



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

Citizen Support Organization (CSO) Name: *Friends of Weeki Wachee Springs State Park*

Mailing Address: 6252 Commercial Way #114, Weeki Wachee, FL 34613

Telephone Number: (352) 247-5775

Website Address (*required if applicable*): Friends of Weeki Wachee.com

X  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:** *Consistent with your Articles and Bylaws*

To Promote the use, protection and enhancement of *Weeki Wachee Springs State Park*

**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.

The Park was closed March 23, 2020 - March 18, 2021.

- Created a new website that includes the ability to take reservations for camps.
- Expanded social media use with up-to-date postings, videos, and response
- Expanded the Board of Directors.
- Membership out-reach of newsletters and emails are bringing renewals and new memberships.
- Forms up-dated
- New large pots planted with crotons, purchased several native trees for the landscape.
- Decorative painting for mermaid posing deck.
- Researched and received bids for the historical renovation of the iconic pillar symbol of the Park from a State licensed historical renovation contracting company. Approval pending.
- Purchased 3 heavy-duty transport wheelchairs for emergency use
- Continued to fund request by administration

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

- Complete Renovation of pillar
- Begin an on-line store to sell merchandise
- Create a strong volunteer base
- Continue efforts to increase an active membership
- Re-establish Fund-raising and Community Events
- Arrange educational programs concerning the park for the public
- Start the process of building and funding a historical and interpretive learning center in the park
- 

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

**Total Number of CSO General Membership: 68**

**Total Number of Board of Directors: 8**

**Total Volunteer Hours for the Board of Directors (Hours from VSys. Work with your parks 'volunteer manager): 2500**

**PARK & CSO RELATIONSHIP:**

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

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

*Provide your perspective on*

- *Changing developments of the park provided by the CSO.*
- *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?*

**The start of 2020 brought many challenges to Weeki Wachee Springs State Park and our Friends group. As you are well aware, Weeki Wachee Springs was closed for the majority of 2020 due to the Covid-19 pandemic, however, with the grand re-opening in March of 2021 we are well on our way back to being productive.**

**The Friends and park staff are looking forward to reinstating our legendary Sirens Camp, which is a major fund raiser for our park. With the help of our new Park Manager, we are eager to get the Friends of Weeki Wachee Springs to adhere to all required timelines with financial and legislative compliance.**

**Management and staff are excited to explore the new opportunities in the upcoming year.**

**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?*

**Weeki Wachee has not had a Florida State Park manager during most of this time period. The former Manager was dismissed in March 2020. New manager and assistant manager effective June 1st, 2021. Filling that role as Acting Manager, Robyn Anderson, respects the role of the CSO, is cooperative, generous with her time and shows appreciation for our efforts.**

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

**Program Service Expenses** are costs related to providing your organization's programs or services in accordance with your mission. For CSO's provide expenses that directly support the park(s). For established nonprofit organizations, program service expenses generally represent most of the overall expense of the organization. For the last calendar year provide totals \$ for each that apply.

Building improvement, construction or renovations	\$ 130
Cultural resources (e.g., historic structure restoration/ renovation)	\$
Natural resources (e.g., native plants, natural lands restoration)	\$250
	\$3500
Maintenance equipment (e.g., mowers, chippers, blowers, chainsaws)	\$3500
Other facilities and landscape maintenance	\$3500
Vehicles (e.g., trucks/cars, UTVs, golf carts, accessible devices, etc.)	\$19,000
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)	\$1900.00
Big ticket visitor center exhibits or interpretation updates	\$
Park exhibits, displays, signage	\$4,157.86
Park publications, brochures, maps, etc.	\$
Programing/interpretation support material purchases	\$
Other program services	\$
Total Program Service Expenses	\$66,390.54
Total Operating Expenses (Overhead including fees, memberships, postage, rent, utilities, etc.)	\$11,725.87

Visitor Services

Revenue

Park gift shops, craft stores and concession sales	\$
Merchandise sales (e.g., plants, firewood, ice, t-shirts, hats, etc.)	\$13,284.32
Programs and Special Events (e.g., fundraising workshops, seasonal events, concerts, etc.)	\$545
Vending (e.g., drink machines, penny press, laundry, Wifi, etc.)	\$1700.00
Rentals (e.g., bikes, canoe, kayak, SUPs, etc.)	\$2080
In-park donation boxes	\$797.57
Other visitor services revenue	\$
Total Visitor Services Revenue	\$21,014.68
Net Assets	\$122,624.85

**CSO AUDIT:**

**Total of Last Calendar Year's Expenses (including grants) \$ 81,015.41**

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.

