



**Florida Department of Environmental Protection  
CITIZEN SUPPORT ORGANIZATION  
2021 LEGISLATIVE REPORT  
(pursuant to Section 20.058 Florida Statutes)**

Citizen Support Organization (CSO) Name: Hontoon Island Foundation CSO, Inc.

Mailing Address: 2309 River Ridge Rd. DeLand, FL 32720

Telephone Number: 386-736-5309

Website Address (*required if applicable*): Inactive

☐ 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:** 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:**

1. We provided the park with a trailer to house the camp host/hostess. The previous trailer was in bad shape; it had mold, no running water or sewage, and was very cramped. The new trailer is much newer, has a kitchen and bathroom, a comfortable bed, and lots of storage space. Running water and sewage are in the works. Our recent camp host and hostess were pleased with the improved accommodations, and they added a skirting and reinforced the overhead supporting structures.
2. The CSO office needed sprucing up, so it was cleaned and reorganized for board members to work and as a comfortable break room for volunteers. The CSO provided the funds to buy steel shelving for improved storage.
3. The following programs took place:

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

Because of COVID 19 restrictions and a decrease of revenue in 2021, we will continue some of our 2021 plans into the next three calendar years. These include:

1. Set up a Paypal account linked to Gofund Me to fund specific projects.
2. Provide funds for building a parking lot shelter for guests waiting for the ferry.
3. Maintain and upgrade 2 butterfly gardens, including signage and plants.
4. Upgrade parking lot entry gate, including steel gate with opener.
5. Add sewer and water lines for new camp host trailer.
6. Provide funding for ranger training.
7. Provide hats for volunteers (baseball or sun hats).

#### **CSO's LAST CALENDAR YEAR STATISTICS:**

**Total Number of CSO General Membership: 43**

**Total Number of Board of Directors: 5**

**Total Volunteer Hours for the Board of Directors** (*Hours from VSys. Work with your parks' volunteer manager*): **212**

#### **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:**

Our CSO had been doing a great job providing funds to improve our park. The new camp host camper was well needed and will improve our ability to provide comfortable living accommodation for our future camp host. The CSO also provided funds to help support a new display at our museum. With the assistance of our camp hosts, that were staying in the new camper, they built a beautiful cabinet that displays and describes some of the animals that can be found on our island. The CSO also launched a campaign to sell the old bicycles and kayaks that were no longer needed providing additional funds to their financial account while improving the cleanliness of the park. They have been very effective in fulfilling their purpose to support the parks.

We have a new Board of Directors that I am very happy with. They have come together to build an extremely effective Board that has great leadership and communication with the park. President Peggy Thibodeaux has kept the CSO operating extremely efficiently through her strong organizational skills and ability to address important topics in a professional manner while achieving the continuous participation and cooperation of the other Board members. I am extremely happy with how our CSO is operating under our new Board of Directors.

The place where we can improve is through the creation of new programs and events. We have a new concessionaire that has been helping improve our park and is willing to work with the CSO to create new programs and events. We are looking forward to growing this partnership between the Park Service, CSO and our concessionaire (Guest Services Inc.) to create some amazing programs moving forward. We unfortunately have been limited by the long-lasting effects of the COVID 19 pandemic but hope to see progress with our programs and events as we hopefully near the end of the COVID 19 restrictions.

#### **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 year 2020 presented many challenges. The park was closed for the month of April, so the CSO had no revenue during this time. We continue to find other means to increase our bank balance. However, good things also happened. In July 2020 an independent concessionaire, Guest Services Inc., took over the island store operations. GSI has worked with park management and the CSO to help in any way that

they can. Since beginning their operations, a representative attended each of our quarterly meetings giving a report and making suggestions. Also, they offer customers the option of rounding up their purchases as CSO donations. The park manager and his staff have also become active participants in the CSO. The manager and one of the rangers attended all quarterly meetings with a report, ideas for park improvements and suggestions for purchases. We are all working together as a team.

