



Florida Department of Environmental Protection

**CITIZEN SUPPORT ORGANIZATION
2020 LEGISLATIVE REPORT
(pursuant to Section 20.058 Florida Statutes)**

Citizen Support Organization (CSO) Name: Friends of Ichetucknee Springs State Park

Mailing Address (required): 6732 SW County Road 240, Lake City, FL 32024

Telephone Number (required): (386) 935-2453 Website Address (required if applicable): <https://sites.google.com/site/friendsoftheichetucknee/>

Statutory Authority:

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

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

CSO's Mission: *Consistent with Articles and Bylaws*

To conduct programs and activities; raise funds; request and receive grants, gifts and bequests of money; acquire, receive, hold, invest and administer, in its own name, securities, funds, objects of value or other property, real or personal; and make expenditures to or for the direct or indirect benefit of the Ichetucknee Springs State Park or the Florida State Park system.

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

- Participated in the second Annual Fort White Chamber of Commerce Community Yard Sale in September for membership recruitment and publicizing our Spooky Springs Event in October. We also publicized the Fort White Community Recycling Center.
- Produced and disseminated our FISSP Brochure to publicize our program and promote memberships.
- Purchased t-shirts for the Park's Prescribed Burn Program.
- Purchased an ADA lift cover for the North Entrance lift into the Headsprings.
- Promoted the season tubing opening weekend with the Park Concessionaire at the ISSP/FWHS Parknership Spring Opener event with tremendous success.
- Participated in the Fort White Community Christmas Parade passing out candy.
- Continued to improve our FISSP Facebook Page with improvements which has been well received.
- Participated and promoted Iche-Nippy-Dip Day at the North Entrance Head Springs, offering giveaways and membership & park information, signing up new members.
- Promoted National Lands Day, 2019 with a water-lettuce removal event and an invasive plant removal called the showy rattlebox.
- Sponsored with the Park Concessionaire the third "Spooky Springs" Event at the South Entrance on the Saturday before Halloween. It was a great success and will continue in 2020.
- Participated in the April 2019 Alligator Lake Festival with our FISSP tent, filled with membership information, park information and signing up new members.
- Provided support for the LIFE partnership with Fort White High School.
- Provided support for the Annual 6th Grade Day with Fort White High School students.

- Received and spent a \$1,000 donation from the State Park Foundation for needed materials for the Fort White High School/ISSP LIFE Program.
- Promoted “Work Saturdays” for Park clean ups, invasive plant removal, painting, etc
- And provided the purchase of art supplies and materials for improvements at the ISSP Educational Center.

Description of the CSO’s Plans for the Next Three Fiscal Years: *Expand section as necessary to be complete*

- Increase membership through attendance at community functions and activities promoting our importance and mission in helping to support the Ichetucknee Springs State Park.
- Continue to enhance our Facebook page for promotion and publicity of functions and activities, as well as, explore PayPal on SSL PayPal account for memberships and online donations through various means.
- Support members who would be willing to invest some of their time to pursue grants for the Park to generate needed funds for designated Park improvements.
- Invite community businesses to volunteer participation in Park projects to widen the volunteer base and increase memberships.
- Seek community/business sponsors for designated functions, like Iche Nippy Dip Day held on the 1st Saturday of the new year.
- Distribute our new FISSP brochure promoting the organization with membership form.
- Explore purchases of selected “promotional” FISSP materials to sell at the CSO booth at various events and activities, as a way to raise needed funds.
- Work closely with the Park concessionaire promoting events to increase public visitations to the Park throughout the year, such as, Spooky Springs Event with Haunted Trail, Haunted House and Games.
- Support and participate in our annual January Iche-Nippy-Dip Day at the North Entrance Head Springs, offering giveaways, memberships & park information.
- Support and promote the Fort White High School/ISSP LIFE educational program and related activities
- Provide Recognition Awards for the ISSP Program as well as, assist in nature-related projects, like the kestrel box program and water lettuce removal.
- Assist the Park Manager and Park Staff, when called upon for maintenance needs or Park improvement

CSO’s Code of Ethics is attached, and if the CSO has a website the code of ethics is posted conspicuously.

CSO has attached the most recent Internal Revenue Service (IRS) Form 990, 990-EZ, or 990-N receipt. If filing the 990-N, the Department requires the 990 or 990-EZ as a worksheet. All IRS Form 990’s must be *complete* with Part III Program Service and *all* appropriate Schedules (See attached instructions). If filing an IRS extension, attach the IRS 8868 receipt and most recent 990 and schedules.

Friends of Ichetucknee Springs CSO Code of Ethics – July 2014

FRIENDS OF ICHETUCKNEE SPRINGS STATE PARK CODE OF ETHICS

PREAMBLE

- (1) It is essential to the proper conduct and operation of Friends of Ichetucknee Springs State Park (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 Friends of Ichetucknee Springs State Park 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.

