



Florida Department of Environmental Protection

**CITIZEN SUPPORT ORGANIZATION
2019 LEGISLATIVE REPORT
(pursuant to Section 20.058 Florida Statutes)**

Citizen Support Organization (CSO) Name: Barrier Island Parks Society, Inc.

Mailing Address: PO Box 637, Boca Grande, FL 33921-0637

Telephone Number: (941) 964-0060 Website Address (if applicable): www.barrierislandparksociety.org

Statutory Authority:

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

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

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

To inspire the exploration and preservation of our natural and historic treasures.

Brief Description of the CSO's Results Obtained:

- Increased BIPS Membership by 47%
- Increased BIPS volunteers by 28%
- Awarded Florida Trust Historic Preservation Award for Outstanding Achievement in Historic Restoration of Gasparilla Island Lighthouse
- Awarded Hall of Fame by Trip Advisor for Port Boca Grande Lighthouse & Museum
- Named Grande Marshall (Island recognition) by BGWC for Boca Grande Bike Parade
- Created Friends of Stump Pass sub-group of BIPS to directly support Stump Pass
- Financially supported 50 educational interpretative programs
- Co-hosted with Mote Marine laboratories a Red Tide Forum with leading scientists from the region (300+ guests)
- Trained new volunteers for both Beach Ambassador and Light Keepers programs
- Managed and financially supported 10 events including:
 - Annual Lighting of the Lighthouse (600 guests)
 - Relighting of Gasparilla Island Lighthouse (700+ guests)
 - Annual Celebrate Cayo Costa (180 guests)
 - Annual Florida Lighthouse Day (500 guests)
 - Annual Green Gala (318 guests)
 - Annual Evening for the Island (130 guests)
 - Annual Great Seashell Hunt (42 children)
 - Annual Englewood Earth Day Festival (3000 guests)
 - Mullet and Mangrove Premieres (2) Sanibel-Captiva and Boca Grande (104 guests)
- Led weekly docent tours along with 6 customized tours to 572 guests

- Obtained grant and purchased 2 passenger golf carts for programs and events
- Created new Bird Steward Program
- Purchased \$52,000 replica light and lens for Gasparilla Island Lighthouse
- Purchased food and drinks for volunteers and their appreciation parties
- Purchased Bridge Passes for Gasparilla Island State Park staff and volunteers (on-going)
- Purchased paint and supplies for repairs to Port Boca Grande and Amory Memorial Chapel
- Purchased new exhibit case for Port Boca Grande Museum
- Purchased a new humidifier for Amory Memorial Chapel
- Purchased supplies to enhance and weather protect Amory Memorial Chapel storage shed
- Purchased additional equipment for Wading Adventures Program
- Purchased props for Butterfly Program
- Purchased buckets and supplies for Beach Ambassador Program
- Purchases supplies for new Bird Steward Program
- Purchased signs for various events and programs
- Refinished wood floors at Port Boca Grande Lighthouse & Museum
- Repaired elevator lift at Port Boca Grande Lighthouse & Museum
- Purchased annual Fire Alarm and annual Fire inspection for Port Boca Grande Lighthouse
- Purchased water and electric for Port Boca Grande Museum and Amory Memorial Chapel
- Purchased water and landscape maintenance for Gasparilla Island Lighthouse
- Purchased monthly Satellite service for Cayo Costa
- Purchased ATV insurance for park ATV
- Purchased various tools and equipment for all parks
- Purchased liability, excess liability, event and D&O insurance to cover all aspects of BIPS' operations
- Underwent and paid for full Financial Audit

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

Our plan is to meet our 6 Strategic Goals which are to-

- 1) Enhance existing programs and services to reach more people and achieve greater mission impact
- 2) Provide leadership and philanthropy to keep the parks and properties beautiful, vital and accessible
- 3) Create a nationally recognized museum that reflects the importance of our cultural, natural and historic assets
- 4) Establish a sustainable and reliable funding model to ensure long-term financial viability
- 5) Improve the internal capacity and operations in order to achieve greater efficiencies and constituent engagement
- 6) Build strong and effective board leadership that partners with staff to position the organization for greater mission impact

Here are some of the things we will be doing to meet those goals-

- Continue to support and enhance existing programs and events
- Continue to train new volunteers and enhance training for existing volunteer programs
- Create a steering committee/friends group for Don Pedro Island and Land Base (2021)
- Conduct Don Pedro Island and Stump Pass clean-ups
- Find funding and make restoration/structural repairs to the Assistant Keeper's House (\$100K+)