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

**Program Service Expenses are**

Building improvement, construction or renovations	\$
Cultural resources (e.g., historic structure restoration/ renovation)	\$
Natural resources (e.g., native plants, natural lands restoration)	\$
Maintenance equipment (e.g., mowers, chippers, blowers, chainsaws)	\$9,6226.00
Other facilities and landscape maintenance	\$
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)	\$
Big ticket visitor center exhibits or interpretation updates	\$
Park exhibits, displays, signage	\$5,724.00
Park publications, brochures, maps, etc.	\$
Programing/interpretation support material purchases	\$
Other program services	\$
<b>Total Program Service Expenses</b>	<b>\$15,350.00</b>

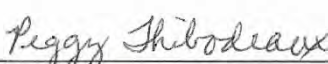

**Total Operating Expenses** (Overhead including fees, memberships, postage, rent, utilities, etc.) **\$16,559.00**

**Visitor Services Revenue**

Park gift shops, craft stores and concession sales	\$23,619.00
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	\$14,176.00
Other visitor services revenue	\$
<b>Total Visitor Services Revenue</b>	<b>\$37,795.00</b>
<b>Net Assets</b>	<b>\$75,752.00</b>

**CSO AUDIT:**

**Total of Last Calendar Year's Expenses (including grants)** §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	Peggy Thibodeaux		5/17/21
Park Manager	Rene Acuna		5/17/21

- ☒ 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.

## 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

#### PREAMBLE

- (1) It is essential to the proper conduct and operation of Hontoon Island Foundation CSO, Inc. (herein "CSO") that its board members, officers, and employees be independent and impartial and that their position not be used for private gain. Therefore, the Florida Legislature in 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 board member, officer, or employee shall solicit or accept anything of value to the recipient, including a gift, loan, reward, promise of future employment, favor, or service, based upon any understanding that the vote, official action, or judgment of the CSO board member, officer, or employee would be influenced thereby.

##### **2. Prohibition of Accepting Compensation Given to Influence a Vote**

No CSO board member, officer, or employee shall accept any compensation, payment, or thing of value when the person knows, or, with reasonable care, should know that it was given to influence a vote or other action in which the CSO board member, officer, or employee was expected to participate in his or her official capacity.

##### **3. Salary and Expenses**

No CSO board member or officer shall be prohibited from voting on a matter affecting his or her salary, expenses, or other compensation as a CSO board member or officer, as provided by law.

#### **4. Prohibition of Misuse of Position**

A CSO board member, officer, or employee shall not corruptly use or attempt to use one's official position or any property or resource which may be within one's trust, or perform official duties, to secure a special privilege, benefit, or exemption.

#### **5. Prohibition of Misuse of Privileged Information**

No CSO board member, officer, or employee shall disclose or use information not available to members of the general public and gained by reason of one's official position for one's own personal gain or benefit or for the personal gain or benefit of any other person or business entity.

#### **6. Post-Office/Employment Restrictions**

A person who has been elected to any CSO board or office or who is employed by a CSO may not personally represent another person or entity for compensation before the governing body of the CSO of which he or she was a board member, officer, or employee for a period of two years after he or she vacates that office or employment position.

#### **7. Prohibition of Employees Holding Office**

No person may be, at one time, both a CSO employee and a CSO board member at the same time.

#### **8. Requirements to Abstain From Voting**

A CSO board member or officer shall not vote in official capacity upon any measure which would affect his or her special private gain or loss, or which he or she knows would affect the special gain or any principal by whom the board member or officer is retained. When abstaining, the CSO board member or officer, prior to the vote being taken, shall make every reasonable effort to disclose the nature of his or her interest as a public record in a memorandum filed with the person responsible for recording the minutes of the meeting, who shall incorporate the memorandum in the minutes. If it is not possible for the CSO board member or officer to file a memorandum before the vote, the memorandum must be filed with the person responsible for recording the minutes of the meeting no later than 15 days after the vote.

#### **9. Failure to Observe CSO Code of Ethics**

Failure of a CSO board member, officer, or employee to observe the Code of Ethics may result in the removal of that person from their position. Further, failure of the CSO to observe the Code of Ethics may result in the Florida Department of Environmental Protection terminating its Agreement with the CSO.

