

# 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)   |
| <b>Describe Last Calendar Year's Results Obtained:</b> 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 <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 \$ 600

Park publications, brochures, maps, etc. \$

Programing/interpretation support material purchases \$

Other program services \$ 2205

**Total Program Service Expenses \$ 32749** 

#### **Visitor Services Revenue**

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

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

#### **NET ASSETS:** \$ 86641

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 Total Expenses (including grants) \$ 37353

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>U.S. GAO Yellow Book</u>). 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  | Chictoria Luleagley   | 5/25/22 |  |  |  |  |
| Park Manager   | Mark Duncan Digitally signed by Mark Duncan Date: 2022.05,25 14:36:50 -04'00' | 5/25/22 |  |  |  |  |

#### 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 BAHIA HONDA STATE PARK, INC.

#### **CODE OF ETHICS**

#### **PREAMBLE**

- (1) It is essential to the proper conduct and operation of Friends of Bahia Honda State Park, Inc. (herein "CSO") that its board members, officers, and employees be independent and impartial and that their position not be used for private gain. Therefore, the Florida Legislature in Section 112.3251, Florida Statute (Fla. Stat.), requires that the law protect against any conflict of interest and establish standards for the conduct of CSO board members, officers, and employees in situations where conflicts may exist.
- (2) It is hereby declared to be the policy of the state that no CSO board member, officer, or employee shall have any interest, financial or otherwise, direct or indirect, or incur any obligation of any nature which is in substantial conflict with the proper discharge of his or her duties for the CSO. To implement this policy and strengthen the faith and confidence of the people in Citizen Support Organizations, there is enacted a code of ethics setting forth standards of conduct required of Friends of Bahia Honda State Park, Inc. board members, officers, and employees in the performance of their official duties.

#### **STANDARDS**

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

#### 1. Prohibition of Solicitation or Acceptance of Gifts

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

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

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

#### 3. Salary and Expenses

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

#### 4. Prohibition of Misuse of Position

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

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

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

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

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

#### 7. Prohibition of Employees Holding Office

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

#### 8. Requirements to Abstain From Voting

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

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

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

# **Short Form Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

20 , 2021, and ending A For the 2021 calendar year, or tax year beginning D Employer identification number C Name of organization B Check if applicable: 47-3015850 Address change Friends of Bahia Honda State Park Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return 4439951287 PO Box 430403 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number > Big Pine Key, FL 33043 Application pending H Check ▶ X if the organization is not G Accounting Method: required to attach Schedule B Friendsofbahiahonda.org (Form 990). J Tax-exempt status (check only one) - ⊠ 501(c)(3) □ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 Other ☐ Trust Association K Form of organization: X Corporation L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I . . . Contributions, gifts, grants, and similar amounts received . . . . . . . . . . . . . . . . . 35,106. 1 2 Program service revenue including government fees and contracts 870. 2 3 11,955. 3 63. 4 5a Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than Revenue 6a **b** Gross income from fundraising events (not including \$ 6,795. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6,795. 6b 2,900. Less: direct expenses from gaming and fundraising events . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract and the second s 3,895. Gross sales of inventory, less returns and allowances . . . . . 7c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . 8 8 51,889. **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10 Grants and similar amounts paid (list in Schedule O) 10 11 11 12 Salaries, other compensation, and employee benefits 12 250. 13 Professional fees and other payments to independent contractors and a second se 13 14 Occupancy, rent, utilities, and maintenance 14 595. 15 Printing, publications, postage, and shipping 15 36,508. 16 Other expenses (describe in Schedule O) See. Line 16. Stmt . 16 17 37,353. Total expenses. Add lines 10 through 16 17 14,536. 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 72,105. end-of-year figure reported on prior year's return) . . . . . . . . . . . . . . 19 20 20

Net assets or fund balances at end of year. Combine lines 18 through 20

86,641.

