

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: <u>Brag!</u> (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 <u>not</u> duplicate by describing accomplishments and contributions in the summary (<u>Brag</u> in the above Results Obtained). Below, describes the <u>relationship</u>.

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 <u>expenses that directly support the park(s)</u>. 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 \$0
 - Other program services \$0

Total Program Service Expenses \$ 47935

Visitor Services Revenue

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

- Park gift shops, craft stores, and concession sales \$85500
- Merchandise sales (e.g., plants, firewood, ice, t-shirts, hats, etc.) \$97293
- Programs and Special Events (e.g., fundraising workshops, seasonal events, concerts, etc.) \$25432
 - Vending (e.g., drink machines, penny press, laundry, Wifi, etc.) \$ 2217
 - Rentals (e.g., bikes, canoe, kayak, SUPs, etc.) \$ 6990
 - In-park donation boxes \$ 5497
 - Other visitor services revenue \$0
 - Total Visitor Services Revenue \$222929

NET ASSETS: \$ 227006

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

CSO AUDIT THRESHOLD:

Last Calendar Year's <u>Total Expenses</u> (including grants) \$ 162820

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	Gail Anderson Digitally signed by Gail Anderson Date: 2022.06.07 14:26:11 -04'00'	6/7/22					
Park Manager	Adam Belden Digitally signed by Adam Belden Date: 2022.06.07 14:11:49 -04'00'	6/7/22					

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.

Friends of Weeki Wachee (352) 247-5775

Code of Ethics

Posted pursuant to Chapter 112.3251, Florida Statutes

PREAMBLE

(1) It is essential to the proper conduct and operation of Friends of Weeki Wachee Springs State Park, Inc. (herein "CSO") That its board members, officers, and employees be independent and impartial and that their position not be used for private gain. Therefore, the Florida Legislature in Section 112.3251, Florida Statute (Fla. Stat.), requires that the law protect against any conflict of interest and establish standards for the conduct of CSO board members, officers, and employees in situations where conflicts may exist.

(2) It is hereby declared to be the policy of the state that no CSO

financial or otherwise, direct or indirect, or incur any obligation of any nature which is in substantial conflict with the proper discharge of his or her duties for the CSO. To implement this policy and strengthen the faith and confidence of the people in Citizen

Support Organizations, there is enacted a code of ethics setting forth standards of conduct required of Friends of Weeki Wachee Springs State Park, Inc. board members, officers, and employees in the performance of their official duties.

STANDARDS

The following standards of conduct are enumerated in Chapter 112, Fla. Stat., and are required by Section 112.3251, Fla. Stat., to be observed by CSO board members, officers, and employees.

1. Prohibition of Solicitation or Acceptance of Gifts

No CSO board member, officer, or employee shall solicit or accept anything of value to the recipient, including a gift, loan, reward, promise of future employment, favor, or service, based upon any understanding that the vote, official action, or judgment of the CSO board member, officer, or employee would be influenced thereby.

3. Salary and Expenses

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

4. Prohibition of Misuse of Position

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

5. Prohibition of Misuse of Privileged Information

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

6. Post-Office/Employment Restrictions

1. Prohibition of Solicitation or Acceptance of Gifts

No CSO board member, officer, or employee shall solicit or accept anything of value to the recipient, including a gift, loan, reward, promise of future employment, favor, or service, based upon any understanding that the vote, official action, or judgment of the CSO board member, officer, or employee would be influenced thereby.

7. Prohibition of Employees Holding Office

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

8. Requirements to Abstain From Voting

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

9. Failure to Observe CSO Code of Ethics

Failure of a CSO board member, officer, or employee to observe the Code of Ethics may result in the removal of that person from their position. Further, failure of the CSO to

observe the Code of Ethics may result in the Florida Department of Environmental Protection terminating its Agreement with the CSO.