Form **990-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

**2020****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

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

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

<b>A For the 2020 calendar year, or tax year beginning</b> , <b>and ending</b>			
<b>B</b> Check if applicable:		<b>C</b> Name of organization	
<input type="checkbox"/> Address change	<b>Hontoon Island Foundation CSO, Inc.</b> Number and street (or P.O. box, if mail is not delivered to street address) <b>2309 River Ridge Road</b> Room/suite City or town, state or province, country, and ZIP or foreign postal code <b>DeLand FL 32720-4302</b>		<b>D</b> Employer identification number
<input type="checkbox"/> Name change			<b>** - *** 9299</b>
<input type="checkbox"/> Initial return			<b>E</b> Telephone number
<input type="checkbox"/> Final return/terminated			<b>386-736-5309</b>
<input type="checkbox"/> Amended return			<b>F</b> Group Exemption Number
<input type="checkbox"/> Application pending			
<b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶		<b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
<b>I Website:</b> <b>N/A</b>			
<b>J Tax-exempt status</b> (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			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			
<b>L</b> 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 ▶ \$ <b>47,190</b>			

**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 ☒

<b>Revenue</b>	1	Contributions, gifts, grants, and similar amounts received	1	<b>23,571</b>
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5ae	
	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)	5ce	
	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	
c	Less: direct expenses from gaming and fundraising events e e e e e	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) e e	6d		
7a	Gross sales of inventory, less returns and allowances e	7a	<b>23,619</b>	
b	Less: cost of goods sold	7b	<b>9,425</b>	
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	<b>14,194</b>	
8	Other revenue (describe in Schedule O)	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 e ▶	9	<b>37,765</b>	
<b>Expenses</b>	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	<b>495</b>
	14	Occupancy, rent, utilities, and maintenance e e e	14	<b>6,686</b>
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	<b>9,378</b>
	17	<b>Total expenses.</b> Add lines 10 through 16 ▶	17	<b>16,559</b>
<b>Net Assets</b>	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	<b>21,206</b>
	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	<b>54,546</b>
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 ▶	21	<b>75,752</b>

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

☒ X

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	11,463	22	14,094
23 Land and buildings	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	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	54,546	27	75,752

**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

7

What is the organization's primary exempt purpose?

Support Hontoon Island State Park

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

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

28	Provided maintenance equipment, general repairs, facility improvements and maintenance services.		
	(Grants \$ ) If this amount includes foreign grants, check here	<input type="checkbox"/>	28a 9,626
29	Promote community awareness of park facility, services and aesthetics		
	(Grants \$ ) If this amount includes foreign grants, check here	<input type="checkbox"/>	29a 5,724
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)	<input type="checkbox"/>	32 15,350

**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

1

[illegible]



**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
<b>33</b> 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		<b>X</b>
<b>34</b> 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		<b>X</b>
<b>35a</b> 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)?		<b>X</b>
<b>b</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		
<b>c</b> 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		<b>X</b>
<b>36</b> 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		<b>X</b>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b>		
<b>b</b> Did the organization file Form 1120-POL for this year?		<b>X</b>
<b>38a</b> 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?		<b>X</b>
<b>b</b> If "Yes," complete Schedule L, Part II, and enter the total amount involved <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b>		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <b>40a</b> ; section 4912 <b>40a</b> ; section 4955 <b>40a</b>		
<b>b</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		<b>X</b>
<b>c</b> 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 <b>40c</b>		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization <b>40d</b>		
<b>e</b> 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 <b>40e</b>		<b>X</b>
<b>41</b> List the states with which a copy of this return is filed <b>FL</b>		
<b>42a</b> The organization's books are in care of <b>Peggy Thibodeaux</b> Telephone no. <b>386-736-5309</b> 2309 River Ridge Rd Located at <b>DeLand</b> <b>FL</b> ZIP + 4 <b>32720</b>		
<b>b</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)? If "Yes," enter the name of the foreign country <b>42b</b>		<b>X</b>
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>c</b> 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 <b>42c</b>		<b>X</b>
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <b>43</b>		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ <b>44a</b>		<b>X</b>
<b>b</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 <b>44b</b>		<b>X</b>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? <b>44c</b>		<b>X</b>
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O <b>44d</b>		
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? <b>45a</b>		<b>X</b>
<b>b</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 <b>45b</b>		<b>X</b>

**SCHEDULE A**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Public Charity Status and Public Support**

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

▶ **Attach to Form 990 or Form 990-EZ.**▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020****Open to Public  
Inspection**

Name of the organization

**Hontoon Island Foundation CSO, Inc.**

Employer identification number

**\*\*-\*\*\*9299****Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: .....
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2020

