



**Florida Department of Environmental Protection
CITIZEN SUPPORT ORGANIZATION
2022 LEGISLATIVE REPORT
(pursuant to Section 20.058 Florida Statutes)**

Citizen Support Organization (CSO) Name:

Mailing Address:

Telephone Number:

Website Address (*required if applicable*):

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)

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.)

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

CSO's LAST CALENDAR YEAR STATISTICS:**Total Number of CSO General Membership:****Total Number of Board of Directors:****Total Volunteer Hours for the Board of Directors** (Hours from VSys - Work with your parks' volunteer manager):**PARK & CSO RELATIONSHIP:**

Do not duplicate by describing accomplishments and contributions in the summary (Brag in the above Results Obtained). Below, describes the relationship.

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

Provide your perspective on

- Changing developments of the park provided by the CSO.
- Effectiveness of the organization in fulfilling their purpose to support the park(s).
- Effectiveness of the Board of Directors in completing their Annual Program Plan.
- The relationship between the park and CSO. What went well? Are there areas of improvement?

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?

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

Program Service Expenses are costs related to providing your organization's programs or services in accordance with your mission. Describe and 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. Provide description and total \$ for each that apply.

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)	\$
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	\$ 0
Park publications, brochures, maps, etc.	\$ 0
Programing/interpretation support material purchases	\$ 953
Other program services	\$ 300067
Total Program Service Expenses	\$ 442127

Visitor Services Revenue

Describe revenues and the sources generated from fundraising on park property.

Park gift shops, craft stores, and concession sales	\$ 267505
Merchandise sales (e.g., plants, firewood, ice, t-shirts, hats, etc.)	\$ 0
Programs and Special Events (e.g., fundraising workshops, seasonal events, concerts, etc.)	\$ 177761
Vending (e.g., drink machines, penny press, laundry, Wifi, etc.)	\$ 0
Rentals (e.g., bikes, canoe, kayak, SUPs, etc.)	\$ 10896
In-park donation boxes	\$ 10691
Other visitor services revenue	\$ 115318
Total Visitor Services Revenue	\$ 582171


NET ASSETS: \$ 640,261.27

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

CSO AUDIT THRESHOLD:

Last Calendar Year's Total Expenses (including grants) \$ 573,497.68

Are the CSO's annual total expenses \$300,000 including grants? Then Section 215.981(2), Florida Statute requires an independent CPA audit using Government Audit Standards ([U.S. GAO Yellow Book](#)). 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	
CSO President	 5/26/22
Park Manager	Bryon Maxwell Digitally signed by Bryon Maxwell Date: 2022.05.26 15:34:09 -04'00' 5/26/22

☒ 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 complete 990 and schedules.

It is the policy of Barrier Island Parks Society that its board member, officer or employee shall uphold the highest standards of ethical, professional behavior. To that end, the board member, officer and employee shall dedicate themselves to carrying out the mission of this organization and shall:

- 1) Treat with respect and consideration all persons, regardless of race, religion, gender, Sexual orientation, maternity, marital or family status, disability, age or national origin.
- 2) Engage in carrying out the mission of Barrier Island Parks Society in an honorable and professional manner with integrity and dignity.
- 3) Not solicit or accept anything of value including a gift, loan, reward, promise of future employment, favor or service that would influence their official action, vote or judgment in favor of the giver.
- 4) Not 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.
- 5) Not 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.
- 6) Not corruptly use or attempt to use one's official position or any property or resource which may be within one's trust to secure a special privilege, benefit or exemption.
- 7) Not disclose or use information not available to members of the general public gained by one's official position for one's own personal gain or benefit or for the personal benefit or gain of any other person or business entity.
- 8) Not hold an employee and board officer position at the same time.
- 9) Accept as a personal duty the responsibility to keep up to date on emerging issues and to conduct themselves with professional competence, fairness, impartiality, efficiency, and effectiveness.
- 10) 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.

- 11) Abstain from voting in an official capacity or participate in decisions that would result in a direct or indirect financial benefit to them, a family member, friend or business associate. When abstaining, the board member or officer prior to the vote being taken, shall make reasonable effort to disclose the nature of their interest as a public record in a memorandum to be entered into the board minutes. If it is not possible to file a memorandum prior to the vote, the memorandum must be entered into the board minutes of the meeting no later than 15 days after the vote.
- 12) Conduct organizational and operational duties with positive leadership exemplified by open communication, creativity, dedication, and compassion.
- 13) Hold paramount the safety, health and welfare of the public, volunteers, board members, officers and employees in the performance of duties supporting the mission of Barrier Island Parks Society.
- 14) Collaborate with and support other professionals in carrying out the mission of Barrier Island Parks Society.
- 15) Recognize that the chief function of Barrier Island Parks Society at all times is to serve the best interests of its affiliated parks, lighthouses, members and community.
- 16) Abide by the By-Laws, and Policies and Procedures set in place by Barrier Island Parks Society.
- 17) Serve with respect, concern, courtesy, and responsiveness in carrying out the mission of Barrier Island Parks Society.
- 18) Demonstrate the highest standards of personal integrity, truthfulness, and honesty in all activities in order to inspire confidence and trust in such activities.
- 19) Avoid any interest or activity that is in conflict with the conduct of their official duties.
- 20) Strive for personal and professional excellence and encourage the professional developments of others.

