the Board of Directors (From VSys - Work with your parks' volunteer manager): N/A
PARK & CSO RELATIONSHIP: Do not duplicate by describing accomplishments and contributions in the summary. Brag in the above Results Obtained. Below, describe the relationship. Park Manager's Comments on the CSO & Park Relationship and Support: Provide your perspective on Changing developments of the park provided by the CSO. Effectiveness of the organization in fulfilling their purpose to support the park(s). Effectiveness of the Board of Directors in completing their Annual Program Plan. The relationship between the park and CSO. What went well? Are there areas of improvement?
2022, the board of directors resigned, causing all CSO operations to pause. The net assets were sent to the Florida State Parks undation via cashier's check to be held until a new board is established.
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 mprovement?
a CSO has been re-established in May, 2023. We have no information on what happened in 2022. We can say that in 2023, our ationship with the park mangager and park staff is excellent and we look forward to a long and successful assocation.

SUMMARIZE FINANCIAL ACTIVITY FOR LAST CALENDAR YEAR, DIRECT PARK(S) SUPPORT & REVENUES:

Program Services are costs related to providing your organizations' programs or services in accordance with your mission. Describe and provide expenses that <u>directly support the park(s)</u>. For established nonprofit organizations, program service expenses generally represent most of the overall expenses of the organization. For the last calendar year provide the total \$ for each that apply. Do not use commas.

Building	improvement,	construction,	or	renovations	\$
urces le a	historic struct	ure restoratio	n/	renovation)	\$

Natural resources (e.g., native plants, natural lands restoration) \$

Maintenance equipment (e.g., mowers, chippers, blowers, chainsaws) \$

Other facilities and landscape maintenance \$ 450

Vehicles (e.g., trucks/cars, UTVs, golf carts, accessible devices, etc.) \$

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) \$ 21

Big ticket visitor center exhibits or interpretation updates \$

Park exhibits, displays, signage \$

Park publications, brochures, maps, etc. \$

Programing/interpretation support material purchases \$

Other program services \$ 25

Total Program Service Expenses \$ 496

Visitor Services Revenue are revenues and the sources generated from fundraising on park property. Do not use commas.

Park gift shops, craft stores, and concession sales \$

Merchandise sales (e.g., plants, firewood, ice, t-shirts, hats, etc.) \$

Programs and Special Events (e.g., fundraising workshops, seasonal events, concerts, etc.) \$

Vending (e.g., drink machines, penny press, laundry, Wifi, etc.) \$

Rentals (e.g., bikes, canoe, kayak, SUPs, etc.) \$

In-park donation boxes \$ 7371

Other visitor services revenue \$

Total Visitor Services Revenue \$ 7371

NET ASSETS: \$ 30239.14

Organizations end of last year's <u>Total Assets minus Total Liabilities</u>. This is <u>not</u> the above's Visitor Service Revenue minus Program Service Expenses.

CSO AUDIT THRESHOLD:

Last Calendar Year's Total Expenses (including grants) \$

Are the CSO's annual total expenses \$300,000 including grants? Then Section 215.981(2), Florida Statute requires an independent CPA audit using Government Audit Standards (<u>U.S. GAO Yellow Book</u>). 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.

CONFIRM ATTACHMENTS:

✓ Code of Ethics

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 complete 990 and schedules.

2023 CSO Legislative Report Acknowledgement



Department of the Treasury Internal Revenue Service Ogden, UT 84201 Notice CP211A
Tax period December 31, 2022
Notice date May 22, 2023
Employer ID number 59-3199299
To contact us Phone 877-829-5500
Page 1 of 1



HONTOON ISLAND FOUNDATION CSO INC % PRESIDENT CSO 2209 RIVER RIDGE ROAD DELAND FL 32720



433811

Important information about your December 31, 2022, Form 990

We approved your Form 8868, Application for Automatic Extension of Time to File an Exempt Organization Return

We approved the Form 8868 for your December 31, 2022, Form 990, Return of Organization Exempt From Income Tax.

Your new due date is November 15, 2023.

What you need to do

File your December 31, 2022, Form 990 by November 15, 2023. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit www.irs.gov/charities to learn about approved e-file providers, the types of returns you can file electronically, and whether you're required to file electronically.