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		<i>Gail Anderson, Vice President</i>	6/17/2021
Park Manager		<i>MLC Park Manager</i>	6/17/2021

CSO's Code of Ethics is attached

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

# **FRIENDS of Weeki Wachee Springs State Park**

## **Code of Ethics\***

### **PREAMBLE**

(1) It is essential to the proper conduct and operation of Friends of Weeki Wachee Springs State Park, 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 Friends of Weeki Wachee Springs State Park, 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.**

**\*Adopted on August 19, 2014**



Department of the Treasury  
Internal Revenue Service  
Ogden, UT 84201

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FRIENDS OF WEEKI WACHEE SPRINGS  
% RAYMOND VIRGILIO  
PO BOX 5346  
SPRING HILL FL 34611-5346



215843

Notice	CP211A
Tax period	December 31, 2020
Notice date	May 24, 2021
Employer ID number	27-1625836
To contact us	Phone 877-829-5500 FAX 877-792-2864

Page 1 of 1

Important information about your December 31, 2020 Form 990

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

We approved the Form 8868 for your  
December 31, 2020 Form 990.  
Your new due date is November 15, 2021.

### What you need to do

File your December 31, 2020 Form 990 by November 15, 2021. We encourage you to use electronic filing—the fastest and easiest way to file.  
Visit [www.irs.gov/charities](http://www.irs.gov/charities) to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

### Additional information

- Visit [www.irs.gov/cp211a](http://www.irs.gov/cp211a).
- For tax forms, instructions, and publications, visit [www.irs.gov/forms-pubs](http://www.irs.gov/forms-pubs) or call 800-TAX-FORM (800-829-3676).
  - Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

**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)

**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](http://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:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
**Friends of Weeki Wachee Springs State Park, Inc.**  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**P.O. Box 5346**  
 City or town, state or province, country, and ZIP or foreign postal code  
**Spring Hill, FL 34611-5346**

**D** Employer identification number  
**\*\* - \*\*\* 5836**

**E** Telephone number  
**(352) 799-4749**

**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: ▶ **N/A**

**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 . . . . . ▶ \$ **145,171.**

**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 . . . . .

		Revenue	
	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	11,864.
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	42,530.
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	25.
	<b>4</b> Investment income . . . . .	<b>4</b>	32.
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . . <b>5a</b>		
	<b>b</b> Less: cost or other basis and sales expenses . . . . . <b>5b</b>		
	<b>c</b> Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . . <b>5c</b>		
	<b>6</b> Gaming and fundraising events:		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . . <b>6a</b>		
	<b>b</b> Gross income from fundraising events (not including \$ 90,720. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . . <b>6b</b> 90,720.		
	<b>c</b> Less: direct expenses from gaming and fundraising events . . . . . <b>6c</b>		
	<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . . <b>6d</b> 90,720.		
	<b>7a</b> Gross sales of inventory, less returns and allowances . . . . . <b>7a</b>		
	<b>b</b> Less: cost of goods sold . . . . . <b>7b</b>		
	<b>c</b> Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . . <b>7c</b>		
	<b>8</b> Other revenue (describe in Schedule O) . . . . . <b>8</b>		
	<b>9</b> Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶ <b>9</b> 145,171.		
	<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . . <b>10</b>		
	<b>11</b> Benefits paid to or for members . . . . . <b>11</b> 1,000.		
	<b>12</b> Salaries, other compensation, and employee benefits . . . . . <b>12</b>		
	<b>13</b> Professional fees and other payments to independent contractors . . . . . <b>13</b> 27,649.		
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . . <b>14</b> 43,039.		
	<b>15</b> Printing, publications, postage, and shipping . . . . . <b>15</b> 31,825.		
	<b>16</b> Other expenses (describe in Schedule O) . . . . . See Line 16. Stmt . . . . . <b>16</b> 43,427.		
	<b>17</b> Total expenses. Add lines 10 through 16 . . . . . ▶ <b>17</b> 146,940.		
	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 9) . . . . . <b>18</b> -1,769.		
	<b>19</b> 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) . . . . . <b>19</b> 230,053.		
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . . <b>20</b>		
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶ <b>21</b> 228,284.		
	<b>Expenses</b>		
	<b>Net Assets</b>		



**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
<b>22</b> Cash, savings, and investments . . . . .	220,810.	<b>22</b> 185,349.
<b>23</b> Land and buildings . . . . .	8,371.	<b>23</b> 34,647.
<b>24</b> Other assets (describe in Schedule O) . . . . .	895.	<b>24</b> 12,610.
<b>25</b> Total assets . . . . .	230,076.	<b>25</b> 232,606.
<b>26</b> Total liabilities (describe in Schedule O) . . . . .	23.	<b>26</b> 4,322.
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	230,053.	<b>27</b> 228,284.

**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? See Part III Stmt

**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.

<b>28</b> Improvements to State Park		
(Grants \$ 40,646. ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	<b>28a</b>	40,646.
<b>29</b> _____		
(Grants \$ _____ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	<b>29a</b>	
<b>30</b> _____		
(Grants \$ _____ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O)		
(Grants \$ _____ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	<b>31a</b>	
<b>32</b> Total program service expenses (add lines 28a through 31a) . . . . .	<b>32</b>	40,646.