- Find funding and add a retention wall for dune by Amory Memorial Chapel
- Find funding and add additional vegetation and plant identification to Gasparilla Island Lighthouse
- Find funding and create a second pioneer history film for PBS covering Manasota Key as part of a local pioneer family history film series
- Create a Memorial Picnic Table and Bench Program to support enhancements to the Museum Complex
- Create a fundraising campaign for Cayo Costa Heritage & Nature Center
- Create a new fundraising campaign to update and enhance the entire Gasparilla Island State Park Museum Complex
- Review technological security controls
- Enhance Board conference capabilities
- Upgrade all computers to Microsoft 365
- Conduct internal audit as good practice
- Create an HR Employee handbook
- Create an invasive species program
- Create Facebook “Fun-Fact Friday”
- Update and enhance BIPS website
- Create a formal Revenue Development Plan to sustain BIPS and its mission

- CSO’s Code of Ethics is attached, and if the CSO has a website the code of ethics is posted conspicuously.**
- CSO has attached the most recent Internal Revenue Service (IRS) Form 990, 990-EZ, or 990-N receipt. If filing the 990-N the Department requires the 990 or 990-EZ as a worksheet. All IRS Form 990’s must be complete with Part III Program Service and all appropriate Schedules (See attached instructions).**



BIPS CODE OF ETHICS POLICY

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.
- 10) Not hold an employee and board officer position at the same time.
- 11) 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.

12) 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.

13) 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.

14) Conduct organizational and operational duties with positive leadership exemplified by open communication, creativity, dedication, and compassion.

15) 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.

16) Collaborate with and support other professionals in carrying out the mission of Barrier Island Parks Society.

17) Recognize that the chief function of Barrier Island Parks Society at all times is to serve the best interests of its affiliated parks, members and community.

18) Abide by the By-Laws, and Policies and Procedures set in place by Barrier Island Parks Society.

19) Serve with respect, concern, courtesy, and responsiveness in carrying out the Mission of Barrier Island Parks Society.

20) Demonstrate the highest standards of personal integrity, truthfulness, and honesty in all activities in order to inspire confidence and trust in such activities.

21) Avoid any interest or activity that is in conflict with the conduct of their official duties.

22) Strive for personal and professional excellence and encourage the professional developments of others.

Approved by the Board of Directors November 10, 2014

Return of Organization Exempt From Income Tax

2018

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/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 2018, and ending

B Check if applicable:

- Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

BARRIER ISLAND PARKS SOCIETY INC
PO BOX 637
BOCA GRANDE, FL 33921

D Employer identification number

65-0327405

E Telephone number

(941) 964-4162

G Gross receipts \$ 863,593.

H(a) Is this a group return for subsidiaries? Yes No
H(b) Are all subsidiaries included? Yes No
If 'No,' attach a list. (See instructions)

F Name and address of principal officer: TREASURER
SAME AS C ABOVE

I Tax-exempt status: 501(c)(3) 501(c) 4947(a)(1) or 527

J Website: WWW.BARRIERISLANDPARKSSOCIETY.ORG

K Form of organization: Corporation Trust Association Other L Year of formation: 1989 M State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O

Table with 2 columns: Description, Amount. Rows include: 2 Check this box 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. 4 Number of independent voting members of the governing body. 5 Total number of individuals employed in calendar year 2018. 6 Total number of volunteers. 7a Total unrelated business revenue. 7b Net unrelated business taxable income.

Table with 2 columns: Description, Amount. Rows include: 8 Contributions and grants. 9 Program service revenue. 10 Investment income. 11 Other revenue. 12 Total revenue. 13 Grants and similar amounts paid. 14 Benefits paid to or for members. 15 Salaries, other compensation, employee benefits. 16a Professional fundraising fees. 16b Total fundraising expenses. 17 Other expenses. 18 Total expenses. 19 Revenue less expenses. 20 Total assets. 21 Total liabilities. 22 Net assets or fund balances.

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 Signature of officer: BOB SOMMERVILLE Date: TREASURER

Paid Preparer Use Only Print/Type preparer's name: SYDNEY YOUNG Preparer's signature: YOUNG HANKS & HANKS CPAS PA Date: Check if self-employed: P00985260 PTIN: Firm's EIN: 83-2542444 Phone no.: 941-800-2424

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No BAA For Paperwork Reduction Act Notice, see the separate instructions. TEEA0101L 09/20/18 Form 990 (2018)

Part III Statement of Program Service Accomplishments

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

1 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 [X] 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 [X] 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 \$ 240,943. including grants of \$) (Revenue \$)

OPERATION OF LIGHTHOUSE MUSEUM AND PARK APPROPRIATE GIFT SHOPS.