Additional information

- Visit www.irs.gov/cp211a.
- Find tax forms or publications by visiting www.irs.gov/forms or calling 800-TAX-FORM (800-829-3676).
- Keep this notice for your records.

Form 990-EZ

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)

OMB No. 1545-0047

Open to Public

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.

For the 2020 calendar year, or tax year beginning , and ending Check if applicable: C Name of organization D Employer identification number Address change **-***9299 Name change Hontoon Island Foundation CSO, Inc. Initial return Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number 2309 River Ridge Road 386-736-5309 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Amended return F Group Exemption FL 32720-4302 Application pending DeLand Number > X Cash Accrual Other (specify) ▶ Check ► X if the organization is not Accounting Method: N/A required to attach Schedule B Website: Tax-exempt status (check only one) — X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or (Form 990, 990-EZ, or 990-PF). Form of organization: X Corporation Trust Association Other 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 47,190 (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received 1 2 2 Program service revenue including government fees and contracts Membership dues and assessments 3 3 4 5a Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (subtract lines from ine a) O O 5c 6 Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than 6a 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 Less: direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 23,619 Gross sales of inventory, less returns and allowances Less: cost of goods sold 14,194 Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 8 8 Other revenue (describe in Schedule O) 9 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Grants and similar amounts paid (list in Schedule O) 10 10 Benefits paid to or for members 11 11 Salaries, other compensation, and employee benefits 12 12 495 13 Professional fees and other payments to independent contractors 13 6,686 Occupancy, rent, utilities, and maintenance 14 14 Printing, publications, postage, and shipping 15 15 9,378 16 Other expenses (describe in Schedule O) 16 16,559 17 Total expenses. Add lines 10 through 16 17 21,206 Excess or (deficit) for the year (subtract line 17 from line 9) 18 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 54,546 19 end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O) 20 20 75,752 21 Net assets or fund balances at end of year. Combine lines 18 through 20

Form 990-EZ (2020) Hontoon Island Foundation CSO, Inc. **-***9299

Part II Balance Sheets (see the instructions for P Check if the organization used Schedule O to		question in this Part	11		X
		(A) Be	ginning of year		(B) End of year
22 Cash, savings, and investments			11,463	22	14,094
23 Land and buildings		And the second s	0	23	
24 Other assets (describe in Schedule O)			43,083	24	61,658
25 Total assets			54,546	25	75,752
26 Total liabilities (describe in Schedule O)	*********	***********	0	~~	(
27 Net assets or fund balances (line 27 of column (B) must agr			54,546	27	75,752
Part III Statement of Program Service Accom					
Check if the organization used Schedule O to	o respond to any	question in this Part	III	1	Expenses
What is the organization's primary exempt purpose?					quired for section
Support Hontoon Island State Park					(c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for as measured by expenses. In a clear and concise manner, describ				1000	inizations; optional for
persons benefited, and other relevant information for each program		vided, the number of		othe	ers.)
		Audinio sittemati and Aus Aus		- T	
28 Provided maintenance equipment, general repairmaintenance services.	irs, facility	improvements and			
maintenance services.	*****				
(Grants \$) If this amount includes	foreign grants, abo	ole boro		20-	0 626
29 Promote community awareness of park facility,			A. A. C. A.	28a	9,626
riomote community awareness or park facility,	, services and	aestnetics	*********	1000	
***************************************	*************		**********		
(Grants \$) If this amount includes	foreign grants, che	ck here		29a	5,724
30	ioreign grants, che	CK Here		29a	5,12-
1					
· ************************************	1	**************			
(Grants \$) If this amount includes	foreign grants of	ck here		30a	
Other program services (describe in Schedule O)	ieni (ODV		Jua	
(Grants \$) If this amount includes	foreign grants, che	ck here	• •	31a	
32 Total program service expenses (add lines 28a through 31a)		SK 11010	•	32	15,350
Part IV List of Officers, Directors, Trustees, and Key Er	mplovees (list eac	h one even if not comper	nsated — see th		tions for Part IV)
Check if the organization used Schedule O to resp		n in this Part IV (c) Reportable	(d) Llasith have	an fita	portion trace a visita de la casa
(a) Name and title	(b) Average hours per week	compensation (Forms W-2/1099-MISC)	(d) Health ber contributions to e	employee	(e) Estimated amount of
	devoted to position	(if not paid, enter -0-)	benefit plans deferred compe		other compensation
Peggy Thibodeaux					
President	0.00	0		0	0
Al Thibodeaux					
Vice President	0.00	0		0	C
Jim Ballner					
Treasurer	0.00	0		0	0
Lynn Hupp					
Secretary	0.00	0		0	0