21

| Pa            | rt II Balance Sheets (see the instru  | uctions t              | or Part II)  |  |  |                |  |
|---------------|---|------------------------|--|--|--|----------------|--|
|               | Check if the organization used S  | chedule                | O to respond to a                                    | ny question in this I  | Part II  |                | <u>L</u>                               |
|               |   |                        |  |  | (A) Beginning of year  | -              | (B) End of year                        |
| 22            | Cash, savings, and investments  |                        | 99999 3  | 191 S H  | 72,105.  | 22             | 86,641.                                |
| 23            | Land and buildings  |                        | 2 8 9 2 8 3  | 9 8 8  |  | 23             |  |
| 24            | Other assets (describe in Schedule O)   | - 95                   | 30322  | (A) N N  |  | 24             |  |
| 25            | Total assets  |                        |  | @ 2 S S  | 72,105.  | 25             | 86,641                                 |
| 26            | Total liabilities (describe in Schedule C   |                        |  |  |  | 26             |  |
| 27            | Net assets or fund balances (line 27 o  | f column               | (B) must agree with                                  | n line 21)   | 72,105.  | 27             | 86,641                                 |
| Par           | t III Statement of Program Service  | Accom                  | <b>plishments</b> (see th                            | e instructions for P   | art III)   |                | _                                      |
|               | Check if the organization used S  | chedule                | O to respond to a                                    | ny question in this f  | Part III 📋   | (Page          | Expenses<br>uired for section          |
| What          | t is the organization's primary exempt purp   | oose?                  | See Part III   | Stmt   |  | , ,            | c)(3) and 501(c)(4)                    |
| as m<br>perso | ribe the organization's program service a<br>leasured by expenses. In a clear and co<br>ons benefited, and other relevant informati | oncise monition for ea | anner, describe the<br>ch program title.             | e services provided  | the number of  | orgar<br>other | nizations; optional fo<br>'s.)         |
| 28            | Historic repair, and beauti   | ficati                 | on of State Pa                                       | ark  |  |                |  |
|               | Educational environmental ed  | cotour                 | S  |  |  |                |  |
|               |   |                        |  |  |  |                | _                                      |
|               | (Grants \$ 0. ) If this   | amount                 | includes foreign gra                                 | nts, check here .  | ▶ 📙  | 28a            | 0.                                     |
| 29            |   |                        |  |  |  |                |  |
|               |   |                        |  |  |  |                |  |
|               |   |                        |  |  |  |                |  |
|               | (Grants \$ ) If this  | amount                 | includes foreign gra                                 | nts, check here .  | 🕨 📋  | 29a            |  |
| 30            | •   |                        |  |  |  |                |  |
|               |   |                        |  |  |  |                |  |
|               |   |                        |  |  |  |                |  |
|               | (Grants \$ ) If this  | amount                 | includes foreign gra                                 | nts, check here .  | · · · · · ·  | 30a            |  |
| 31            | Other program services (describe in Sche  |                        |  |  | E (4) (4) • (4   |                |  |
|               | (Grants \$ ) If this  | amount                 |  | nts, check here .  |  | 31a            |  |
| 32            | Total program service expenses (add lin   | nes 28a t              | hrough 31a)  |  | E 0 2 E  | 32             | 0.                                     |
| Par           | List of Officers, Directors, Trustees   | , and Key              | Employees (list each                                 | one even if not comp   | ensated—see the in   | nstruc         | tions for Part IV)                     |
| in the second | Check if the organization used S  | chedule                | O to respond to ar                                   | ny question in this F  | Part IV  |                | <u> D</u>                              |
|               | (a) Name and title  |                        | (b) Average<br>hours per week<br>devoted to position | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC/<br>1099-NEC)<br>(if not paid, enter -0-) | (d) Health benefits,<br>contributions to employ<br>benefit plans, and<br>deferred compensation |                | Estimated amount of their compensation |
| Vic           | toria Weagley   |                        | -  |  |  |                |  |
|               | sident  |                        | 15.00  | 0.   | 0  |                | 0.                                     |
|               | y Wilkins   |                        |  |  |  |                |  |
|               | e President   | ·                      | 8.00   | 0.   | 0  |                | 0.                                     |
|               | l Weagley   |                        |  |  |  |                |  |
|               | retary  |                        | 15.00  |  |  |                |  |
|               | ne Rullan   |                        |  | 0.   | 0  |                | 0.                                     |
|               | 110 11011   |                        |  | 0.   | 0  | +              | 0.                                     |
|               | asurer  |                        | 2.00   | 0.   | 0  |                |  |
| San           | asurer<br>dv Haas   |                        | 2.00   |  |  |                |  |
|               | dy Haas   |                        |  | 0.   |  |                | 0.                                     |
|               |   |                        | 2.00   |  | 0  |                | 0.                                     |
|               | dy Haas   |                        |  | 0.   | 0  |                | 0.                                     |
|               | dy Haas   |                        |  | 0.   | 0  |                | 0.                                     |
|               | dy Haas   |                        |  | 0.   | 0  |                | 0.                                     |
|               | dy Haas   |                        |  | 0.   | 0  |                | 0.                                     |
|               | dy Haas   |                        |  | 0.   | 0  |                | 0.                                     |
|               | dy Haas   |                        |  | 0.   | 0  |                | 0.                                     |
|               | dy Haas   |                        |  | 0.   | 0  |                | 0.                                     |
|               | dy Haas   |                        |  | 0.   | 0  |                | 0.                                     |
|               | dy Haas   |                        |  | 0.   | 0  |                | 0.                                     |
|               | dy Haas   |                        |  | 0.   | 0  |                | 0.                                     |
|               | dy Haas   |                        |  | 0.   | 0  |                | 0.                                     |