*Adopted on August 19, 2014

			Short Form			OMB No. 1545-0047
Form	99	0-EZ	Return of Organization Exempt From I	ncome 1	Гах	2021
			Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code (a))
			► Do not enter social security numbers on this form, as it may			Open to Public
Depa Interr	nonent o nal Rever	of the Treasury nue Service	► Go to www.irs.gov/Form990EZ for instructions and the la	•		
A F	or the	2021 calend		and ending		, 20
Bc	heck if as	ppilcable:	C Name of organization		D Employer	Identification number
	Address c	-	Friends of Weeki Wachee S s State Park,	, INC. /sulte	**_**	
	Nerne che nitial retu	•	Number and street (or P.O. box if mail is not delive to s address)	780118	E Telephone	
		m/terminated	P.O. Box 5346 City or town, state or province, country, and ZIP or foreign postal code		35247	
_	Amended	netum pending	ill FL 34611-5346		F Group E Number	-
		ting Method:	Accrual Other (specify)	н	Check	If the organization is not
	Vebsite	-				attach Schedule B
J Te	ax-exen	npt status (ch	eck only one) – 🔀 501 <u>c (3) 🗌 501 c</u> 🛛 sert no. 🗌 4947(a) 1 or	527	(F or m 990).	
			: Corporation Trust Association Other			
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or n \$500,000 or more, file Form 990 instead of Form 990-EZ		al assots	• 107 729
	art I		ie, Expenses, and Changes in Net Assets or Fund Balance		<u>Instructio</u>	<u>\$ 197,728.</u>
			the o anization used Schedule O to res, ond to anuestion i	•		
	1		ons, gifts, grants, and similar amounts received	-	1	
	2	Program s	ervice revenue including government fees and contracts		2	
	3		nip dues and assessments	-	3	
	4	investmen		-	4	5.
	5a		or other basis and sales expenses	100		
	b c		or other basis and sales expenses	ne 5a)	50	1
	6	•	nd fundraising events:	ne eu		,
11021	8	-	ome from gaming (attach Schedule G If greater than			
Jue		\$15,000)				
Revenue	b			of contributio	ons '	
č			raising events reported on line 1) (attach Schedule G if the characteristic chara		222	
	•		ch gross income and contributions exceeds \$15,000) <u>8b</u>		<u>223.</u> ,694.	
	c d		e or (loss) from gaming and fundraising event			
	-		· · · · · · · · · · · · · · · · · · ·		. 6d	90,529.
	7a	Gross sale	es of Inventory, less returns and allowances . 7a	85	,500.	+
	b		of goods sold		226.	
	C	•	fit or (loss) from sales of inventory (subtract line 7b from line 7a)		70	85,274.
	8		nue (describe in Schedule O)		8	
	9		nue. Add lines 1 2, 3 4 5c, 6d 7c and 8		▶ 9	175,808.
	10 11	Benefits pa	d similar amount s paid (list in Schedule O) ald to or members		<u>10</u> 11	
ģ	12	•	ther compensation, and employee benefits		12	
Expenses	13		al fees and other payments to independent contractors .		13	
<u>ē</u>	14		y, rent, utilities, and maintenance		14	
ଶ	15		ublications postage, and shipping		15	
	16		enses (describe In Schedule O)			
1	17	Total e	sea. Add lines 10 throu h 16		. ► 17	
ets	19		s or fund balances at beginning of year (from line 27, column (A))			J41000.
SS	10		ar figure reported on prior year's return)	(19	187,416.
Net Assets	20		nges in net assets or fund balances (explain in Schedule O) .		20	
Z	21		or fund balances at end of ear. Combine lines 18 throu h 20		▶ 21	
For	Paper	work Reduct	tion Act Notice, see the separate instructions.			Form 990-EZ (2021)
			BAA	RE	V 05/24/22 PRO	· · ·