				-7	

Schedule A (Form 990 or 990-EZ) 2020

Part III

(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.)

	ction A. Public Support						
	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 include any "unusual grants.")	16,343	9,197	11,094	12,112	23,571	72,317
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	46,958	34,966	46,096	46,419	23,619	198,058
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	2,500	2,500	2,500	2,500		10,000
6	Total. Add lines 1 through 5	65,801	46,663	59,690	61,031	47,190	280,375
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						
C	Add lines 7a and 7b					A	
8	Public support. (Subtract line 7c from						
_	line 6.)						280,375
	ction B. Total Support		ant O	onv -		The second second	
	ndar year (or fiscal year beginning in)	(a) 2018	CP1 2017 C	O(c))21/8	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	65,801	46,663	59,690	61,031	47,190	280,375
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						
С	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				3		
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.)	65,801	46,663	59,690	61,031	47,190	280,375
14	First 5 years. If the Form 990 is for the organization, check this box and stop here			or fifth tax year as		3)	> 🗆
Sec	tion C. Computation of Public Sup	pport Percenta	ge				
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 Scheo	dule A, Part III, line	15 ,,.,,.,.			16	100.00%
Sec	tion D. Computation of Investmen					1	
17	Investment income percentage for 2020 (lin			column (f))			%
	Investment income percentage from 2019 So		* * * * * * * * * * * * * * * * * * * *			18	%
19a	33 1/3% support tests—2020. If the organi 17 is not more than 33 1/3%, check this box						X
b	33 1/3% support tests—2019. If the organi						, [
	line 18 is not more than 33 1/3%, check this					A CONTRACTOR OF THE PROPERTY O	
20	Private foundation If the organization did	DOLCDECK 3 DOX OD	une 14 142 or 1	an check this hov	and see instruction	10	

Pa	art V	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part	+ \/		П
		instructions for Fart v.) Check if the organization used Schedule O to respond to any question in this Par	[V	Yes	No
33		organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			-
24		description of each activity in Schedule O	33		X
34		ny significant changes made to the organizing or governing documents? If "Yes," attach a conformed the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
		on Schedule O. See instructions	34		x
35a		organization have unrelated business gross income of \$1,000 or more during the year from business			
		s (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b		to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
C		e organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	7.70.70		
	reportin	g, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36		organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			A.L.
		he year? If "Yes," complete applicable parts of Schedule N	36		X
37a		mount of political expenditures, direct or indirect, as described in the instructions			
b		organization file Form 1120-POL for this year?	37b		X
38a		organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were		9	
-		th loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
39		" complete Schedule L, Part II, and enter the total amount involved 501(c)(7) organizations. Enter:			
a		n fees and capital contributions included on line 9			
b	Gross r	eceipts, included on line 9, for public use of club facilities 39b			
40a		501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
		4911 ▶ ; section 4912 ▶ ; section 4955 ▶	- 1/1		
b		501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	_		
		benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has	s not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
C		501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of (ax-imposed.			
	on orga	nization managers or disqualified persons during the year ander sections 4012.	()		
		nd 4958 ▶	_		
d		501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
		nbursed by the organization	_) Y	
е		nizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			v
44		tion? If "Yes," complete Form 8886-T states with which a copy of this return is filed ▶ FL	40e		X
41			386-73	6-5	309
42a	The org	2309 River Ridge Rd	300 /3	3	505
	Located	at Doland	32720		
b		time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
		cial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
		" enter the name of the foreign country ▶			
	See the	instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	- 100		
		al Accounts (FBAR).		9	
C		ime during the calendar year, did the organization maintain an office outside the United States?	42c		X
0_		" enter the name of the foreign country	_		
43		4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here er the amount of tax-exempt interest received or accrued during the tax year 43			
	and ent	er the amount of tax-exempt interest received or accrued during the tax year 43		Yes	No
110	Did the	organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		162	NO
44a		(1) 전 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 :	44a		x
b	1000 100 100	ted instead of Form 990-EZ organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	110		
u		ted instead of Form 990-EZ	44b		х
С	The state of the s	organization receive any payments for indoor tanning services during the year?			Х
d	If "Yes"	to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
11.5		ation in Schedule O	44d	-	-
45a		organization have a controlled entity within the meaning of section 512(b)(13)?	150		X
b		organization receive any payment from or engage in any transaction with a controlled entity within the	S. J. (B. J.)	7	
		g of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
		90-EZ. See instructions	45b		X
DAA			Form 99	0-EZ	(2020)