| Part   | Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi   | s in th<br>s Parl | ne<br>t V |     |
|--------|--|-------------------|-----------|-----|
| -      | Instructions for Part V.) Check if the digalization used conclude of to respond to any question in the   |                   | 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 copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions  | 34                |           | ×   |
| 35a    | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?   | 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               |           |     |
| С      | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III   | 35c               |           | ×   |
| 36     | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  | 36                |           | ×   |
| 37a    | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a   | 276               |           |     |
| b      | Did the organization file <b>Form 1120-POL</b> for this year?  | 37b               |           | ×   |
| 38a    | any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .   | 38a               |           | ×   |
| b      | If Tes, complete concodic E, Fart II, and cities and cottain annual annu |                   |           |     |
| 39     | Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9   |                   |           |     |
| a<br>b | Gross receipts, included on line 9, for public use of club facilities  |                   | 198       | 100 |
| 40a    | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶   |                   | n o       |     |
| b      | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958  |                   |           |     |
|        | excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year  | 406               |           | ×   |
|        | that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  | 40b               |           | Ĥ   |
| С      | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958   |                   |           |     |
| d      | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization   | 13                |           |     |
| е      | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter   |                   |           | m   |
|        | transaction? If "Yes," complete Form 8886-T  | 40e               |           | X   |
| 41     | List the states with which a copy of this return is filed >  | 0160              | E 12      | 71  |
| 42a    | The organization's books are in care of ▶ DiAne M Rullan  Telephone no. ▶ (860)  Located at ▶ 28511 Channel View Dr. Little Torch Key FL  ZIP + 4 ▶ 3300   |                   | 5-45      |     |
| h      | Located at ▶ 28511 Channel View Dr, Little Torch Key FL ZIP + 4 ▶ 3304 At any time during the calendar year, did the organization have an interest in or a signature or other authority over   | 12                | Yes       | Nο  |
| D      | a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country  | 42b               |           | ×   |
|        | 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  | · 6               | . 1       |     |
|        |  |                   | 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               | 121       | ×   |
| b      | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be   |                   |           | (E) |
|        | completed instead of Form 990-EZ   | 44b               |           | X   |
| С      | Did the organization receive any payments for indoor tanning services during the year?   | 44c               |           | ×   |
| d      | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an  |                   |           |     |
|        | explanation in Schedule O  | 44d               |           | ×   |
| 45a    | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 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  | 45h               |           | ×   |