Department of the Treasury
Internal Revenue Service

for Tax-Exempt Organization not Required to File Form 990 or 990-E *

2019

Open to Public Inspection

A For the 2019 Calendar year, or tax year beginning 2019-01-01 and ending 2019-12-31

B Check if available

- Terminated for Business
 Gross receipts are normally \$50,000 or less

C Name of Organization: FRIENDS OF ICHETUCKNEE
SPRINGS6732 SW CR 240, Lake City,
FL, US, 32024D Employee Identification
Number 59-3480044

E Website:

F Name of Principal Officer: Irene Johannesen6732 SW COUNTY ROAD
240, LAKE CITY, FL, US,
32024

Privacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.

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

2019

Open to Public Inspection

▶ 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.

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning , 2019, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Friends of Ichetucknee Springs State Park	D Employer identification number 53-3480044
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 6732 SW County Road 240	E Telephone number (386) 984-0068
	City or town, state or province, country, and ZIP or foreign postal code Lake City, FL 32024	F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶ _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ _____

J Tax-exempt status (check only one) – 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

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	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21			
Revenue	1 Contributions, gifts, grants, and similar amounts received																													290		
	2 Program service revenue including government fees and contracts																															
	3 Membership dues and assessments																														745	
	4 Investment income																														2	
	5a Gross amount from sale of assets other than inventory																															
	b Less: cost or other basis and sales expenses																															
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)																															
	6 Gaming and fundraising events:																															
	a Gross income from gaming (attach Schedule G if greater than \$15,000)																															
	b Gross income from fundraising events (not including \$ 638 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																															
c Less: direct expenses from gaming and fundraising events																																
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																															638	
7a Gross sales of inventory, less returns and allowances																																
b Less: cost of goods sold																																
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)																																
8 Other revenue (describe in Schedule O)																																
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																															1,675	
Expenses	10 Grants and similar amounts paid (list in Schedule O)																															
	11 Benefits paid to or for members																															
	12 Salaries, other compensation, and employee benefits																															
	13 Professional fees and other payments to independent contractors																															
	14 Occupancy, rent, utilities, and maintenance																															
	15 Printing, publications, postage, and shipping																															161
	16 Other expenses (describe in Schedule O)																															2,564
17 Total expenses. Add lines 10 through 16																															2,725	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)																															-1,050
	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)																															4,059
	20 Other changes in net assets or fund balances (explain in Schedule O)																															
21 Net assets or fund balances at end of year. Combine lines 18 through 20																																3,009

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	4,059	22 3,009
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	4,059	25 3,009
26 Total liabilities (describe in Schedule O)		26 2,725
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		27 3,009

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

What is the organization's primary exempt purpose? Support the mission of Ichetucknee Springs State Park

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

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

28 <u>Support the LIFE Program by providing educational supplies. The LIFE program is conducted in cooperation with the local middle school. Total persons benefited is 1321</u> <u>(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/></u>	28a	998
29 <u>Education Center upgrade supplies provided by the organization increased public awareness of issues affecting Spring watersheds and habitats. Total persons benefited is 250</u> <u>(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/></u>	29a	230
30 <u>The organization provided park equipment to aid persons with disabilities. The ADA lift chair cover greatly enhanced the visitors experience by keeping the equipment clean and in good working condition. Total persons benefited is 100.</u> <u>(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/></u>	30a	412
31 Other program services (describe in Schedule O) <u>(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/></u>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	1,640

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Irene Johannsen President	4	0	0	0
Patricia Burke Secretary	4	0	0	0
Kym Jorgenson Vice President	4	0	0	0
Lori Lang Treasurer	4	0	0	0
Loye Barnard Board member	1	0	0	0
Dee Sinclair Board member	1	0	0	0
Earl Kinard Board member	1	0	0	0

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
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<input checked="" type="checkbox"/>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions		<input checked="" type="checkbox"/>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		<input checked="" type="checkbox"/>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text" value="37a"/>		
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved <input type="text" value="38b"/>		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 <input type="text" value="39a"/>		
b	Gross receipts, included on line 9, for public use of club facilities <input type="text" value="39b"/>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="text"/> ; section 4912 <input type="text"/> ; section 4955 <input type="text"/>		
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		<input checked="" type="checkbox"/>
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text"/>		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="text"/>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed <input type="text"/>		
42a	The organization's books are in care of <input type="text"/> Telephone no. <input type="text"/> Located at <input type="text"/> ZIP + 4 <input type="text"/>		
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 <input type="text"/> See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Yes	No
		<input type="checkbox"/>	<input checked="" type="checkbox"/>
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country <input type="text"/>		<input checked="" type="checkbox"/>
43	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 <input type="text" value="43"/>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
c	Did the organization receive any payments for indoor tanning services during the year?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	✓

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	✓
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	✓
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	✓
b If "Yes," was the related organization a section 527 organization?	49b	✓

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

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

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ **Yes** **No**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	▶ _____ Signature of officer	_____ Date
	▶ _____ Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

May the IRS discuss this return with the preparer shown above? See instructions ▶ **Yes** **No**

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

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

Friends of Ichetucknee Springs State Park

Employer identification number

53-3480044

Dues and membership fees expenses: \$120.00

Purchase and printing of CSO Tee shirts \$616.95

Park equipment \$411.50

LIFE program expenses \$997.71

Education center upgrade supplies \$229.86

Event fees \$187.71

TOTAL EXPENSES REPORTED ON SCHEDULE O 2563.73