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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

► Attach to Form 990 or Form 990-EZ.

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

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

Hontoon Island Foundation CSO, Inc.

on. Inspection
Employer identification number

-*9299

ne organization is not a private foundation because it is: (For lines 1 through 12, c	check only one b	OX.)	
A church, convention of churches, or association of churches described in	in section 170(b	o)(1)(A)(i).	
A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990 or 990-EZ).)	
A hospital or a cooperative hospital service organization described in sec	ction 170(b)(1)(A)(iii).	
A medical research organization operated in conjunction with a hospital d	described in sec	tion 170(b)(1)(A)(iii). Enter the h	ospital's name,
city, and state:		***************	**************
An organization operated for the benefit of a college or university owned of	or operated by a	governmental unit described in	
section 170(b)(1)(A)(iv). (Complete Part II.)		3.024	
A federal, state, or local government or governmental unit described in se			
An organization that normally receives a substantial part of its support fro described in section 170(b)(1)(A)(vi). (Complete Part II.)		ital unit or from the general public	
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)(i) or university or a non-land-grant college of agriculture (see instructions). I university:			ge
X An organization that normally receives: (1) more than 33 1/3% of its supp	oort from contrib	utions membership fees and gre	100
receipts from activities related to its exempt functions, subject to certain esupport from gross investment income and unrelated business taxable in acquired by the organization after June 30, 1975. See section 509(a)(2).	exceptions; and come (less sect	(2) no more than 331/3% of its ion 511 tax) from businesses	333
An organization organized and operated exclusively to test for public safe	ety. See section	509(a)(4).	
An organization organized and operated exclusively for the benefit of, to p			
of one or more publicly supported organizations described in section 509 Check the box in lines 12a through 12d that describes the 100 maport			
a Type I. A supporting organization operated, supervised, or controlled the supported organization(s) the power to regularly appoint or elect a	by its supported a majority of the	d organization(s), typically by givi	
supporting organization. You must complete Part IV, Sections A an			
b Type II. A supporting organization supervised or controlled in connect control or management of the supporting organization vested in the so organization(s). You must complete Part IV, Sections A and C.			ed
c Type III functionally integrated. A supporting organization operated its supported organization(s) (see instructions). You must complete			ith,
d Type III non-functionally integrated. A supporting organization open that is not functionally integrated. The organization generally must sat requirement (see instructions). You must complete Part IV, Section	itisfy a distribution	on requirement and an attentivene	
e Check this box if the organization received a written determination fro functionally integrated, or Type III non-functionally integrated supporti	om the IRS that	t is a Type I, Type II, Type III	
f Enter the number of supported organizations			News 1
g Provide the following information about the supported organization(s).		0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
ii) Name of supported (ii) EIN (iii) Type of organization organization (described on lines 1–10	(iv) Is the organization	ng support (see	(vi) Amount of other support (see
above (see instructions))	document? Yes No	instructions)	instructions)
	NO NO		in the second se
	1		