|           |          |   |                               |                                       |  |              | _   Ye  | es No       |
|-----------|----------|---|-------------------------------|---------------------------------------|--|--------------|---------|-------------|
| 46        | Did th   | ne organization engage, directly or ir          | ndirectly, in political c     | ampaign activities on                 | behalf of or in oppor                                  | sition 📗     |         |             |
|           | to car   | ndidates for public office? If "Yes," of        | omplete Schedule C            | , Part I                              |  | . 4          | 6       | ×           |
| Part      | VI       | Section 501(c)(3) Organizations                 | s Only                        |                                       |  |              |         |             |
|           |          | All section 501(c)(3) organization              | s must answer que             | stions 47-49b and                     | 52, and complete t                                     | he tables    | s for   | lines       |
|           |          | 50 and 51.                                      |                               |                                       |  |              |         | _           |
|           |          | Check if the organization used Sc               | nedule O to respond           | I to any question in t                | his Part VI  |              |         | <u>., L</u> |
|           |          |   |                               |                                       |  | _            | Y       | es No       |
| 47        | Did tl   | he organization engage in lobbying              | activities or have a          | section 501(h) electio                | n in effect during th                                  | e tax        |         |             |
|           | year?    | If "Yes," complete Schedule C, Par              | tll                           |                                       |  |              | 7       | ×           |
| 48        | Is the   | organization a school as described in           | n section 170(b)(1)(A)(i      | i)? If "Yes," complete :              | Schedule E 🔒 😘   | 4            | 8       | ×           |
| 49a       | Did th   | ne organization make any transfers to           | o an exempt non-cha           | ritable related organiz               | zation? 🙃  | 49           | a       | ×           |
| b         | If "Ye   | s " was the related organization a se           | ection 527 organization       | on?                                   | 6  | 49           |         |             |
| 50        | Comi     | olete this table for the organization's         | five highest compens          | sated employees (oth                  | er than officers, direc                                | ctors, trus  | tees,   | and key     |
|           | emplo    | oyees) who each received more than              | \$100,000 of comper           | nsation from the organ                | nization. If there is no                               | ne, enter    | "Non    | e."         |
| _         |          |   | (b) Average                   | (c) Reportable                        | (d) Health benefits,                                   |              |         |             |
|           | (a)      | Name and title of each employee                 | hours per week                | compensation<br>(Forms W-2/1099-MISC/ | contributions to employe<br>benefit plans, and deferre |              |         |             |
|           |          |   | devoted to position           | 1099-NEC)                             | compensation   |              |         |             |
| NONE      |          |   |                               |                                       |  |              |         |             |
|           |          |   |                               |                                       |  |              |         |             |
|           |          |   |                               |                                       |  |              |         |             |
|           |          |   |                               |                                       |  |              |         |             |
|           |          |   |                               |                                       |  |              |         |             |
|           |          |   |                               |                                       |  |              |         |             |
|           |          |   |                               |                                       |  |              |         |             |
|           |          |   |                               |                                       |  |              |         |             |
| ===       |          |   |                               |                                       |  |              |         |             |
|           |          |   |                               |                                       |  |              |         |             |
| f         | Total    | number of other employees paid ov               | er \$100,000                  | - D                                   |  |              |         |             |
| 51        | Comi     | plete this table for the organization           | s five highest compe          | ensated independent                   | contractors who ea                                     | ch receive   | ed mo   | ore than    |
| JI        | \$100    | ,000 of compensation from the organ             | nization. If there is no      | ne, enter "None."                     |  |              |         |             |
|           |          |   |                               | (b) Type of serv                      | ice  | (c) Compens  | sation  |             |
|           | (a)      | Name and business address of each independ      | ent contractor                | (D) Type of serv                      |  | (o) companie |         |             |
| NONE      |          |   |                               |                                       |  |              |         |             |
|           | <b></b>  |   |                               |                                       |  |              |         |             |
|           |          |   |                               |                                       |  |              |         |             |
|           |          |   |                               |                                       |  |              |         |             |
|           |          |   |                               |                                       |  |              |         |             |
|           |          |   |                               |                                       |  |              |         |             |
|           |          |   |                               |                                       |  |              |         |             |
|           |          |   |                               |                                       |  |              |         |             |
| _         |          |   |                               |                                       |  |              |         |             |
|           |          |   |                               |                                       |  |              |         |             |
| d         | Total    | number of other independent contra              | actors each receiving         | over \$100,000                        | <b>&gt;</b>  |              |         |             |
| 52        | Did 1    | the organization complete Schedu                | ile A? Note: All se           | ection 501(c)(3) orga                 | nizations must atta                                    | ch a         |         |             |
| J_        |          | bleted Schedule A                               |                               |                                       | % )(   | ► X Y        | es [    | □ No _      |
| Under n   | apaltice | of perium. I declare that I have examined this  | return, including accompan    | ving schedules and stateme            | ents, and to the best of my                            | knowledge a  | and bel | ief, it is  |
| true, cor | rect, an | d complete. Declaration of preparer (other than | officer) is based on all info | rmation of which preparer h           | nas any knowledge.                                     |              |         |             |
|           |          |   |                               | 0.77                                  | 02/28/202  | 22           |         |             |
| Sign      |          | Signature of officer                            | (C)                           | W                                     | Date   |              |         |             |
| Here      |          | Victoria Weagley, Pre                           |                               | П                                     |  |              |         |             |
|           |          | Type or print name and title                    |                               |                                       |  |              |         |             |
|           |          | Print/Type preparer's name                      | Preparer's signature          | Da                                    | te Check [   | T if PTIN    | V       |             |
| Paid      |          | Denise M. Bays, EA                              | Denise M. Bay                 | /s, EA 02                             | 2/28/2022 self-emp                                     | ployed POC   | 316     | 594         |
| Prep      |          | Firm's name Patience Accou                      |                               |                                       | Firm's EIN ▶ 4   |              |         |             |
| Use (     | Only     | Firm's address ▶ 30410 Seagrape T               | errace, Suite 1.              | Big Pine Key, FL                      |  | 305)745      |         | 41          |
| May th    | e IRS    | discuss this return with the prepare            | shown above? See              | instructions                          |  | ► × Y        | es      | No          |