Page 2

	if			ond to a	ny question in this I	Part II		. 🗙
						(A) Beginning of year	(1	B) End of year
22	Cash, savings,	and investments				141 246.		180 580.
23		Ings				34,690.	23	34,690.
24	Other assets (d	lescribe in Sched	ule O)			12,610.	,- ,	12,600.
25	Total assets .	• • • • •				188,546.	11	227,870.
26		describe in Sch	•			1,130.	╆═╌╌╿ ╋═╦═╋╼━	5,774.
27		•		(B) must agree wit		187,416.	-	222,096.
Part					e instructions for F			
				•	n question in this l		(Requi	irec for section
	•			See Part III				(3) and 501(c)(4)
					f its three largest p e services provided		organ	izations; optional for
			nformation for eac				N.Y	
•							-	
						_		
	Grants \$	48,742.	if this amount is	ncludes forei n ra	ants check here .	▶ 🗆	28a	48 742.
29								
	(Grants \$) If this amount in	ncludes foreign gr	ants, check here .		29a	
30							200	

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		ervices (describe	•					
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Form 99	0-EZ (2021)		F	age 3
Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the o anization used Schedule O to respond to any question in this		e	
		i	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? if "Yes," provide a detailed description of each activity in Schedule O	33		×
34	Were any significant changes made to the organizing or governing documents? if "Yes," attach a conformed	~		Ê
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
35a	change on Schedule O. See instructions	34		×
004	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		×
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to sectio 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		x
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	390		
	during the year? If "Yes," complete applicable parts of Schedule N	36		×
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a Did the organization file Form 1120-POL for this year?	37ь		
ь 38а	Did the organization file Form 1120-POL for this year?	3/0		×
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	<u>38a</u>		×
ь 39	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b			
39 a	initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►			
Ь	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
с	that has not been reported on any of its prior Forms 990 or 990EZ?f "Yes," complete Schedule L, Part I Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	<u>40b</u>		×
•	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
-				
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-	40e		x
41	List the states with which a copy of this return is filed			
42 a	The organization's books are in care of ► Gail Anderson Located at ► P.O. Box 5346 Spring Hill FL ZIP+4 ► 3461			82
Ь	Located at P.O. Box 5346 Spring Hill FL ZIP+4 3461 At any time during the calendar year, did the organization have an interest in or a signature or other authority over	1-5	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		×
	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country	42c		×
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year .	• •		
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		×
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		×
с		44c		×
d	If "Yes" to line 44c, has the organization flied a Form 720 to report these payments? If "No," provide an			
450	explanation in Schedule O Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a	<u> </u>	×
45a b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-FZ. See instructions			
	Form 990-EZ. See instructions .	45b		×

Form 99	90-EZ (2	021)					Page 4
46		ne organization engage, directly or li				ition	es No
12000		ndidates for public office? If "Yes," of		, Part I		· 46	×
Part		Section 501(c)(3) Organization: All section 501(c)(3) organization 50 and 51.	-	stions 47-49b and	52, and complete th	e tables for	lines
		Check if the organization used Sc	hedule O to respond	to any question in t	this Part VI		. 🗆
						-	es No
47		ne organization engage in lobbying If "Yes," complete Schedule C, Par		section 501(h) electio	-		
46	•	organization a school as described in				47 48	× ×
49a		ne organization make any transfers t				49a	×
b		s," was the related organization a se	-	-		49b	
50		blete this table for the organization's					
	emple	byees) who each received more than	1 \$100,000 of compe		(d) Health benefits,	ie, enter "Nor I	l e. "
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	contributions to employee	(e) Estimated a other compe	
NONE	2						
					14		
f 61	Com	number of other employees paid ov plete this table for the organization 000 of compensation from the orga	's five highest comp		contractors who eac	h received m	ore than
	(8)	Name and business address of each independ	dent contractor	(b) Type of sen	vice (c) Compensation	
NONE							
			-				
			*				
d 52		number of other independent contra he organization complete Schedu	-	· •			
		leted Schèdule A		· · · · · · · · ·		🕨 🛛 Yes 🛛] No
		of perju <mark>ry, I declare that I have examined this</mark> d complete. Declaration of preparer (othe r that				nowledge and be	llef, it is
0'					[05/28/202:	2	
Sign Here	R	Signature of officer Gail An(erson, Presid	ent		Date		
		Type or print name and title					
Paid		Print/Type preperer's name	Preparer's signature	Da	ite Chask		
Palo	arer	G.K. Myers	G.K. Myers	0		yed ****8	817
Use		Firm's name MYERS BUSINESS			Firm's EIN ►**		
		Firm's address ► PO BOX 10189, discuss this return with the prepare			Phone no. (3	52)544-00 ▶ 🗙 Yes [
iviay (6113	alease the letal with the hisbare	REV 05/24/22 F			Form 990-	