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	ne Part V		
		,	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
2.0	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	THAN		
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			23
25-	change on Schedule O. See instructions	34		X
35a	5 de la fiera de la companya de la c			12.5
4	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
D	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	The state of the s	112.51		
0.0	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			50
270	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	ora			
b		37b		X
38a	and the state of t			
	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	000			
39	Section 501(c)(7) organizations. Enter:			
a	**************************************			
40a	***************************************		. (
404	tyte, is a second of the secon			
h	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			
U	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	406	3	x
C		40b	-	Λ
	on organization managers or disqualified persons during the year ander sections 4612.			
	4955, and 4958		. 1	
d	The state of the s			
-	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		x
41	List the states with which a copy of this return is filed ▶ FL	1100		
42a		386-73	6-5	309
	2309 River Ridge Rd		Trace (Trace)	7,7,5
	Located at ▶ DeLand FL ZIP + 4 ▶	32720		
b	17447741111111111111111111111111111111		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	12.41	X
	If "Yes," enter the name of the foreign country ▶			7-91
	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?	42c		X
	If "Yes," enter the name of the foreign country ▶			A 4
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	4		>
	and enter the amount of tax-exempt interest received or accrued during the tax year 43	1		
0.04			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	100		37
1.6	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			37
	completed instead of Form 990-EZ		-	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			X
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	2	Λ
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	APL		х
544	Form 990-EZ. See instructions	65b) EZ	

Schedule A (Form 990 or 990-EZ) 2020

Hontoon Island Foundation CSO, Inc. **-**9299

	(Complete only if you che Part III. If the organization	cked the box o	on line 5, 7, or 8	3 of Part I or if t	he organization	failed to qualify	under
Sec	ction A. Public Support				production contribute		
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 include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support		1				
Calei 7	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on	C	ient C	ору			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10			Telescont			
12	Gross receipts from related activities, etc.	see instructions)				12	
13	First 5 years. If the Form 990 is for the org		second third fourt	h or fifth tay year	as a section 501(c		
	organization, check this box and stop here				as a scotton so r(c		N.F
Sec	tion C. Computation of Public Su		tage			*********	
14	Public support percentage for 2020 (line 6,	column (f) divided	by line 11 colum	nn (fi)		14	%
15	Public support percentage from 2019 Sche	dule A. Part II. lin	0 1/			15	%
16a	33 1/3% support test—2020. If the organiz		* * * * * * * * * * * * * * * * * *	13. and line 14 is 3	33 1/3% or more o		70
	box and stop here. The organization qualif			ation			▶ [
b	33 1/3% support test-2019. If the organiz				5 is 33 1/3% or me	ore check	
	this box and stop here. The organization q						▶ [
17a	10%-facts-and-circumstances test—2020				Sa. or 16b. and line	14 is	······································
	10% or more, and if the organization meets						
	Part VI how the organization meets the "factorganization"						
b	10%-facts-and-circumstances test—2019 15 is 10% or more, and if the organization in Part VI how the organization meets the "	meets the "facts-a	and-circumstances	" test, check this b	ox and stop here.	Explain	

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

instructions

Part IV Supporting Organizations

Schedule A (Form 990 or 990-EZ) 2020

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Sup	porting Or	ganizations
--------------------	------------	-------------

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- Did the organization add, substitute, or remove any supported organization answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (if the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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pr 99	or 990-EZ)

Schedule A (Form 990 or 990-EZ) 2020

Par	t IV Supporting Organizations (continued)			
	Manager and the state of the st		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			1
2	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
ecti	detail in Part VI. ion B. Type I Supporting Organizations	11c		
	J. S.		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		103	140
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
ecti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	100		
acti	the supported organization(s).	1		
CLI	on D. All Type III Supporting Organizations	-	22 1	-
1	Did the organization provide to each of its supported corn zation, the last day of the fifth month of the		Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		/ /	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
ecti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	ctions).		- N. 10
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	26		
,	these activities but for the organization's involvement.	2b	-	-
	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

rai	ule A (Form 990 or 990-EZ) 2020 Hontoon Island Foundation C rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Company (Company Company	anizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No instructions. All other Type III non-functionally integrated supporting organizations must			
Sect	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of			
	gross income or for management, conservation, or maintenance of property			
	held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B – Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):	72.		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line of forgreater amounts see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ect	ion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2020 from Section C, line 6 Line 8 amount divided by line 9 amount (ii) (iii) Section E - Distribution Allocations (see instructions) **Excess Distributions** Underdistributions Distributable Pre-2020 Amount for 2020 Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2020 (reasonable cause required-explain in Part VI). See instructions. Excess distributions carryover, if any, to 2020 a From 2015 b From 2016 c From 2017. d From 2018 e From 2019 Client Copy f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2020 distributable amount i Carryover from 2015 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2020 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2020 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2021. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2016 b Excess from 2017 c Excess from 2018 d Excess from 2019 e Excess from 2020