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

# Form 990-EZ: Short Form Return of Organization Exempt from Income Tax Line 16: Other Expenses

## **Continuation Statement**

| Description     | Amount  |
|-----------------|---------|
| Bank Fee        | 5.      |
| Depreciation    | 28,605. |
| Gate Sign       | 84.     |
| Insurance       | 100.    |
| Office Supplies | 436.    |
| Supplies        | 3,614.  |
| Website         | 3,664.  |
| Total           | 36,508. |

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

Part III: Purpose

### **Continuation Statement**

| Organization's Primary Exempt Purpose |  |
|---------------------------------------|--|
| Work closely with Park Management and |  |
| Florida Park Service to help provide  |  |
| preservation,beautification and       |  |
| support of Bahia Honda State Park     |  |

## SCHEDULE A (Form 990)

# **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

2021

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

Friends of Bahia Honda State Park 47-3015850

| Pa           | rt I   | Reason for Public Char   | rity Status. (All                    | l organizations mus  | t comple                | ete this p                            | part.) See instruction                                  | ons.                  |  |
|--------------|--|--|--------------------------------------|--|-------------------------|---------------------------------------|---|-----------------------|--|
| he           | organiz  | ation is not a private founda  | tion because it i                    | s: (For lines 1 through  | 12, ched                | ck only or                            | ne box.)  |                       |  |
| 1            | □ A €  | church, convention of church   | nes, or associati                    | on of churches descri  | bed in <b>s</b> e       | ection 17                             | 0(b)(1)(A)(i).  |                       |  |
| 2            |  |  |                                      |  |                         |                                       |   |                       |  |
| 3            | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the |  |                                      |  |                         |                                       |   |                       |  |
| 4            |  |  |                                      | onjunction with a hosp   | oital desc              | ribed in s                            | section 1/0(b)(1)(A)(                                   | III). En              | ter the                                      |
| 5            | ☐ An   | spital's name, city, and state<br>organization operated for t  | he benefit of a                      | college or university  | owned o                 | r operate                             | ed by a government                                      | al unit               | described in                                 |
|              |  | ction 170(b)(1)(A)(iv). (Completed in the complete in the comp |                                      | mental unit described  | in sectio               | on 170(b)                             | (1)(A)(v).  |                       |  |
| 7            | X An   | ederal, state, or local governormally scribed in section 170(b)(1)   | receives a subs                      | tantial part of its sup  | port from               | a gover                               | nmental unit or from                                    | the g                 | eneral public                                |
| 8            |  | community trust described in   |                                      |  |                         |                                       |   |                       |  |
| 9            | or<br>un   | agricultural research organi<br>university or a non-land-gra-<br>iversity:   | nt college of agr                    | iculture (see instructio   | ons). Ente              | er the nan                            | ne, city, and state of                                  | the co                | llege or                                     |
| 10           | rec  | organization that normally recipts from activities related pport from gross investment quired by the organization a  | to its exempt fu<br>income and uni   | nctions, subject to ce<br>related business taxal   | rtain exci<br>ole incom | eptions; a<br>ne (less se             | and (2) no more than<br>ection 511 tax) from            | 33'/37                | % OI แร                                      |
| 11           | □An  | organization organized and   | operated exclus                      | sively to test for public  | safety.                 | See <b>sec</b> ti                     | ion 509(a)(4).  |                       |  |
| 12           | □An  | organization organized and   | operated exclusi                     | vely for the benefit of,   | to perfor               | m the fun                             | ctions of, or to carry                                  | out th                | e purposes of                                |