4b (Code:) (Expenses \$ 215,329. including grants of \$) (Revenue \$)

VARIOUS SUPPORT SERVICES FOR THE STATE PARKS AND THE COMMUNITY ASSOCIATED WITH THE BARRIER ISLANDS VICINITY INVLUDING NEEDED CAPITAL IMPRO

4c (Code:) (Expenses \$ 52,108. including grants of \$) (Revenue \$)

VARIOUS EDUCATION AND OUTREACH PROGRAMS

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

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

4e Total program service expenses 508,380.

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 temporarily restricted endowments, permanent endowments, or 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? <i>If 'Yes,' complete Schedule I, Parts I and III.</i> | | 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? <i>If 'Yes,' complete Schedule J.</i> | | X |
| 24 a 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? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... | | |
| 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?..... | | |
| d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?..... | | |
| 25 a 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? <i>If 'Yes,' complete Schedule L, Part I.</i> | | 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? <i>If 'Yes,' complete Schedule L, Part I.</i> | | X |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes,' complete Schedule L, Part II.</i> | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i> | | 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, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i> | | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i> | | X |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i> | | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i> | | 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? <i>If 'Yes,' complete Schedule R, Part I.</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> | | X |
| 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?..... | | 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)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> | | 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? <i>If 'Yes,' complete Schedule R, Part VI.</i> | | 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. | | 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..... | | |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable..... | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?..... | 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 10 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b | 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 in 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 | X | |
| 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 in 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 in 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. 1 a 18 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 in Schedule O. | | |
| 1 b | Enter the number of voting members included in 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? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | 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? | | X |
| 7 b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| 8 a | The governing body? | X | |
| 8 b | Each committee with authority to act on behalf of the governing body? | 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 in Schedule O. | | 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? | | X |
| 10 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? | | |
| 11 a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | X | |
| 11 b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O | | |
| 12 a | Did the organization have a written conflict of interest policy? If 'No,' go to line 13. | X | |
| 12 b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| 12 c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. | X | |
| 13 | Did the organization have a written whistleblower policy? | | X |
| 14 | Did the organization have a written document retention and destruction policy? | 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? | | |
| 15 a | The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O. | X | |
| 15 b | Other officers or key employees of the organization. If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). | | X |
| 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? | | X |
| 16 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? | | |

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 in Schedule O)
- 19** Describe in 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 Contractors

Check if Schedule O 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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 | Former highest compensated employee Key employee | | | |
| (1) <u>KEWLEY, CLIF</u> <u>DIRECTOR</u> | 0 0 | X | | | | 0. | 0. | 0. |
| (2) <u>KLEPSE, RICHARD</u> <u>DIRECTOR</u> | 0 0 | X | | | | 0. | 0. | 0. |
| (3) <u>KISSINGER, JOHN</u> <u>DIRECTOR</u> | 0 0 | X | | | | 0. | 0. | 0. |
| (4) <u>BALLMAN, GARY</u> <u>DIRECTOR</u> | 0 0 | X | | | | 0. | 0. | 0. |
| (5) <u>POTTHAST-HAYNES, KRISTA</u> <u>PRESIDENT</u> | 0 0 | X | | X | | 0. | 0. | 0. |
| (6) <u>GRANT, LYNDA</u> <u>DIRECTOR</u> | 0 0 | X | | | | 0. | 0. | 0. |
| (7) <u>KNIGHT, JOHNS</u> <u>DIRECTOR</u> | 0 0 | X | | | | 0. | 0. | 0. |
| (8) <u>HOOKER, MARY ANNE</u> <u>DIRECTOR</u> | 0 0 | X | | | | 0. | 0. | 0. |
| (9) <u>MCDONALD, JAY</u> <u>DIRECTOR</u> | 0 0 | X | | | | 0. | 0. | 0. |
| (10) <u>O'CONNELL, DAN</u> <u>DIRECTOR</u> | 0 0 | X | | | | 0. | 0. | 0. |
| (11) <u>SHERWOOD, PETER</u> <u>DIRECTOR</u> | 0 0 | X | | | | 0. | 0. | 0. |
| (12) <u>MC LAUGHLIN, ELAINE</u> <u>DIRECTOR</u> | 0 0 | X | | | | 0. | 0. | 0. |
| (13) <u>RICE, JOHN</u> <u>DIRECTOR</u> | 0 0 | X | | | | 0. | 0. | 0. |
| (14) <u>WIGGIN, DAN</u> <u>DIRECTOR</u> | 0 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 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 Former | | | |
| (15) SOMMERVILLE, BOB TREASURER | 0 0 | X | | X | 0. | 0. | 0. | |
| (16) WILCOX, TOM DIRECTOR | 0 0 | X | | | 0. | 0. | 0. | |
| (17) WHITNEY, NANCY SECRETARY | 0 0 | X | | X | 0. | 0. | 0. | |
| (18) WITSCHONKE, ROSS DIRECTOR | 0 0 | X | | | 0. | 0. | 0. | |
| (19) ----- | ----- | | | | | | | |
| (20) ----- | ----- | | | | | | | |
| (21) ----- | ----- | | | | | | | |
| (22) ----- | ----- | | | | | | | |
| (23) ----- | ----- | | | | | | | |
| (24) ----- | ----- | | | | | | | |
| (25) ----- | ----- | | | | | | | |