Schedule A (Form 990 or 990-EZ) 2020

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

	Client Copy

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Hontoon Island Foundation CSO Inc

Employer identification number

Hontoon Island Foundati	on CSC), Inc.		**-**	*929	9
Form 990-EZ, Part I, Line 16 - Oth	er Exp	penses				
Description		Amount		v m o na i m o i m o ili o oli o oli o oli o	,	*14 = 4 = 3 = 0 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1
Expenses		************				
Information and Education pro	\$	1	42	ancena sa sea a bea sea se	*******	
Travel	\$	1	07			
CSO Expenses	\$	4	86	**************		
Volunteer support	\$	************	30	1918 B 1818 B 18 B 18 B 18 B 18 B 18 B 1	********	***************************************
Office	\$	1	16			
Credit Card Expenses	\$	5	72			
Non-investment Depreciation	\$	7,9	25			
	********					****************
Form 990-EZ, Part II, Line 24 - Ot	her As	ssets				
Description	4	*.1. * * * * * * = 1 .2 * * * * * * * * *	Beg	. of Year	End	of Year
		********	\$	45,423	\$	71,923
Less Accumulated Depreciation			\$	2,340	\$	10,26
		Total	\$	43,083	\$	61,658

			******	*************		
1 44 1 + 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
1 44 1 4 1 1 4 1 1 4 1 1 4 1 4 1 4 1 4		**************************************	* *** * * * * * * * * *	anjunkajeskas sirake		
		**************************************	* *** * * * * * * * * *	anjunkajeskas sirake		
		**************************************	* *** * * * * * * * * *	anjunkajeskas sirake		
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			* *** * * * * * * * * *	anjunkajeskas sirake		

Form 4562

Department of the Treasury Internal Revenue Service (99) **Depreciation and Amortization**

(Including Information on Listed Property)

Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Attachment Sequence No

179

Nam	e(s) shown on return Hont	oon Island Fo	oundation CS	O. Inc.		1,000,000	tifying n _ * * *	umber 9299
Busir	ness or activity to which this form re			1				
I	ndirect Depreci	ation						
Pa		pense Certain Prop	가도 하고 있다. 그 없는 다음 하고 있었다. 얼마나 뭐 하는 것이다.					
1	Maximum amount (see instru	ve any listed property					1	1,040,000
2	Total cost of section 179 property placed in service (see instructions)							1,040,000
3	Threshold cost of section 179	3	2,590,000					
4	Reduction in limitation. Subtra	act line 3 from line 2. If ze	ro or less, enter -0-	0.00.00			4	2/000/00
5	Dollar limitation for tax year. Subtr	ract line 4 from line 1. If zero o	r less, enter -0 If married fil	ling separately, s	see instructions		5	
6	A 304 T	cription of property		cost (business use) Elected cos		
					1			
7	Listed property. Enter the am		Exideratory or balance (falace)		7			
8	Total elected cost of section			and 7			8	
9	Tentative deduction. Enter the		THE STREET STREET STREET				9	
10	Carryover of disallowed dedu	[12] 하시아 [11] 하시아 [12] 다 하시아 [12] 다 된 사람이 [12]	4001000				10	
11	Business income limitation. E				See instruction	ons	11	
12	Section 179 expense deducti						12	
13 Note	Carryover of disallowed dedu e: Don't use Part II or Part III be				13			
_				4: (D14	la alcala Bata	d	4. 0-	a landaretta an A
14	and the second of the second o	ciation Allowance a				a prope	ny. Se	e instructions.)
14	Special depreciation allowand during the tax year. See instru		and the second s	A color from more and and				
15	during the tax year. See instru Property subject to section 16	SR(f)(1) election	Client C	Onv			15	
16	Other depreciation (including	ACRS)	Onone o	OPy			16	7,92
		ciation (Don't includ		e instructio	ns I	LITERATE	1 10	1,52.
	minterio Depre	oracion (Don't morac	Section A	oo moa doac	110.1			
17	MACRS deductions for asset	s placed in service in tax	vears beginning before 2	020			17	
18	If you are electing to group any assets					▶ □		
		B—Assets Placed in Ser				reciation	System	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	(d) Recovery period	(e) Convention	(f) Me	ethod	(g) Depreciation deduction
19a	3-year property							
b	5-year property							
С	7-year property							
d	10-year property							
е	15-year property							
f	20-year property							
	25-year property			25 yrs.		S/	_	
h	Residential rental	*		27.5 yrs.	MM	S/		
-	property			27.5 yrs.	MM	S/		
i	Nonresidential real			39 yrs.	MM	S/		
	property	Access Discovering	D 2000 T V-		MM	S/		4
20-		-Assets Placed in Serv	ce During 2020 Tax Ye	ar Using the	Alternative De	S/		n
20a	Class life			12 yrs		SI		
	12-year 30-year			12 yrs. 30 yrs.	MM	SI		
	40-year			40 yrs.	MM	S/		
_	art IV Summary (See	instructions)		10 yis.	Anat	1 0/		
21	Listed property. Enter amoun						21	
22	Total. Add amounts from line		ines 19 and 20 in column	n (g), and line	21. Enter			
	here and on the appropriate li					or enderthe	22	7,925
23	For assets shown above and							
	portion of the basis attributab	le to section 263A costs .	****************	**********	23			