|              | on   | e or more publicly supported   | l organizations d                    | escribed in section 50   | <b>09(a)(1)</b> o       | r section                             | 509(a)(2). See secti                                    | on 509                | 9(a)(3). Check                               |
|              | the  | box on lines 12a through 12  |                                      |  |                         |                                       |   |                       |  |
| а            |  | <b>Type I.</b> A supporting organ<br>the supported organization<br>supporting organization. <b>Ye</b>  | (s) the power to<br>ou must comple   | regularly appoint or e<br>ete Part IV, Sections  | lect a ma  A and B      | ijority of t                          | he directors or trust                                   | ees of                | the  |
| b            |  | Type II. A supporting organ  | nization supervis                    | ed or controlled in co   | nnection                | with its s                            | upported organizati                                     | on(s), l              | by having                                    |
|              |  | control or management of to organization(s). You must  | complete Part l                      | V, Sections A and C.   |                         |                                       |   |                       |  |
| C            |  | Type III functionally integits supported organization(   | s) (see instructio                   | ns). <b>You must comp</b> l  | lete Part               | IV, Secti                             | ons A, D, and E.  |                       |  |
| d            |  | Type III non-functionally i that is not functionally integrequirement (see instruction   | grated. The orga                     | nization generally mu:   | st satisfy              | a distribu                            | ition requirement an                                    | rted o<br>d an a      | rganization(s)<br>ttentiveness               |
| е            |  | Check this box if the organ functionally integrated, or T  | ization received<br>ype III non-func | a written determination  | on from the porting of  | he IRS tha<br>organizat               | at it is a Type I, Type<br>ion.                         | e II, Ty <sub>l</sub> | pe III                                       |
| f            | Ente   | er the number of supported o   | organizations .                      |  |                         |                                       |   | (6)                   |  |
| g            | Prov   | ride the following information   | about the supp                       | orted organization(s).   |                         |                                       |   |                       |  |
|              | (i) Nam  | ne of supported organization   | (ii) EIN                             | (iii) Type of organization<br>(described on lines 1–10<br>above (see instructions))  | listed in you           | organization<br>ur governing<br>ment? | (v) Amount of monetary<br>support (see<br>instructions) | othe                  | ) Amount of<br>r support (see<br>structions) |
|              |  |  |                                      |  | Yes                     | No                                    |   |                       |  |
|              |  |  |                                      |  |                         |                                       |   |                       |  |
| <b>\</b> }   |  |  |                                      |  |                         |                                       |   |                       |  |
| 3)           |  |  |                                      |  |                         |                                       |   |                       |  |
| <b>&gt;)</b> |  |  |                                      |  |                         |                                       |   |                       |  |
| ))           |  |  |                                      |  |                         |                                       |   |                       |  |
| )            |  |  |                                      |  |                         |                                       |   |                       |  |
| _ ! ~        |  |  |                                      | Maria de la composición dela composición de la composición de la composición de la composición dela composición de la composición dela composición dela composición de la composición de la composición dela composición de la composición del composición dela composición del | 1,00                    |                                       |   |                       |  |

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.)