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
<b>33</b> 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		<b>X</b>
<b>34</b> 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		<b>X</b>
<b>35a</b> 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)?		<b>X</b>
<b>b</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		
<b>c</b> 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		<b>X</b>
<b>36</b> 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		<b>X</b>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b>		
<b>b</b> Did the organization file Form 1120-POL for this year?		<b>X</b>
<b>38a</b> 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?		<b>X</b>
<b>b</b> If "Yes," complete Schedule L, Part II, and enter the total amount involved <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b>		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <b>40a</b> ; section 4912 <b>40a</b> ; section 4955 <b>40a</b>		
<b>b</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		<b>X</b>
<b>c</b> 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 <b>40c</b>		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization <b>40d</b>		
<b>e</b> 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 <b>40e</b>		<b>X</b>
<b>41</b> List the states with which a copy of this return is filed <b>FL</b>		
<b>42a</b> The organization's books are in care of <b>Peggy Thibodeaux</b> Telephone no. <b>386-736-5309</b> 2309 River Ridge Rd Located at <b>DeLand</b> <b>FL</b> ZIP + 4 <b>32720</b>		
<b>b</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)? If "Yes," enter the name of the foreign country <b>42b</b>		<b>X</b>
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>c</b> 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 <b>42c</b>		<b>X</b>
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <b>43</b>		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<b>X</b>
<b>b</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		<b>X</b>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?		<b>X</b>
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>b</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		<b>X</b>



**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
<b>1</b> 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
<b>2</b> 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
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> 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
<b>6 Total.</b> Add lines 1 through 5	65,801	46,663	59,690	61,031	47,190	280,375
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						280,375

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6	65,801	46,663	59,690	61,031	47,190	280,375
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	65,801	46,663	59,690	61,031	47,190	280,375
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

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

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

**Section D. Computation of Investment Income Percentage**

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

- 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 ☐

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

OMB No. 1545-0047

**2020****Open to Public  
Inspection**

Name of the organization

**Hontoon Island Foundation CSO, Inc.**

Employer identification number

**\*\*-\*\*\*9299****Form 990-EZ, Part I, Line 16 - Other Expenses****Description****Amount****Expenses****Information and Education pro** \$ **142****Travel** \$ **107****CSO Expenses** \$ **486****Volunteer support** \$ **30****Office** \$ **116****Credit Card Expenses** \$ **572****Non-investment Depreciation** \$ **7,925****Total \$ 9,378****Form 990-EZ, Part II, Line 24 - Other Assets****Description****Beg. of Year End of Year**\$ **45,423** \$ **71,923****Less Accumulated Depreciation** \$ **2,340** \$ **10,265****Total \$ 43,083 \$ 61,658**

Form **4562****Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No. 1545-0172

**2020**Attachment  
Sequence No. **179**Department of the Treasury  
Internal Revenue Service (99)▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

▶ Attach to your tax return.

Name(s) shown on return

**Hontoon Island Foundation CSO, Inc.**Identifying number  
\*\*-\*\*\*9299

Business or activity to which this form relates

**Indirect Depreciation****Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,040,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,590,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	7,925

**Part III MACRS Depreciation (Don't include listed property. See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation 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) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	7,925
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

There are no amounts for Page 2

Form **4562** (2020)



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 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

\*\*-\*\*\*9299

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.

\*\*-\*\*\*9299

**AMT Asset Report**

FYE: 12/31/2020

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>7-year GDS Property:</b>									
4	2014 FRRV Trailer	9/21/20	10,500			10,500	7 MQ200DB	0	1,125
5	Yamaha 50hp Boat motor (2)	10/01/20	16,000			16,000	7 MQ200DB	0	571
			<u>26,500</u>			<u>26,500</u>		<u>0</u>	<u>1,696</u>
<b>Prior MACRS:</b>									
1	Van	7/01/15	3,404		X	1,702	7 HY 200DB	3,024	152
2	Pontoon Boat	12/31/19	36,069		X	0	7 HY 200DB	36,069	0
3	Truck	12/31/19	5,950		X	0	7 HY 200DB	5,950	0
			<u>45,423</u>			<u>1,702</u>		<u>45,043</u>	<u>152</u>
<b>Grand Totals</b>			71,923			28,202		45,043	1,848
<b>Less: Dispositions and Transfers</b>			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
<b>Net Grand Totals</b>			<u>71,923</u>			<u>28,202</u>		<u>45,043</u>	<u>1,848</u>