Year Ended: December 31, 2020

Hontoon Island Foundation CSO, Inc. 2309 River Ridge Road DeLand, FL 32720-4302

Electing out of Bonus Depreciation Allowance for 5-Year Property

The above named taxpayer elects out of the first-year bonus depreciation allowance under IRC Section 168(k)(7) for all eligible 5-year depreciable property placed in service during the tax year.

Year Ended: December 31, 2020

Hontoon Island Foundation CSO, Inc. 2309 River Ridge Road DeLand, FL 32720-4302

Electing out of Bonus Depreciation Allowance for 7-Year Property

The above named taxpayer elects out of the first-year bonus depreciation allowance under IRC Section 168(k)(7) for all eligible 7-year depreciable property placed in service during the tax year.

Year Ended: December 31, 2020

_*9299

Hontoon Island Foundation CSO, Inc. 2309 River Ridge Road DeLand, FL 32720-4302

Electing out of Bonus Depreciation Allowance for 10-Year Property

The above named taxpayer elects out of the first-year bonus depreciation allowance under IRC Section 168(k)(7) for all eligible 10-year depreciable property placed in service during the tax year.

230034 Hontoon Island Foundation CSO, Inc.

** ***0299 AMT Asset Report Form 990, Page 1

05/10/2021 3:06 PM

FYE: 12/31/2020

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth _	Prior	Current
4 201	OS Property: 4 FRRV Trailer naha 50hp Boat motor (2)	9/21/20 10/01/20 _	10,500 16,000 26,500			10,500 16,000 26,500	7 MQ200DB 7 MQ200DB _	0 0 0	1,125 571 1,696
Prior MAC 1 Van 2 Pon 3 True	n ntoon Boat	7/01/15 12/31/19 12/31/19 =	3,404 36,069 5,950 45,423		X X X	1,702 0 0 1,702	7 HY 200DB 7 HY 200DB 7 HY 200DB _	3,024 36,069 5,950 45,043	152 0 0 152
	Grand Totals Less: Dispositions and Transf Net Grand Totals	ers _	71,923 0 71,923			28,202 0 28,202		45,043 0 45,043	1,848 0 1,848

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230034 Hontoon Island Foundation CSO, Inc.

-*9299 Depreciation Adjustment Report

05/10/2021 3:06 PM

FYE: 12/31/2020

All Business Activities

Form Unit Asset

Description

AMT

AMT Adjustments/ Preferences

There are no assets that meet the criteria of this report

Client Copy

05/10/2021 3:06 PM FYE: 12/31/21

230034 Hontoon Island Foundation CSO, Inc.

-*9299 Future Depreciation Report

FYE: 12/31/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Other I	Depreciation:				
1 2 3 4 5	Van Pontoon Boat Truck 2014 FRRV Trailer Yamaha 50hp Boat motor (2)	7/01/15 12/31/19 12/31/19 9/21/20 10/01/20	3,404 36,069 5,950 10,500 16,000	487 5,152 1,190 2,100 2,286	152 0 0 2,679 4,409
	Total Other Depreciation	mmi .	71,923	11,215	7,240
	Total ACRS and Other Depreciation		71,923	11,215	7,240
	Grand Totals		71,923	11,215	7,240