1 b Sub-total 0. 0. 0. 0.
 c Total from continuation sheets to Part VII, Section A 0. 0. 0. 0.
 d Total (add lines 1b and 1c) 0. 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

| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual. | Yes No | |
|---|---|---|
| | 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. | 3 |
| 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. | 4 | X |
| Section B. Independent Contractors | 5 | X |

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 Revenue

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

| | | (A) | (B) | (C) | (D) |
|---|---|----------------|------------------------------------|----------------------------|--|
| | | Total Revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512-514 |
| Contributions, Gifts, Grants and Other Similar Amounts | | | | | |
| 1a | Federated campaigns | 1a | | | |
| b | Membership dues | 1b | 75,012. | | |
| c | Fundraising events | 1c | | | |
| d | Related organizations | 1d | | | |
| e | Government grants (contributions) | 1e | | | |
| f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 246,439. | | |
| g | Noncash contributions included in lines 1a-1f: \$ | | | | |
| h | Total. Add lines 1a-1f | | 321,451. | | |
| Program Service Revenue | | | | | |
| 2a | RETAIL SALES REVENUE | | | | |
| b | KAYAK & BIKE RENTALS | | | | |
| c | | | 338,174. | 338,174. | |
| d | | | 30,254. | 30,254. | |
| e | | | | | |
| f | All other program service revenue | | | | |
| g | Total. Add lines 2a-2f | | 368,428. | | |
| 3 | Investment income (including dividends, interest and other similar amounts) | | 147. | 147. | |
| 4 | Income from investment of tax-exempt bond proceeds | | | | |
| 5 | Royalties | | | | |
| 6a | Gross rents | (i) Real | | | |
| b | Less: rental expenses | (ii) Personal | | | |
| c | Rental income or (loss) | | | | |
| d | Net rental income or (loss) | | | | |
| 7a | Gross amount from sales of assets other than inventory | (i) Securities | | | |
| b | Less: cost or other basis and sales expenses | (ii) Other | | | |
| c | Gain or (loss) | | 124. | | |
| d | Net gain or (loss) | | -124. | -124. | |
| 8a | Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18. | a | 173,567. | | |
| b | Less: direct expenses | b | 53,175. | | |
| c | Net income or (loss) from fundraising events | | 120,392. | | |
| 9a | Gross income from gaming activities. See Part IV, line 19. | a | | | |
| b | Less: direct expenses | b | | | |
| c | Net income or (loss) from gaming activities | | | | |
| 10a | Gross sales of inventory, less returns and allowances | a | | | |
| b | Less: cost of goods sold | b | | | |
| c | Net income or (loss) from sales of inventory | | | | |
| Other Revenue | | | | | |
| Miscellaneous Revenue | | Business Code | | | |
| 11a | | | | | |
| b | | | | | |
| c | | | | | |
| d | All other revenue | | | | |
| e | Total. Add lines 11a-11d | | 810,294. | 368,451. | 0. |
| 12 | Total revenue. See instructions | | 810,294. | 368,451. | 0. |