SCHEDULE	A
(Form 990)	

(D)

(E) Total

Public Charity Status and Public Support

OMB No. 1545-0047

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

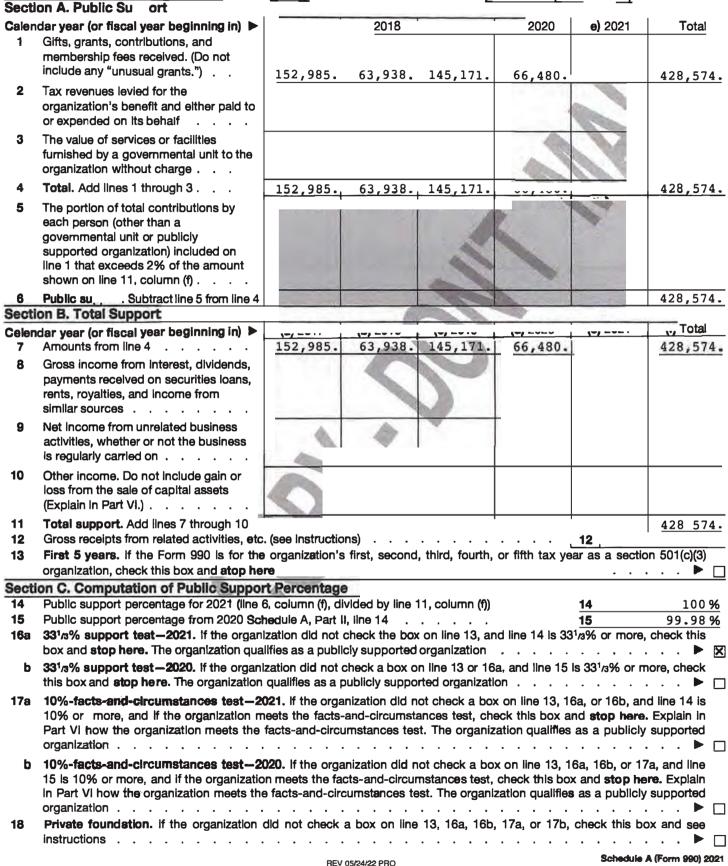
► Attach to Form 990 or Form 990-EZ. ► Go to www.lrs.gov/Form990 for instructions and the latest information. 2021