Client Copy

Forms 990 / 990-EZ Return Summary

For calendar year 2020, or tax year beginning

, and ending

-*9299

Hontoon Island Foundation CSO, Inc.

noncoon	island roundat	ion cso, inc.		
Net Asset / Fund Balance at Beginn	ning of Year		1	54,546
Revenue				
Contributions		23,571		
Program service revenue	7			
Investment income				
Capital gain / loss	-			
Fundraising / Gaming:	-			
Gross revenue				
Direct expenses				
Net income				
Other income	· ·	14,194		
Total revenue	-	17,137	27 765	
			37,765	
Expenses				
Program services				
Management and general	-			
Fundraising			0.000000	
Total expenses			16,559	
Excess / (deficit)			-	21,206
Changes	Oliana	100000		
	Cilen	t Copy		
Reconciliation of Re	evenue		Reconciliation of Expens	ses
otal revenue per financial statements			r financial statements	7.55
ess:		Less:		
Unrealized gains		Donated service	ces	
Donated services		Prior year adju		
Recoveries		Losses		
Other		Other	· ·	
us:	-	Plus:	-	-
			20000	
Investment expenses		Investment exp		
Other		Other Total even		
Total revenue per return		i otai expe	enses per return	
		Balance Sheet		
	Beginning	Ending	Differences	
Assets	54,546	75,752		
_ Liabilities				
Net assets	54,546	75,752	21,206	
=				
	Miscellaneous In	formation		
		nomation		
	Amended return	05/17/21		
	Return / extended due date Failure to file penalty	05/17/21		

Forms 990 / 990-EZ Return Summary

For calendar year 2020, or tax year beginning

, and ending

-*9299

Hontoon Island Foundation CSO, Inc.

noncoon	island roundat	ion cso, inc.		
Net Asset / Fund Balance at Beginn	ning of Year		1	54,546
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			37,765	
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Program services				
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Excess / (deficit)			-	21,206
Changes	Oliana	100000		
	Cilen	t Copy		
Reconciliation of Re	evenue		Reconciliation of Expens	ses
otal revenue per financial statements			r financial statements	7.55
ess:		Less:		
Unrealized gains		Donated service	ces	
Donated services		Prior year adju		
Recoveries		Losses		
Other		Other	· ·	
us:	-	Plus:	-	-
			20000	
Investment expenses		Investment exp		
Other		Other Total even		
Total revenue per return		i otai expe	enses per return	
		Balance Sheet		
	Beginning	Ending	Differences	
Assets	54,546	75,752		
_ Liabilities				
Net assets	54,546	75,752	21,206	
=				
	Miscellaneous In	formation		
		nomation		
	Amended return	05/17/21		
	Return / extended due date Failure to file penalty	05/17/21		

ARTICLE XII AMENDMENTS

The Board shall have the authority to amend and repeal the bylaws. Any member may propose amendments. An Amendment proposed by a voting member must be submitted in writing to the Board, by that member at least ten days prior to a regular meeting of the Board at which the Board will make a decision on the proposed amendment.

AMENDMENT 1

Hontoon Island Foundation CSO, Inc. CODE OF ETHICS

PREA	MBLI	F.
1 111/2		· a

- (1) It is essential to the proper conduct and operation of <u>Hontoon Island Foundation CSO</u>, <u>Inc.</u> (herein "CSO") that its board members, officers, and employees be independent and impartial and that their position not be used for private gain. Therefore, the Florida Legislature in Section 112.3251, Florida Statute (Fla. Stat.), requires that the law protect against any conflict of interest and establish standards for the conduct of CSO board members, officers, and employees in situations where conflicts may exist.
- (2) It is hereby declared to be the policy of the state that no CSO board member, officer, or employee shall have any interest, financial or otherwise, direct or indirect, or incur any obligation of any nature which is in substantial conflict with the proper discharge of his or her duties for the CSO. To implement this policy and strengthen the faith and confidence of the people in Citizen Support Organizations, there is enacted a code of ethics setting forth standards of conduct required of Hontoon Island Foundation CSO, 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 hoard 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 hoard 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.