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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. X

| 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 | 203,803. | 121,680. | 73,259. | 8,864. |
| 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 (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 20,501. | | 20,501. | |
| 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.) | | | | |
| 12 Advertising and promotion | 240. | | | 240. |
| 13 Office expenses | 2,291. | | 2,291. | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 20,436. | 16,437. | 3,306. | 693. |
| 17 Travel | 13,259. | 4,967. | 4,375. | 3,917. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 225. | | 225. | |
| 20 Interest | 166. | | 166. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 2,767. | 2,591. | 176. | |
| 23 Insurance | 22,279. | 15,375. | 4,305. | 2,599. |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a SUPPLIES | 156,715. | 153,979. | 2,340. | 396. |
| b PORT BOCA GRANDE REPAIR | 70,560. | 70,560. | | |
| c GIL LIGHTHOUSE - GENERAL | 57,388. | 57,388. | | |
| d GIL - PROJECT MGMT | 29,791. | 22,343. | 7,448. | |
| e All other expenses. SEE SCH. O. | 86,952. | 43,060. | 27,907. | 15,985. |
| 25 Total functional expenses. Add lines 1 through 24e. | 687,373. | 508,380. | 146,299. | 32,694. |
| 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 Sheet

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

| | (A) Beginning of year | (B) End of year |
|--|--------------------------|--------------------|
| 1 Cash – non-interest-bearing | 70,062. | 338,307. |
| 2 Savings and temporary cash investments | 201,303. | 40,200. |
| 3 Pledges and grants receivable, net | | |
| 4 Accounts receivable, net | | |
| 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | |
| 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | | |
| 7 Notes and loans receivable, net | | |
| 8 Inventories for sale or use | 60,221. | 65,837. |
| 9 Prepaid expenses and deferred charges | 3,913. | 8,577. |
| 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 107,653. | |
| b Less: accumulated depreciation | 10b 92,164. | 10c 15,489. |
| 11 Investments – publicly traded securities | | |
| 12 Investments – other securities. See Part IV, line 11 | | |
| 13 Investments – program-related. See Part IV, line 11 | | |
| 14 Intangible assets | | |
| 15 Other assets. See Part IV, line 11 | 63,707. | 63,707. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 414,417. | 532,117. |
| 17 Accounts payable and accrued expenses | 9,331. | 13,535. |
| 18 Grants payable | | |
| 19 Deferred revenue | | |
| 20 Tax-exempt bond liabilities | | |
| 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | |
| 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | |
| 23 Secured mortgages and notes payable to unrelated third parties | | |
| 24 Unsecured notes and loans payable to unrelated third parties | 14,585. | 4,908. |
| 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 | 3,263. | 3,515. |
| 26 Total liabilities. Add lines 17 through 25 | 27,179. | 21,958. |
| Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | |
| 27 Unrestricted net assets | 233,790. | 315,387. |
| 28 Temporarily restricted net assets | 153,447. | 194,771. |
| 29 Permanently restricted net assets | 1. | 1. |
| Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | |
| 30 Capital stock or trust principal, or current funds | | |
| 31 Paid-in or capital surplus, or land, building, or equipment fund | | |
| 32 Retained earnings, endowment, accumulated income, or other funds | 387,238. | 510,159. |
| 33 Total net assets or fund balances | 414,417. | 532,117. |
| 34 Total liabilities and net assets/fund balances | | |

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Part XI Reconciliation of Net Assets

Check 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 | 810,294. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 687,373. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 122,921. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 387,238. |
| 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 in Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 510,159. |

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. | | | |
| 2 a | 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 | | | |
| 2 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 | | | |
| 2 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 in Schedule O. SEE SCHEDULE O | | | |
| 3 a | 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 |
| 3 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 in 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

2018

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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|----------|----------|------------|----------|----------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.) | 215,746. | 40,469. | 1,222,988. | 522,855. | 321,451. | 2,323,509. |
| 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. | 215,746. | 40,469. | 1,222,988. | 522,855. | 321,451. | 2,323,509. |
| 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) | | | | | | 111,130. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 2,212,379. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|------------|----------|-----------|------------|
| 7 Amounts from line 4. | 215,746. | 40,469. | 1,222,988. | 522,855. | 321,451. | 2,323,509. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. | | 24. | 116. | 112. | 23. | 275. |
| 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. | | | | | | 2,323,784. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 0. |
| 13 First five 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 2018 (line 6, column (f) divided by line 11, column (f)). | 14 | 95.21 % |
| 15 Public support percentage from 2017 Schedule A, Part II, line 14. | 15 | 98.51 % |

16a 33-1/3% support test—2018. 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. ▶

b 33-1/3% support test—2017. 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. ▶

17a 10%-facts-and-circumstances test—2018. 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. ▶

b 10%-facts-and-circumstances test—2017. 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. ▶