Client Copy

**Depreciation Adjustment Report**

FYE: 12/31/2020

**All Business Activities**Form Unit AssetDescriptionTaxAMTAMT  
Adjustments/  
Preferences

There are no assets that meet the criteria of this report

Client Copy

**Future Depreciation Report****FYE: 12/31/21**

FYE: 12/31/2020

**Form 990, Page 1**

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

**Client Copy**



# Forms 990 / 990-EZ Return Summary

For calendar year 2020, or tax year beginning , and ending

\*\*-\*\*\*9299

## Hontoon Island Foundation CSO, Inc.

Net Asset / Fund Balance at Beginning of Year 54,546

### Revenue

Contributions 23,571

Program service revenue \_\_\_\_\_

Investment income \_\_\_\_\_

Capital gain / loss \_\_\_\_\_

Fundraising / Gaming: \_\_\_\_\_

Gross revenue \_\_\_\_\_

Direct expenses \_\_\_\_\_

Net income \_\_\_\_\_

Other income 14,194

**Total revenue** 37,765

### Expenses

Program services \_\_\_\_\_

Management and general \_\_\_\_\_

Fundraising \_\_\_\_\_

**Total expenses** 16,559

**Excess / (deficit)** 21,206

Changes \_\_\_\_\_

Net Asset / Fund Balance at End of Year

75,752

Client Copy

### Reconciliation of Revenue

Total revenue per financial statements \_\_\_\_\_

Less: \_\_\_\_\_

Unrealized gains \_\_\_\_\_

Donated services \_\_\_\_\_

Recoveries \_\_\_\_\_

Other \_\_\_\_\_

Plus: \_\_\_\_\_

Investment expenses \_\_\_\_\_

Other \_\_\_\_\_

**Total revenue per return** \_\_\_\_\_

### Reconciliation of Expenses

Total expenses per financial statements \_\_\_\_\_

Less: \_\_\_\_\_

Donated services \_\_\_\_\_

Prior year adjustments \_\_\_\_\_

Losses \_\_\_\_\_

Other \_\_\_\_\_

Plus: \_\_\_\_\_

Investment expenses \_\_\_\_\_

Other \_\_\_\_\_

**Total expenses per return** \_\_\_\_\_

### Balance Sheet

	Beginning	Ending	Differences
Assets	<u>54,546</u>	<u>75,752</u>	
Liabilities			
Net assets	<u>54,546</u>	<u>75,752</u>	<u>21,206</u>

### Miscellaneous Information

Amended return \_\_\_\_\_

Return / extended due date 05/17/21

Failure to file penalty \_\_\_\_\_

# Forms 990 / 990-EZ Return Summary

For calendar year 2020, or tax year beginning , and ending

\*\*-\*\*\*9299

## Hontoon Island Foundation CSO, Inc.

Net Asset / Fund Balance at Beginning of Year 54,546

### Revenue

Contributions 23,571

Program service revenue \_\_\_\_\_

Investment income \_\_\_\_\_

Capital gain / loss \_\_\_\_\_

Fundraising / Gaming: \_\_\_\_\_

Gross revenue \_\_\_\_\_

Direct expenses \_\_\_\_\_

Net income \_\_\_\_\_

Other income 14,194

**Total revenue** 37,765

### Expenses

Program services \_\_\_\_\_

Management and general \_\_\_\_\_

Fundraising \_\_\_\_\_

**Total expenses** 16,559

**Excess / (deficit)** 21,206

Changes \_\_\_\_\_

Net Asset / Fund Balance at End of Year

75,752

Client Copy

### Reconciliation of Revenue

Total revenue per financial statements \_\_\_\_\_

Less:

Unrealized gains \_\_\_\_\_

Donated services \_\_\_\_\_

Recoveries \_\_\_\_\_

Other \_\_\_\_\_

Plus:

Investment expenses \_\_\_\_\_

Other \_\_\_\_\_

**Total revenue per return** \_\_\_\_\_

### Reconciliation of Expenses

Total expenses per financial statements \_\_\_\_\_

Less:

Donated services \_\_\_\_\_

Prior year adjustments \_\_\_\_\_

Losses \_\_\_\_\_

Other \_\_\_\_\_

Plus:

Investment expenses \_\_\_\_\_

Other \_\_\_\_\_

**Total expenses per return** \_\_\_\_\_

### Balance Sheet

	Beginning	Ending	Differences
Assets	<u>54,546</u>	<u>75,752</u>	
Liabilities			
Net assets	<u>54,546</u>	<u>75,752</u>	<u>21,206</u>

### Miscellaneous Information

Amended return \_\_\_\_\_

Return / extended due date 05/17/21

Failure to file penalty \_\_\_\_\_