Approved November 10, 2014

**Application for Automatic Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-0047

► **File a separate application for each return.**
 ► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Name of exempt organization or other filer, see instructions.

Taxpayer identification number (TIN)

**Type or
print**

BARRIER ISLAND PARKS SOCIETY INC

65-0327405

File by the
due date for
filing your
return. See
instructions.

Number, street, and room or suite number. If a P.O. box, see instructions.

PO BOX 637

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

BOCA GRANDE, FL 33921

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

- The books are in the care of ► SHARON MCKENZIE

Telephone No. ► (941) 964-0060

Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ► . If it is for part of the group, check this box ... ► and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 20 22, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☒ calendar year 20 21 or

► tax year beginning, 20, and ending, 20.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 3a \$ 0.

b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit 3b \$ 0.

c **Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions 3c \$ 0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2022)

Return of Organization Exempt From Income Tax

Under section 501(c)(3), 527, or 4947(c)(1) of the Internal Revenue Code (except private foundations)

2 20

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

A For the 2020 calendar year, or tax year beginning <u>2020</u> , and ending <u>2020</u>		D Employer identification number <u>65-0327405</u>
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminal <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Barrier Island Parks Society Inc PO BOX 637 BOCA GRANDE, FL 33921	E Telephone number <u>(941) 964-4162</u>
F Name and address of principal officers: TREASURER SAME AS C ABOVE		G Gross receipts: \$ <u>578,500.</u>
H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
I Tax-exempt status: <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		H(c) Group exemption number: <u>0</u>
J Website: <u>WWW.BARRIERISLANDPARKSSOCIETY.ORG</u>		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <u>0</u>		L Year of formation: <u>1989</u>
		M State of legal domicile: <u>FL</u>

Part I Summary

1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>	
2 Check the box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
3 Number of voting members of the governing body (Part VI, line 1a)	<u>18</u>
4 Number of independent voting members of the governing body (Part VI, line 1b)	<u>18</u>
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<u>11</u>
6 Total number of volunteers (estimate if necessary)	<u>179</u>
7a Total unrelated business revenue from Part VIII, column (C), line 12	<u>0.</u>
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	<u>0.</u>
8 Contributions and grants (Part VIII, line 1b)	<u>334,678.</u>
9 Program service revenue (Part VII, line 2g)	<u>435,505.</u>
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>2,390.</u>
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11a)	<u>75,186.</u>
12 Total revenue -- add lines 8 through 11 (must equal Part VII, column (A), line 12)	<u>847,759.</u>
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>0.</u>
14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>0.</u>
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>238,119.</u>
16a Professional fundraising fees (Part IX, column (A), line 11c)	<u>0.</u>
b Total fundraising expenses (Part IX, column (D), line 25) *	<u>21,781.</u>
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>486,750.</u>
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>724,869.</u>
19 Revenue less expenses. Subtract line 18 from line 12	<u>122,890.</u>
20 Total assets (Part X, line 16)	<u>563,733.</u>
21 Total liabilities (Part X, line 26)	<u>19,211.</u>
22 Net assets or fund balances. Subtract line 21 from line 20	<u>644,522.</u>

Part II Signature Block

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	<u>John Kissinger</u> Signature of officer	<u>June 25, 2021</u> Date
	<u>JOHN KISSINGER</u> Type or print name and title	<u>TREASURER</u>
Paid Preparer Use Only	Print/Type preparer's name <u>SYDNEY YOUNG</u>	Preparer's signature <u>SYDNEY YOUNG</u>
	Print/Type name <u>YOUNG HANKS & HANKS CPAS PA</u>	Date <u>6/25/21</u>
	Print/Type address <u>229 NOKOMIS AVE S</u>	City, state, and ZIP+4 <u>VENICE, FL 33528</u>
		Phone no. <u>941-800-2424</u>
		Preparer's EIN <u>83-2542444</u>
		Self-employed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

READYFILE 01/19/21

Form 990 (2020)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

Briefly describe the organization's mission:

SEE SCHEDULE O

- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 286,884. including grants of \$) (Revenue \$)
VARIOUS SUPPORT SERVICES FOR THE STATE PARKS AND THE COMMUNITY ASSOCIATED WITH THE
BARRIER ISLANDS VICINITY INVLUDING NEEDED CAPITAL IMPRO

4b (Code:) (Expenses \$ 91,010. including grants of \$) (Revenue \$)
VARIOUS EDUCATION AND OUTREACH PROGRAMS

4c (Code:) (Expenses \$ 72,884. including grants of \$) (Revenue \$)
OPERATION OF LIGHTHOUSE MUSEUM AND PARK APPROPRIATE GIFT SHOPS.

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 450,778.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.		X
4 Section 501(c)(3) organizations. 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.		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III.		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II.		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V.		X
11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I See instructions.		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.		X
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22	X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II.	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV.	28a	X
b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 'Yes,' complete Schedule L, Part IV.	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.	33	X
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If 'Yes' to line 35a, 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,' complete Schedule R, Part V, line 2.	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI.	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V.

	Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1 a	3
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1 b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X

Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return..... 2a 11		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?..... 3a		X
b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O. 3b		
4a 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)?..... 4a		X
b If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?..... 5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?.. 5b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?..... 5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?..... 6a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?..... 6b		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?..... 7a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?..... 7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?..... 7c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?.. 7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .. 7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?..... 7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?..... 7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?..... 8		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?..... 9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... 9b		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12..... 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities..... 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders..... 11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)..... 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?..... 12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year..... 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?..... 13a		
Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans..... 13b		
c Enter the amount of reserves on hand..... 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?..... 14a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. 14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?..... 15		X
If 'Yes,' see instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?..... 16		X
If 'Yes,' complete Form 4720, Schedule O.		

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI.

Section A. Governing Body and Management

	Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1 a	18
b Enter the number of voting members included on line 1a. above, who are independent.	1 b	18
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7 a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8 a	X
b Each committee with authority to act on behalf of the governing body?	8 b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O.	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10 a Did the organization have local chapters, branches, or affiliates?	10 a	X
b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b	
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O	11 b	
12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.	12 a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done.	12 c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O.	15 a	X
b Other officers or key employees of the organization.	15 b	X
If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a	X
b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed. **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. **SEE SCHEDULE O**

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

SHARON MCKENZIE PO BOX 637 BOCA GRANDE FL 33921 (941) 964-0060

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule ● contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) CROSS, TOM DIRECTOR	0	X					0.	0.	0.
(2) KLEPSE, RICHARD DIRECTOR	0	X					0.	0.	0.
(3) KISSINGER, JOHN TREASURER	0	X		X			0.	0.	0.
(4) BALLMAN, GARY DIRECTOR	0	X					0.	0.	0.
(5) FERINGA, SCOTT DIRECTOR	0	X					0.	0.	0.
(6) GRANT, LYNDA SECRETARY	0	X		X			0.	0.	0.
(7) KNIGHT, JOHNS DIRECTOR	0	X					0.	0.	0.
(8) HOOKER, MARY ANNE DIRECTOR	0	X					0.	0.	0.
(9) GUIDINGER, MARK DIRECTOR	0	X					0.	0.	0.
(10) O'CONNELL, DAN PRESIDENT	0	X		X			0.	0.	0.
(11) SHERWOOD, PETER VICE PRESIDENT	0	X		X			0.	0.	0.
(12) MC LAUGHLIN, ELAINE DIRECTOR	0	X					0.	0.	0.
(13) MCCOY, CAROL DIRECTOR	0	X					0.	0.	0.
(14) WIGGIN, DAN DIRECTOR	0	X					0.	0.	0.

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organiza- tions below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director Officer Key employee Former highest compensated employee	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(15) RICE, JOHN DIRECTOR	0 0	X	0.	0.	0.
(16) WILCOX, TOM DIRECTOR	0 0	X	0.	0.	0.
(17) SMEDLEY, MARY DIRECTOR	0 0	X	0.	0.	0.
(18) COURT, DAVID DIRECTOR	0 0	X	0.	0.	0.
(19) _____					
(20) _____					
(21) _____					
(22) _____					
(23) _____					
(24) _____					
(25) _____					
1 b Subtotal.			0.	0.	0.
c Total from continuation sheets to Part VII, Section A.			0.	0.	0.
d Total (add lines 1 b and 1 c)			0.	0.	0.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0					