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. ▶

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 Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) 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 levied 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. | | | | | | |
| 6 Total. Add lines 1 through 5. | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons. | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. | | | | | | |
| c Add lines 7a and 7b. | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6. | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | |
| c Add lines 10a and 10b. | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First five 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**. ▶

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)). | 15 | % |
| 16 Public support percentage from 2017 Schedule A, Part III, line 15. | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)). | 17 | % |
| 18 Investment income percentage from 2017 Schedule A, Part III, line 17. | 18 | % |

19a 33-1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶

b 33-1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer (b) and (c) below.</i> | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If 'Yes,' provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If 'Yes,' provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If 'Yes,' answer 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|---|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | 11a | |
| b A family member of a person described in (a) above? | 11b | |
| c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI. | 11c | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | 2 | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | 1 | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard. | 3 | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | | |
|---|----|-----|----|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | | |
| 2 Activities Test. Answer (a) and (b) below. | | Yes | No |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | 2a | | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | 2b | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. | 3a | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard. | 3b | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A – Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|--|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B – Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C – Distributable Amount | | | Current Year |
|---|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **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.**

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

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).

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 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 | 2 a |
| b Total acreage restricted by conservation easements | 2 b |
| c Number of conservation easements on a certified historic structure included in (a) | 2 c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2 d |

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 No

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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (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 are a 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 programs
 - 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 No
- b If 'Yes,' explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1 c |
| d Additions during the year | 1 d |
| e Distributions during the year | 1 e |
| f Ending balance | 1 f |
- 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. Yes No

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 Temporarily restricted 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:

| | Yes | No |
|--|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

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 | | 106,049. | 90,561. | 15,488. |
| 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.) | | | | 15,489. |

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 | 13,864. |
| (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.) | 63,707. |

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.

| (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) AMORY CHAPEL KEY DEPOSITS | 3,513. |
| (3) ROUNDING | 2. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| (11) | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) | 3,515. |

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

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

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 | 810,294. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| | a Net unrealized gains (losses) on investments | 2 a | |
| | b Donated services and use of facilities | 2 b | |
| | c Recoveries of prior year grants | 2 c | |
| | d Other (Describe in Part XIII.) | 2 d | |
| | e Add lines 2 a through 2 d | 2 e | |
| 3 | Subtract line 2 e from line 1 | 3 | 810,294. |
| 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 | 4 a | |
| | b Other (Describe in Part XIII.) | 4 b | |
| | c Add lines 4 a and 4 b | 4 c | |
| 5 | Total revenue. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 12.) | 5 | 810,294. |

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

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

| | | | |
|----------|--|------------|----------|
| 1 | Total expenses and losses per audited financial statements | 1 | 687,373. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| | a Donated services and use of facilities | 2 a | |
| | b Prior year adjustments | 2 b | |
| | c Other losses | 2 c | |
| | d Other (Describe in Part XIII.) | 2 d | |
| | e Add lines 2 a through 2 d | 2 e | |
| 3 | Subtract line 2 e from line 1 | 3 | 687,373. |
| 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 | 4 a | |
| | b Other (Describe in Part XIII.) | 4 b | |
| | c Add lines 4 a and 4 b | 4 c | |
| 5 | Total expenses. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 18.) | 5 | 687,373. |

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.

**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

2018

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** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

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.

| REVENUE | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events | |
|-----------------|--|---|------------------------|-------------------------------------|---------|
| | GREEN GALA & O (event type) | (event type) | NONE (total number) | (add column (a) through column (c)) | |
| 1 | Gross receipts | 173,567. | | 173,567. | |
| 2 | Less: Contributions | | | | |
| 3 | Gross income (line 1 minus line 2) | 173,567. | | 173,567. | |
| DIRECT EXPENSES | 4 | Cash prizes | | | |
| | 5 | Noncash prizes | | | |
| | 6 | Rent/facility costs | | | |
| | 7 | Food and beverages | | | |
| | 8 | Entertainment | | | |
| | 9 | Other direct expenses | 53,175. | | 53,175. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | 53,175. |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | 120,392. | |

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.

| REVENUE | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming |
|-----------------|--|---|---|---|
| | (add column (a) through column (c)) | | | |
| 1 | Gross revenue | | | |
| DIRECT EXPENSES | 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 |
| 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: _____

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

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 | 13 a | % |
| b An outside facility | 13 b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- 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)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

BARRIER ISLAND PARKS SOCIETY INC

65-0327405

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 IX, LINE 24E
OTHER EXPENSES**

| (A) | (B) | (C) | (D) |
|-------|------------------|----------------------|-------------|
| TOTAL | PROGRAM SERVICES | MANAGEMENT & GENERAL | FUNDRAISING |