| Secti          | on A. Public Support  |   |  |                                      |  |   |                         |
|----------------|---|---|--|--------------------------------------|--|---|-------------------------|
| Caler          | ıdar year (or fiscal year beginning in) 🕨   | (a) 2017  | <b>(b)</b> 2018                                      | (c) 2019                             | (d) 2020                                   | (e) 2021                                      | (f) Total               |
| 1              | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  | 26,968.   | 25,836.  | 46,395.                              | 28,930                                     | 47,061.                                       | 175,190                 |
| 2              | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |   |  |                                      |  |   |                         |
| 3              | The value of services or facilities furnished by a governmental unit to the organization without charge   |   |  |                                      |  |   |                         |
| 4              | Total. Add lines 1 through 3  | 26,968.   | 25,836.  | 46,395.                              | 28,930                                     | 47,061  | 175,190                 |
| 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) |   |  |                                      |  |   | 175 100                 |
| 6              | Public support. Subtract line 5 from line 4   |   |  |                                      |  |   | 175,190.                |
|                | on B. Total Support   | (-) 0047  | /L) 0010   | (c) 2019                             | (d) 2020                                   | (e) 2021                                      | (f) Total               |
|                | dar year (or fiscal year beginning in)  | (a) 2017<br>26, 968.                                  | (b) 2018<br>25,836.                                  | 46,395                               | 28,930                                     | 47,061.                                       | 175,190                 |
| 7<br>8         | Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources   | 20,900.   | 23,030.  | 40,333                               | 20,330                                     | 177001  | 1737130                 |
| 9              | Net income from unrelated business activities, whether or not the business is regularly carried on  |   |  |                                      |  |   |                         |
| 10             | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   |   |  |                                      |  |   |                         |
| 11<br>12<br>13 | Total support. Add lines 7 through 10 Gross receipts from related activities, etc.  First 5 years. If the Form 990 is for the   | organization's  | first, second,                                       | third, fourth,                       | or fifth tax ye                            | 12<br>ar as a section                         | 175,190.<br>n 501(c)(3) |
|                | organization, check this box and stop her   |   |  |                                      | * * * * *                                  |   | 7(-1)-                  |
|                | on C. Computation of Public Suppor  |   |  |                                      |  |   | 1000/                   |
| 14             | Public support percentage for 2021 (line 6  | 3, column (f), di                                     | ivided by line 1                                     | 1, column (f))                       |  | 14  | 100%                    |
| 15             | Public support percentage from 2020 Sch   | edule A, Part I                                       | I, line 14   |                                      | 18-445-00                                  | 1.04  | 100 %                   |
| 16a            | 331/3% support test—2021. If the organization   | zation did not  | check the box  | on line 13, an                       | ia line 14 is 33                           | 1/3% or more,                                 | Check this              |
| _              | box and stop here. The organization qual  | ines as a publi                                       | ciy supported  | organization<br>s line 12 or 16      |  | e 331/2% or m                                 | ore check               |
| b              | 33½% support test—2020. If the organization   | qualifies as a p                                      | oublicly suppor                                      | rted organizati                      | on   |   | 🟲 🔲                     |
| 17a            | 10%-facts-and-circumstances test—20<br>10% or more, and if the organization means the forganization meets the forganization.  | eets the facts-<br>facts-and-circu                    | and-circumstaumstaumstances tes                      | ances test, che<br>t. The organiz    | eck this box a ation qualifies             | as a publicly                                 | Explain in supported    |
| b<br>18        | 10%-facts-and-circumstances test—20<br>15 is 10% or more, and if the organization<br>in Part VI how the organization meets the<br>organization  | n meets the fa<br>facts-and-circ<br><br>did not check | cts-and-circun<br>cumstances te<br><br>a box on line | nstances test,<br>st. The organi<br> | check this book this book zation qualifies | x and stop here s as a publicly check this bo | supported  x and see    |
|                |   |   |  |                                      |  |   |                         |

## SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

| Name of the organization           | Employer Identification number |
|------------------------------------|--------------------------------|
| Friends of Bahia Honda State Park  | 47-3015850                     |
|                                    |                                |
| Pt I, Line 16:                     |                                |
| D. swinting Park Foo CE            |                                |
| Description: Bank Fee \$5          |                                |
| Description: Depreciation \$28,605 |                                |
|                                    |                                |
| Description: Gate Sign \$84        |                                |
| ·                                  |                                |
| Description: Insurance \$100       |                                |
| Description: Office Supplies \$436 |                                |
| Description: Office Supplies (430  |                                |
| Description: Supplies \$3,614      |                                |
|                                    |                                |
| Description: Website \$3,664       |                                |
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