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual.		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person.		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII. ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1 a				
	b Membership dues	1 b	117,197.			
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f	150,275.			
	g Noncash contributions included in lines 1a-1f	1 g				
	h Total. Add lines 1a-1f		267,472.			
Program Service	Business Code					
	2 a RETAIL SALES REVENUE		168,415.	168,415.		
	b KAYAK & BIKE RENTALS		10,804.	10,804.		
	c EVENT INCOME		3,883.	3,883.		
	d					
	f All other program service revenue					
	g Total. Add lines 2a-2f		183,102.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,778.	1,778.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	6 a (i) Real (ii) Personal				
	b Less: rental expenses	6 b				
	c Rental income or (loss)	6 c				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	7 a (i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses	7 b				
	c Gain or (loss)	7 c				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8 a	125,008.			
	b Less: direct expenses	8 b	15,153.			
	c Net income or (loss) from fundraising events		109,855.			109,855.
	9 a Gross income from gaming activities. See Part IV, line 19	9 a				
b Less: direct expenses	9 b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10 a					
b Less: cost of goods sold	10 b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
	11 a OTHER INCOME		1,140.			1,140.
	b					
	c					
	d All other revenue					
e Total. Add lines 11a-11d		1,140.				
12 Total revenue. See instructions			563,347.	184,880.	0.	110,995

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX.

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	0.	0.	0.	0.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	239,410.	173,101.	55,222.	11,087.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.				
10 Payroll taxes.				
11 Fees for services (nonemployees):				
a Management.				
b Legal.				
c Accounting.	13,170		13,170.	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	3,384.		3,384.	
12 Advertising and promotion.	1,323.	953.	370.	
13 Office expenses.	7,355.		5,900.	1,455.
14 Information technology.				
15 Royalties.				
16 Occupancy.	15,008.	10,324.	4,684.	
17 Travel.	9,103.	9,056.	47.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	4,243.	3,888.	355.	
23 Insurance.	10,457.	7,753.	2,704.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	150,022.	144,993.	5,029.	
b GIL - PROJECT MGMT	34,060.	25,560.	8,500.	
c GIL - INSURANCE	15,525.	15,525.		
d GIL - LANDSCAPING	15,115.	15,115.		
e All other expenses.	54,869.	44,510.	1,120.	9,239.
25 Total functional expenses. Add lines 1 through 24e.	573,044.	450,778.	100,485.	21,781.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash — non-interest-bearing.....	330,482.	1	393,810.
	2 Savings and temporary cash investments.....	152,417.	2	116,143.
	3 Pledges and grants receivable, net.....		3	
	4 Accounts receivable, net.....		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).....		6	
	7 Notes and loans receivable, net.....		7	
	8 Inventories for sale or use.....	82,835.	8	74,401.
	9 Prepaid expenses and deferred charges.....	14,189.	9	17,172.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....	10a 117,143.		
	b Less: accumulated depreciation.....	10b 101,282.	20,102.	10c 15,861.
	11 Investments — publicly traded securities.....		11	
	12 Investments — other securities. See Part IV, line 11.....		12	
	13 Investments — program-related. See Part IV, line 11.....		13	
	14 Intangible assets.....		14	
	15 Other assets. See Part IV, line 11.....	63,708.	15	63,708.
16 Total assets. Add lines 1 through 15 (must equal line 33).....	663,733.	16	681,095.	
Liabilities	17 Accounts payable and accrued expenses.....	14,598.	17	4,969.
	18 Grants payable.....		18	
	19 Deferred revenue.....		19	
	20 Tax-exempt bond liabilities.....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.....		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.....		22	
	23 Secured mortgages and notes payable to unrelated third parties.....		23	
	24 Unsecured notes and loans payable to unrelated third parties.....		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.....	4,613.	25	52,773.
	26 Total liabilities. Add lines 17 through 25.....	19,211.	26	57,742.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions.....	369,507.	27	403,933.
	28 Net assets with donor restrictions.....	275,015.	28	219,420.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds.....		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.....		30	
	31 Retained earnings, endowment, accumulated income, or other funds.....		31	
	32 Total net assets or fund balances.	644,522.	32	623,353.
33 Total liabilities and net assets/fund balances.	663,733.	33	681,095.	

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Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI. ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	563,347.
2	Total expenses (must equal Part IX, column (A), line 25)	2	573,044.
3	Revenue less expenses. Subtract line 2 from line 1	3	-9,697.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).	4	644,522.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O). SEE SCHEDULE O	9	-11,472.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	623,353

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ..

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. SEE SCHEDULE O		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits ..		