Department of the Treasury Internal Revenue Service N

Employer	Identification number
Employer	Nontonication number

	of the organization					Employer Identification	number				
	ends of Weeki Wachee S.					**-**5836					
Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.											
The c	The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)										
1	A church, convention of church	hes, or associati	on of churches descri	bed in se	ction 17	0(b)(1)(A)(i). 🛛 🛸	A. A.				
2	A school described in section	170(b)(1)(A)(li).	(Attach Schedule E (F	orm 990).	.)						
3											
4	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 section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	d by a government	al unit described in				
6	A federal, state, or local govern										
7	X An organization that normally			port from	a goven	nmental unit or from	the general public				
	described in section 170(b)(1)										
6	A community trust described in	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)							
9	An agricultural research organi or university or a non-land-gra										
	university:										
10	An organization that normally receipts from activities related support from gross investment	to its exempt fu	nctions, subject to ce	rtain exce	ptions; a	nd (2) no more than	331/3% of its				
	acquired by the organization a	fter June 30, 197	75. See section 509(a	i)(2). (Cor	nolete Pa	art III.)	DUSINGSSGS				
11	An organization organized and	-	•		•	•					
	An organization organized and	•		-			out the purposes of				
	one or more publicly supported										
	the box on lines 12a through 12	d that describes	the type of supporting	g organiza	ation and	complete lines 12e, 1	2f, and 12g.				
а	Type I. A supporting organ	ization operated	, supervised, or contr	olled by i	ts suppo	rted organization(s),	typically by giving				
	the supported organization	•		-		• • • •					
	supporting organization. Y	ou must comple	ete Part IV, Sections	A and B.	-						
b	Type II. A supporting organ	nization supervis	ed or controlled in co	nnection	with its s	upported organization	on(s), by having				
	control or management of										
	organization(s). You must	complete Part i	V, Sections A and C.								
С	Type III functionally integ						ily integrated with,				
	its supported organization(s) (see instructio	ns). You must comp	lete Part	IV, Secti	ons A, D, and E.					
d	🗌 Type III non-functionally	ntegrated. A su	pporting organization	operated	l in conne	ection with its suppo	rted organization(s)				
	that is not functionally integ						d an attentiveness				
	requirement (see instructio	ns). You must c	omplete Part IV, Sec	tions A a	and D, an	Id Part V.					
e	Check this box if the organ functionally Integrated,	ization received	a written determination	on from th	ne IRS the	at it is a Type I, Type ion.	II, Type III				
f	Enter the number of supported a		· · · · · · · ·								
g	Provide the following information						·				
	(i) Name of supported organization	(ff) EIN	(iii) Type of organization	î .	rganization	(v) Amount of monetary	(vi) Amount of				
			(described on lines 1-10	listed in you	ir governing	support (see	other support (see				
			above (eeo instructions))	doour	ndrit?	instructions}	instructions)				
				Yes	No						
(A)											
(B)											
	4										
(C)											
-		1									

(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 gualify under the tests listed below, please complete Part III.)



Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Su rt

	ON A. PUDIIC SU IL						
Calen	dar year (or fiscal year beginning in) 🕨		(-,	(0) - 0 10	(4) LULU	US LVL	Total
1	Gifts, grants, contributions, and membership fees						
-	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levled for the						
	organization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
8							
о 7а	Total. Add lines 1 through 5						
/a	received from disqualified persons						
Ь	Amounts Included on lines 2 and 3						
U	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Su rt						
Calen	dar year (or fiscal year beginning in) 🕨				\-/	<u></u>	., Total
9	Amounts from line 6						·
10a	Gross income from Interest, dividends,						
	payments received on securitles loans, rents,	I					
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net Income from unrelated business						
	activities not included on line 10b, whether or not the business is regularly carried on						
40							
12	Other income. Do not include galn or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the	organization'	s first, second	, third, fourth,	or fifth tax ye	ar as a sectio	n 501(c)(3)
	organization, check this box and stop he	re			-		• • Þ 🗆
Secti	on C. Com tion of Public Su or	rt Percenta	0				
15	Public support percentage for 2021 (line 8		•			15	%
16	Public su er je from 2020 Sch					16	%
	on D. Com tion of Investment In						
17	Investment income percentage for 2021 (17	%
18	Investment income percentage from 2020					18 18 321 a	%
19a	331/s% support tests 2021. If the organ 17 is not more than 331/s%, check this box						· · _
h	33 ¹ /a% support tests-2020. If the organiz		-				_
b	line 18 is not more than 331/3%, check this l						•
20	Private foundation. If the organization di	-	-	-			_
	- maio regulation in the organization di		/ 05/24/22 PRO				(Form 990) 2021