Name of the organization

Employer identification number

BARRIER ISLAND PARKS SOCIETY INC

65-0327405

**FORM 990, PART IX, LINE 24E (CONTINUED)
OTHER EXPENSES**

| | (A) TOTAL | (B) PROGRAM SERVICES | (C) MANAGEMENT & GENERAL | (D) FUNDRAISING |
|--------------------------------|-------------------|----------------------------|--------------------------------|--------------------|
| BIKES | 803. | 803. | | |
| DONATIONS GIVEN | | | | |
| DUES & SUBSCRIPTIONS | 3,725. | 158. | 1,618. | 1,949. |
| EVENT COSTS | 958. | 801. | | 157. |
| FEES | 7,351. | | | 7,351. |
| GIL - INSURANCE | 2,891. | 2,891. | | |
| GIL - LANDSCAPING | 6,325. | 6,325. | | |
| GIL - MARKETING | 99. | | | 99. |
| GIL - METAL WORK | 7,130. | 7,130. | | |
| GIL - OTHER | 4,409. | 3,678. | 731. | |
| GIL - SANDING/PAINTING | | | | |
| GIL - WATER | 2,336. | 2,336. | | |
| GIL LIGHTHOUSE - ARCHITECT | 100. | 100. | | |
| GIL MERCHANDISE | 3,093. | | | 3,093. |
| KAYAKS | 5,919. | 5,919. | | |
| MEMBERSHIPS | 6,600. | | 6,600. | |
| MUSEUM GIFT SHOP | | | | |
| PARK SUPPORT | 4,407. | 4,407. | | |
| PERSONNEL DEVELOPMENT / EXPENS | | | | |
| PORT BOCA GRANDE REPAIR | | | | |
| POSTAGE AND SHIPPING | 1,517. | | 234. | 1,283. |
| PRINTING AND PUBLICATIONS | 1,917. | | | 1,917. |
| REIMBURSEMENT | 1,363. | 1,000. | 227. | 136. |
| SALES TAX | 18,497. | | 18,497. | |
| TOOLS AND EQUIPMENT | 5,381. | 5,381. | | |
| VOLUNTEERS | 2,131. | 2,131. | | |
| TOTAL | \$ 86,952. | \$ 43,060. | \$ 27,907. | \$ 15,985. |

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.

CLIENT 16057405

BARRIER ISLAND PARKS SOCIETY INC

65-0327405

10/06/19

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

| | PROGRAM SERVICES TOTAL | FORM 990 | SOURCE |
|----------------|------------------------------|----------|----------------------------|
| TOTAL EXPENSES | 508,380. | 508,380. | PART IX, LINE 25, COL. B |
| GRANTS | 0. | 0. | PART IX, LINES 1-3, COL. B |
| REVENUE | 0. | 368,428. | PART VIII, LINE 2, COL. A |

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

| | 2014 | 2015 | 2016 | 2017 | 2018 | TOTAL | 2% AMT | EXCESS |
|-----------------------------------|---------------|---------------|----------------|---------------|---------------|----------------|----------------|----------------|
| AUGUST BUSCH III CHARITABLE TRUST | 0 | 0 | 50,000 | 0 | 0 | 50,000 | 46,476 | 3,524 |
| JOHN AND PATTIE CLEGHORN | 5,000 | 4,679 | 52,450 | 1,000 | 1,250 | 64,379 | 46,476 | 17,903 |
| BAYNE AND JEANIE STEVENSON | 0 | 0 | 50,244 | 2,500 | 0 | 52,744 | 46,476 | 6,268 |
| VICTORIA WINTERER | 400 | 400 | 50,663 | 250 | 400 | 52,113 | 46,476 | 5,637 |
| WIL FARISH | 0 | 0 | 0 | 0 | 50,000 | 50,000 | 46,476 | 3,524 |
| PETER AND ELSA SODERBERG | 500 | 500 | 1,250 | 26,000 | 26,000 | 54,250 | 46,476 | 7,774 |
| ANN WHITE | 0 | 1,500 | 25,000 | 25,250 | 20,000 | 71,750 | 46,476 | 25,274 |
| JUSTIN AND BARBARA WILSON | 25,050 | 25,000 | 0 | 26,000 | 1,000 | 77,050 | 46,476 | 30,574 |
| HAMILTON FAMILY FOUNDATION | 0 | 0 | 50,080 | 0 | 0 | 50,080 | 46,476 | 3,604 |
| PLEASANT AND JERRY FRAUTSCHI | 0 | 0 | 50,000 | 0 | 0 | 50,000 | 46,476 | 3,524 |
| BOLLARD GROUP LLC | 0 | 0 | 50,000 | 0 | 0 | 50,000 | 46,476 | 3,524 |
| | <u>30,950</u> | <u>32,079</u> | <u>379,687</u> | <u>81,000</u> | <u>98,650</u> | <u>622,366</u> | <u>511,236</u> | <u>111,130</u> |