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 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

BARRIER ISLAND PARKS SOCIETY INC

Employer identification number

65-0327405

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)						
Total						

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	1,222,988.	522,855.	321,451.	334,678.	267,472.	2,669,444.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	1,222,988.	522,855.	321,451.	334,678.	267,472.	2,669,444.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						226,496.
6 Public support. Subtract line 5 from line 4.						2,442,948.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	1,222,988.	522,855.	321,451.	334,678.	267,472.	2,669,444.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	116.	112.	23.	2,390.	1,778.	4,419.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 Total support. Add lines 7 through 10.						2,673,863.
12 Gross receipts from related activities, etc. (see instructions).					12	0.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).	14	91.36 %
15 Public support percentage from 2019 Schedule A, Part II, line 14.	15	87.94 %
16a 33-1/3% support test—2020. 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 33-1/3% support test—2019. 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"/>
17a 10%-facts-and-circumstances test—2020. 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 10%-facts-and-circumstances test—2019. 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"/>
18 Private foundation. 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"/>

Schedule B

(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.
► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

BARRIER ISLAND PARKS SOCIETY INC

Employer identification number

65-0327405

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ► \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BARRIER ISLAND PARKS SOCIETY INC

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LEE COUNTY TOURIST DEVELOPMENT COUN PO BOX 2238 FORT MYERS, FL 33902	\$ 29,960.	Person Payroll Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	LENOIR CHARITABLE TRUST PO BOX 637 BOCA GRANDE, FL 33921	\$ 10,000.	Person Payroll Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	COMMUNITY FOUNDATION OF SARASOTA CO 2635 FRUITVILLE RD SARASOTA, FL 34237	\$ 70,433.	Person Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	FLORIDA HUMANITIES COUNCIL 599 2ND ST S ST. PETERSBURG, FL 33701	\$ 10,250.	Person Payroll Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person Payroll Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service
Name of the organization

- Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

**Open to Public
Inspection**

Employer identification number

BARRIER ISLAND PARKS SOCIETY INC

65-0327405

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1. ☐ \$

(ii) Assets included in Form 990, Part X. ☐ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1. ☐ \$

b Assets included in Form 990, Part X. ☐ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange program
 e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

	Amount
1 c Beginning balance...	
1 d Additions during the year...	
1 e Distributions during the year...	
1 f Ending balance	

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. ☐

Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance...					
b Contributions...					
c Net investment earnings, gains, and losses...					
d Grants or scholarships...					
e Other expenditures for facilities and programs...					
f Administrative expenses...					
g End of year balance...					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☐ %
 c Term endowment ☐ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
 (ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land...		1.		1.
b Buildings...				
c Leasehold improvements...				
d Equipment...		115,539.	99,679.	15,860.
e Other...		1,603.	1,603.	0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				15,861.

Part VII Investments – Other Securities.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives.....		
(2) Closely held equity interests.....		
(3) Other -----		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

Part VIII Investments – Program Related.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) EQUIPMENT FUTURE DONATION	13,865.
(2) EQUIPMENT FUTURE DONATION	14,491.
(3) EQUIPMENT FUTURE DONATION	35,352.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	63,708.

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AMORY CHAPEL KEY DEPOSITS	4,363.
(3) PPP LOAN	48,410.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	52,773.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

SEE PART XIII. ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains (losses) on investments	2a	
	b Donated services and use of facilities	2b	
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIII.)	2d	
	e Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIII.)	4b	
	c Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a	
	b Prior year adjustments	2b	
	c Other losses	2c	
	d Other (Describe in Part XIII.)	2d	
	e Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIII.)	4b	
	c Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X - FASB ASC 740 FOOTNOTE

THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. MANAGEMENT HAS EVALUATED SIGNIFICANT TAX POSITIONS AGAINST THE CRITERIA ESTABLISHED BY PROFESSIONAL STANDARDS AND BELIEVES THERE ARE NO SUCH TAX POSITIONS REQUIRING ACCOUNTING RECOGNITION IN THE FINANCIAL STATEMENTS. THE ORGANIZATION'S INCOME TAX RETURN IS SUBJECT TO EXAMINATION BY TAXING AUTHORITIES GENERALLY FOR THE YEARS ENDED DECEMBER 31, 2017, DECEMBER 31, 2018, AND DECEMBER 31, 2019. THERE HAVE BEEN NO TAX EXAMINATIONS COMMENCED DURING 2019 OR

Part XIII **Supplemental Information** *(continued)***PART X - FASB ASC 740 FOOTNOTE (CONTINUED)**

THROUGH THE DATES OF THESE FINANCIAL STATEMENTS.