**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
Sheila Smith President	10.00	0.	0.	0.
Gail Anderson Vice President	10.00	0.	0.	0.
Charles W. Morton Secretary	10.00	0.	0.	0.
Anita Moseley Treasurer	10.00	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 . . . . .		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions . . . . .		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .		
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 . . . . .		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b>		
b	Did the organization file Form 1120-POL for this year? . . . . .		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .		X
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved . . . . . <b>38b</b>		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>		
b	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
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 . . . . .		X
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
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 . . . . .		X
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ <u>Sheila Smith</u> Telephone no. ▶ <u>(813) 468-9867</u> Located at ▶ <u>P.O. Box 5346, Spring Hill FL</u> ZIP + 4 ▶ <u>34611-5346</u>		
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 ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		X
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 ▶ _____		X
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 . . . . . ▶ <b>43</b>		
		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		X
c	Did the organization receive any payments for indoor tanning services during the year? . . . . .		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 . . . . .		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions . . . . .		X

**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**  Yes  No

**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 . . . . .

**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**  Yes  No

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . **48**  Yes  No

**49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . . **49a**  Yes  No

**b** If "Yes," was the related organization a section 527 organization? . . . . . **49b**  Yes  No

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

**f** Total number of other employees paid over \$100,000 . . . . . **f**

**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
NONE		

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . **d**

**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: Sheila Smith, President Date: 05/25/2020  
Type of print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: G.K. Myers Preparer's signature: G.K. Myers Date: 06/16/2021 Check  if self-employed PTIN: \*\*\*\*\*8817  
Firm's name: MYERS BUSINESS SERVICES, INC. Firm's EIN: \*\*-\*\*\*0117  
Firm's address: PO BOX 10189, BROOKSVILLE, FL 34603 Phone no.: (352)544-0024

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

**Additional information from your Form 990-EZ: Short Form Return of Organization Exempt from Income Tax**

**Form 990-EZ: Short Form Return of Organization Exempt from Income Tax**

**Line 16: Other Expenses**

**Continuation Statement**

Description	Amount
Bank Charges	6,287.
Dues & Subscriptions	220.
Entertainment Expense	1,136.
Fuel Expense	1,968.
Insurance	352.
Membership Expense	180.
Merchandise Purchases	24,334.
Office & Postage Expense	5,022.
Taxes & Licenses	3,541.
Travel	387.
<b>Total</b>	<b>43,427.</b>

**Form 990-EZ: Short Form Return of Organization Exempt from Income Tax**

**Part III: Purpose**

**Continuation Statement**

Organization's Primary Exempt Purpose
Citizen's Support Organization for the
State of Florida Park known as Weeki
Wachee Springs State Park.

YOUR COPY IS NOT FINAL

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2019**

Department of the Treasury  
Internal Revenue Service

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.

**Open to Public Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization <b>Friends of Weeki Wachee Springs State Park, Inc.</b>	Employer identification number <b>**_***5836</b>
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**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>						



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . .	68,894.	61,082.	152,985.	63,938.	145,171.	492,070.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . .	68,894.	61,082.	152,985.	63,938.	145,171.	492,070.
<b>5</b> 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) . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						492,070.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 . . . .	68,894.	61,082.	152,985.	63,938.	145,171.	492,070.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . .		77.				77.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>11 Total support.</b> Add lines 7 through 10						492,147.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . .					12	
<b>13 First five 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 stop here . . . . ▶ <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . .	<b>14</b>	99.98 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 . . . .	<b>15</b>	99.98 %
<b>16a 33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . ▶ <input type="checkbox"/>		

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		SIRENS Camp (event type)	Various Fundraising (event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	37,232.	53,488.		90,720.
	<b>2</b> Less: Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	37,232.	53,488.		90,720.
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	16,810.	11,244.		28,054.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				28,054.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				62,666.

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

**b** If "No," explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**b** If "Yes," explain: \_\_\_\_\_

\_\_\_\_\_

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

**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.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Friends of Weeki Wachee Springs State Park, Inc.

Employer identification number

\*\*-\*\*\*5836

Pt VI, Line 6: Organization has Members.

Pt VI, Line 11b: Copies of Form 990 are made available at Board meetings and  
when requested in writing.

Pt I, Line 16:

Description: Bank Charges \$6,287

Description: Dues & Subscriptions \$220

Description: Entertainment Expense \$1,136

Description: Fuel Expense \$1,968

Description: Insurance \$352

Description: Membership Expense \$180

Description: Merchandise Purchases \$24,334

Description: Office & Postage Expense \$5,022

Description: Taxes & Licenses \$3,541

Description: Travel \$387

Pt II, Line 24:

Description: Inventory Beginning of Year: \$895 End of Year: \$12,610

Pt II, Line 26:

Description: Due to Credit Card Beginning of Year: 0 End of Year: \$4,087

Description: Sales Tax Payable Beginning of Year: 0 End of Year: \$235