CLIENT 16057405

BARRIER ISLAND PARKS SOCIETY INC

65-0327405

10/06/19

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| NO. | 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 | | | 596 | S/L | 7 | 25 |
| TOTAL FURNITURE AND FIXTURE | | | | 1,603 | | 0 | 1,578 | | | 25 |
| 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 | DELLCOMPUTER | 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 | | | 488 | S/L | 7 | 22 |
| 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 | | | 365 | S/L | 7 | 61 |
| 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 | | | 200 | S/L | 7 | 35 |
| 25 | LAPTOP COMPUTER | 12/26/13 | | 485 | | | 485 | S/L | 5 | 0 |
| 26 | COMPUTER | 4/17/15 | | 449 | | | 255 | S/L | 5 | 90 |
| 27 | SHED-PARK VOLUNTEERS | 12/24/15 | | 7,670 | | | 2,192 | S/L | 7 | 1,096 |
| 28 | FOCC ATV PURCHASE | 4/27/17 | | 9,396 | | | 671 | S/L HY | 7 | 1,343 |

CLIENT 16057405

BARRIER ISLAND PARKS SOCIETY INC

65-0327405

10/06/19

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| NO. | 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 | | | | S/L MQ | 7 | 35 |
| 30 | MACBOOK PRO | 11/13/18 | | 2,383 | | | | S/L MQ | 5 | 60 |
| TOTAL MACHINERY AND EQUIPME | | | | 106,049 | | 0 | 87,819 | | | 2,742 |
| TOTAL DEPRECIATION | | | | 107,653 | | 0 | 89,397 | | | 2,767 |
| GRAND TOTAL DEPRECIATION | | | | 107,653 | | 0 | 89,397 | | | 2,767 |

12/31/18

2018 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

CLIENT 16057405

BARRIER ISLAND PARKS SOCIETY INC

65-0327405

10/06/19

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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 | 596 | S/L | 7 | | 25 |
| | TOTAL FURNITURE AND FIXTURE | | | 1,603 | | 0 | 0 | 0 | 0 | 0 | 1,603 | 1,578 | | | | 25 |
| 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 |

12/31/18

2018 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 2

CLIENT 16057405

BARRIER ISLAND PARKS SOCIETY INC

65-0327405

10/06/19

11:36AM

| 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 | 488 | S/L | 7 | | 22 |
| 18 | ARCHIVAL MATERIALS | 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 | 365 | S/L | 7 | | 61 |
| 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 | 200 | S/L | 7 | | 35 |
| 25 | LAPTOP COMPUTER | 12/26/13 | | 485 | | | | | | | 485 | 485 | S/L | 5 | | 0 |
| 26 | COMPUTER | 4/17/15 | | 449 | | | | | | | 449 | 255 | S/L | 5 | | 90 |
| 27 | SHED-PARK VOLUNTEERS | 12/24/15 | | 7,670 | | | | | | | 7,670 | 2,192 | S/L | 7 | | 1,096 |
| 28 | FOCC ATV PURCHASE | 4/27/17 | | 9,396 | | | | | | | 9,396 | 671 | S/L | HY | 7 .14290 | 1,343 |
| 29 | FIREWOOD BIN | 8/15/18 | | 662 | | | | | | | 662 | | S/L | MQ | 7 .05360 | 35 |
| 30 | MACBOOK PRO | 11/13/18 | | 2,383 | | | | | | | 2,383 | | S/L | MQ | 5 .02500 | 60 |
| TOTAL MACHINERY AND EQUIPME | | | | 106,049 | | 0 | 0 | 0 | 0 | 0 | 106,049 | 87,819 | | | | 2,742 |
| TOTAL DEPRECIATION | | | | 107,653 | | 0 | 0 | 0 | 0 | 0 | 107,653 | 89,397 | | | | 2,767 |
| GRAND TOTAL DEPRECIATION | | | | 107,653 | | 0 | 0 | 0 | 0 | 0 | 107,653 | 89,397 | | | | 2,767 |