SCHEDULE G
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020**Open to Public
Inspection**

Name of the organization:

BARRIER ISLAND PARKS SOCIETY INC

Employer identification number

65-0327405**[Part I]** **Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No**b** If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						0

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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 GREEN GALA & O (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))
1 Gross receipts	125,008.			125,008.
2 Less: Contributions				
3 Gross income (line 1 minus line 2)	125,008.			125,008.
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	15,153.			15,153.
10 Direct expense summary. Add lines 4 through 9 in column (d)				15,153.
11 Net income summary. Subtract line 10 from line 3, column (d)				109,855.

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

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

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

a Is the organization licensed to conduct gaming activities in each of these states?

☐ Yes ☐ No

b If 'No,' explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

☐ Yes

b If 'Yes,' explain:

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☒ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
- b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If 'Yes,' enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☒ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Employer identification number

65-0327405

BARRIER ISLAND PARKS SOCIETY INC

FORM 990, PART I, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES

TO INSPIRE THE EXPLORATION AND PRESERVATION OF OUR NATURAL AND HISTORIC TREASURES BY PROVIDING DONATIONS OF NEEDED EQUIPMENT AND IMPROVEMENTS FOR THE FOUR BARRIER ISLAND STATE PARKS INCLUDING THE PORT BOCA GRANDE LIGHTHOUSE & MUSEUM, AMORY MEMORIAL CHAPEL MUSEUM AND GASPARILLA ISLAND LIGHTHOUSE & WALKING TRAILS. TO DEVELOP EDUCATIONAL PROGRAMS, EXHIBITS, PUBLICATIONS AND EVENTS TO ATTAIN THE ABOVE GOALS.

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

TO INSPIRE THE EXPLORATION AND PRESERVATION OF OUR NATURAL AND HISTORIC TREASURES BY PROVIDING DONATIONS OF NEEDED EQUIPMENT AND IMPROVEMENTS FOR THE FOUR BARRIER ISLAND STATE PARKS INCLUDING THE PORT BOCA GRANDE LIGHTHOUSE & MUSEUM, AMORY MEMORIAL CHAPEL MUSEUM AND GASPARILLA ISLAND LIGHTHOUSE & WALKING TRAILS. TO DEVELOP EDUCATIONAL PROGRAMS, EXHIBITS, PUBLICATIONS AND EVENTS TO ATTAIN THE ABOVE GOALS.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND BOARD OFFICERS.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

AN ANNUAL PERFORMANCE EVALUATION IS MADE BY THE BOARD PRESIDENT AND COMPENSATION FOR THE EXECUTIVE DIRECTOR IS RECOMMENDED TO THE BOARD. THE BOARD THEN APPROVES THE COMPENSATION AS APPROPRIATE.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.

**FORM 990, PART XI, LINE 9
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

NET ASSET ADJUSTMENT.....	TOTAL	\$	-11,472.
		\$	-11,472.

FORM 990, PART XII, LINE 2 - CHANGE OF OVERSIGHT OR SELECTION PROCESS

THE AUDIT COMMITTEE REVIEWS THE AUDITED FINANCIALS BEFORE THEY ARE PROVIDED TO THE BOARD FOR APPROVAL.

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FORM 990, PART III, LINE 4E
PROGRAM SERVICES TOTALS

	PROGRAM SERVICES TOTAL	FORM 990	SOURCE
TOTAL EXPENSES	450,778.	450,778.	PART IX, LINE 25, COL. B
GRANTS	0.	0.	PART IX, LINES 1-3, COL. B
REVENUE	0.	183,102.	PART VIII, LINE 2, COL. A

FORM 990, PART IX, LINE 11G
OTHER FEES FOR SERVICES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUND- RAISING
BOOKKEEPING/ACCOUNTING	3,384.		3,384.	
TOTAL \$	\$ 3,384.	\$ 0.	\$ 3,384.	\$ 0.

FORM 990, PART IX, LINE 24E
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
BIKES	1,617.	1,617.		
DUES & SUBSCRIPTIONS	2,356.	1,484.	872.	
EVENTS	4,485.	4,485.		
GIL - VOLUNTEER EXPENSES	957.	957.		
GIL - WATER	3,182.	3,182.		
GIL CLEANING	750.	750.		
GIL GOLF CART REPAIRS	446.	446.		
GIL LIGHTHOUSE - CLIMB EXPENSE	152.	152.		
GIL LIGHTHOUSE - GENERAL	1,605.	1,605.		
GIL MERCHANDISE	1,312.	1,312.		
GIL METAL WORK	200.	200.		
GIL PROGRAM EXPENSE	305.	305.		
GIL SALES TAX	11,596.	11,596.		
GIVING CHALLENGE EXPENSES	258.			258.
KAYAKS	2,810.	2,810.		
MEMBERSHIPS	8,981.			8,981.
PORT BOCA GRANDE REPAIR	7,774.	7,774.		
POSTAGE AND SHIPPING	413.	165.	248.	
SMALL EQUIPMENT	293.	293.		
VOLUNTEERS	5,377.	5,377.		
TOTAL \$	\$ 54,869.	\$ 44,510.	\$ 1,120.	\$ 9,239.

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**EXCESS CONTRIBUTIONS
SCHEDULE A, PART II, LINE 5**

	2016	2017	2018	2019	2020	TOTAL	2% AMT	EXCESS
AUGUST BUSCH III CHARITABLE TRUST	50,000	0	0	0	0	50,000	0	0
JOHN AND PATTIE CLEGHORN	52,450	1,000	1,250	1,000	0	55,700	53,477	2,223
BAYNE AND JEANIE STEVENSON	50,244	2,500	0	2,560	0	55,304	53,477	1,827
VICTORIA WINTERER	50,663	250	400	750	0	52,063	0	0
WIL FARISH	0	0	50,000	0	0	50,000	0	0
PETER AND ELSA SODERBERG	1,250	26,000	26,000	1,000	0	54,250	53,477	773
ANN WHITE	25,000	25,250	20,000	25,000	0	95,250	53,477	41,773
JUSTIN AND BARBARA WILSON	0	26,000	1,000	0	0	27,000	0	0
HAMILTON FAMILY FOUNDATION	50,080	0	0	0	0	50,080	0	0
PLEASANT AND JERRY FRAUTSCHI	50,000	0	0	0	0	50,000	0	0
BOLLARD GROUP LLC	50,000	0	0	0	0	50,000	0	0
BOCA GRANDE WOMAN'S CLUB	25,000	5,000	10,000	7,100	5,000	52,100	0	0
FLORIDA LIGHTHOUSE ASSOCIATION	30,000	57,830	0	48,025	0	135,855	53,477	82,378
FRAUTSCHI PLEASANT/JOHN	50,000	0	0	0	0	50,000	0	0
LEE COUNTY TOURIST DEVELOPMENT COUN		0	80,180	40,859	29,960	150,999	53,477	97,522
	<u>484,687</u>	<u>143,830</u>	<u>188,830</u>	<u>126,294</u>	<u>34,960</u>	<u>978,601</u>	<u>320,862</u>	<u>226,496</u>

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DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR	METHOD	LIFE	CURRENT DEPR
FORM 990/990 PF									
FURNITURE AND FIXTURES									
3 OAK PLAQUES	9/08/99		182			182	S/L	7	0
7 FURNITURE	9/15/06		800			800	S/L	7	0
16 BOOKSHELVES	3/24/11		621			621	S/L	7	0
TOTAL FURNITURE AND FIXTURE			1,603		0	1,603			0
LAND									
20 CAYO COSTA LAND	11/24/11		1						0
TOTAL LAND			1		0	0			0
MACHINERY AND EQUIPMENT									
1 EXHIBIT CASES	11/22/98		64,211			64,211	S/L	7	0
2 EXHIBIT CASES	2/08/99		2,902			2,902	S/L	7	0
4 SAFE	12/12/02		375			375	S/L	5	0
5 AUDIO EQUIPMENT	12/17/04		677			677	S/L	7	0
6 AIRCONDITIONING	6/02/06		2,290			2,290	S/L	7	0
8 JEWELRY CASE	9/20/06		615			615	S/L	7	0
9 ANTIQUE BOOKCASE	9/21/06		375			375	S/L	7	0
10 DONOR PERFECT SW	11/17/09		2,004			2,004	S/L	3	0
11 SPEAKER SYSTEM	7/05/13		2,068			2,068	S/L	7	0
12 PANELS	2/29/08		693			660	S/L	7	0
13 DELL COMPUTER	5/03/10		431			416	S/L	5	0
14 MONITOR	3/23/11		309			289	S/L	5	0
15 PAST PERFECT SW	3/21/11		1,630			1,540	S/L	3	0
17 CAMERA	3/25/11		510			510	S/L	7	0
18 ARCHIVAL MATERIALS	3/28/11		1,465			1,363	S/L	3	0
19 POINT OF SALE SW	11/02/11		2,560			2,181	S/L	3	0
21 CREDIT CARD MACHINE	1/20/12		426			426	S/L	7	0
22 COMPUTER	1/26/12		1,098			1,078	S/L	5	0
23 BACK UP HARD DRI	3/21/13		119			119	S/L	5	0
24 UNDERWATER CAMERA	5/02/13		246			246	S/L	7	0
25 LAPTOP COMPUTER	12/26/13		485			485	S/L	5	0
26 COMPUTER	4/17/15		449			435	S/L	5	14
27 SHED-PARK VOLUNTEERS	12/24/15		7,670			4,384	S/L	7	1,096
28 FOCC ATV PURCHASE	4/27/17		9,396			3,357	S/L HY	7	1,342

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	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR	METHOD	LIFE	CURRENT DEPR
29	FIREWOOD BIN	8/15/18		662			130	S/L MQ	7	95
30	MACBOOK PRO	11/13/18		2,383			537	S/L MQ	5	477
31	GOLF CART	12/31/19		9,491			1,762	S/L HY	7	1,219
	TOTAL MACHINERY AND EQUIPME			115,540		0	95,435			4,243
	TOTAL DEPRECIATION			117,144		0	97,038			4,243
	GRAND TOTAL DEPRECIATION			117,144		0	97,038			4,243

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT	CUR 179 BONUS	SPECIAL DEPR. ALLOW	PRIOR 179/ BONUS/ SP. DEPR	PRIOR DEC. BAL DEPR	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR	METHOD	LIFE	RATE	CURRENT DEPR
FORM 990/990-PF																
FURNITURE AND FIXTURES																
3	● OAK PLAQUES	9/08/99		182							182	182	S/L	7		0
7	FURNITURE	9/15/06		800							800	800	S/L	7		0
16	BOOKSHELVES	3/24/11		621							621	621	S/L	7		0
	TOTAL FURNITURE AND FIXTURE			1,603		0	0	0	0	0	1,603	1,603				0
LAND																
20	CAYO COSTA LAND	11/24/11		1							1					0
	TOTAL LAND			1		0	0	0	0	0	1	0				0
MACHINERY AND EQUIPMENT																
1	EXHIBIT CASES	11/22/98		64,211							64,211	64,211	S/L	7		0
2	EXHIBIT CASES	2/08/99		2,902							2,902	2,902	S/L	7		0
4	SAFE	12/12/02		375							375	375	S/L	5		0
5	AUDIO EQUIPMENT	12/17/04		677							677	677	S/L	7		0
6	AIRCONDITIONING	6/02/06		2,290							2,290	2,290	S/L	7		0
8	JEWELRY CASE	9/20/06		615							615	615	S/L	7		0
9	ANTIQUE BOOKCASE	9/21/06		375							375	375	S/L	7		0
10	DONOR PERFECT SW	11/17/09		2,004							2,004	2,004	S/L	3		0
11	SPEAKER SYSTEM	7/05/13		2,068							2,068	2,068	S/L	7		0
12	PANELS	2/29/08		693							693	660	S/L	7		0
13	DELLCOMPUTER	5/03/10		431							431	416	S/L	5		0
14	MONITOR	3/23/11		309							309	289	S/L	5		0

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW	PRIOR 179/ BONUS/ SP. DEPR	PRIOR DEC. BAL DEPR	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR	METHOD	LIFE	RATE	CURRENT DEPR
15	PAST PERFECT SW	3/21/11		1,630							1,630	1,540	S/L	3		0
17	CAMERA	3/25/11		510							510	510	S/L	7		0
18	ARCHIVAL MATER ALS	3/28/11		1,465							1,465	1,363	S/L	3		0
19	POINT OF SALE SW	11/02/11		2,560							2,560	2,181	S/L	3		0
21	CREDIT CARD MACHINE	1/20/12		426							426	426	S/L	7		0
22	COMPUTER	1/26/12		1,098							1,098	1,078	S/L	5		0
23	BACK UP HARD DRI	3/21/13		119							119	119	S/L	5		0
24	UNDERWATER CAMERA	5/02/13		246							246	246	S/L	7		0
25	LAPTOP COMPUTER	12/26/13		485							485	485	S/L	5		0
26	COMPUTER	4/17/15		449							449	435	S/L	5		14
27	SHED-PARK VOLUNTEERS	12/24/15		7,670							7,670	4,384	S/L	7		1,096
28	FOCC ATV PURCHASE	4/27/17		9,396							9,396	3,357	S/L HY	7	.14280	1,342
29	FIREWOOD BIN	8/15/18		662							662	130	S/L MQ	7	.14280	95
30	MACBOOK PRO	11/13/18		2,383							2,383	537	S/L MQ	5	.20000	477
31	GOLF CART	12/31/19		9,491							9,491	1,762	S/L HY	7	.14290	1,219
TOTAL MACHINERY AND EQUIPME				115,540		0	0	0	0	0	115,540	95,435				4,243
TOTAL DEPRECIATION				117,144		0	0	0	0	0	117,144	97,038				4,243
GRAND TOTAL DEPRECIATION				117,144		0	0	0	0	0	117,144	97,038				4,243