



**Florida Department of Environmental Protection**

**CITIZEN SUPPORT ORGANIZATION**  
**2020 LEGISLATIVE REPORT**  
**(pursuant to Section 20.058 Florida Statutes)**

Citizen Support Organization (CSO) Name: Supporters of Del-Nor Wiggins Park, Inc.

Mailing Address (required): 11135 Gulf Shore Dr. N., Naples, Florida 34108

Telephone Number (required): 239-597-6196 Web(required if applicable): www.delnorwiggins.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 promote community awareness, use and enjoyment of the Park.
- To offer educational experiences and opportunities for volunteers and visitors to learn about the native environment of this Park and others in the Florida Park system.
- To assist the Park staff with maintenance, resource management, recycling, programs and special projects.
- To improve Park facilities by providing amenities through fund raising and volunteer activities.
- To assist in protecting, preserving and restoring the natural resources of this Park.

**Description of the CSO's Results Obtained: *Brag! Expand section as necessary to be complete***

See attachment

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

See attachment

- 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). If filing an IRS extension, attach the IRS 8868 receipt and most recent 990 and schedules.

# Model CSO Code of Ethics – June 2014

## FRIENDS OF DELNOR-WIGGINS PASS STATE PARK CODE OF ETHICS

### PREAMBLE

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

### STANDARDS

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

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

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

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

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

#### **3. Salary and Expenses**

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

## **Model CSO Code of Ethics – June 2014**

### **4. Prohibition of Misuse of Position**

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

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

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

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

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

### **7. Prohibition of Employees Holding Office**

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

### **8. Requirements to Abstain From Voting**

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

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

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

2019

Open to Public Inspection

A For the 2019 Calendar year, or tax year beginning 2019-01-01 and ending 2019-12-31

B Check if available

Terminated for Business

Gross receipts are normally \$50,000 or less

C Name of Organization: SUPPORTERS OF DEL NOR

WIGGINS PARK INC

11135 Gulf Shore Dr N,

Naples, FL, US, 34108

D Employee Identification

Number 65-0013222

E Website:

delnorwiggins.org

F Name of Principal Officer: Kathy Foster

608 El Camino Real Apt 201,

Naples, FL, US, 34119

**Privacy Act and Paperwork Reduction Act Notice:** We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average time is 15 minutes.

**Note:** This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.



**Return of Organization Exempt From Income Tax**

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

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form, as it may be made public.  
▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**A For the 2019 calendar year, or tax year beginning** , 2019, and ending , 20

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization <sup>7d</sup>  
 SUPPORTERS OF DELNOR WIGGINS PARK INC.  
 Number and street (or P.O. box if mail is not delivered to street address) <sup>7f</sup> Room/suite  
 1135 GOLFSHOLE DRIVE NORTH  
 City or town, state or province, country, and ZIP or foreign postal code  
 NAPLES, FLORIDA, USA 34108

**D** Employer identification number <sup>7e</sup>  
 65-001 3222

**E** Telephone number  
 239-597-6196

**F** Group Exemption Number ▶ <sup>7g</sup>

**G** Accounting Method:  Cash  Accrual Other (specify) ▶

**I** Website: ▶ [WWW.DELNORWIGGINS.ORG](http://WWW.DELNORWIGGINS.ORG)

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c)( ) (insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I) <sup>7h</sup>

Check if the organization used Schedule O to respond to any question in this Part I . . . . .

|            |  | 1  | 2 | 3 | 4  | 5a | 5b       | 5c        | 6a | 6b | 6c | 6d | 7a | 7b | 7c | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |  |
|------------|--|--|---|---|----|----|----------|-----------|----|----|----|----|----|----|----|---|---|----|----|----|----|----|----|----|----|----|----|----|----|--|
| Revenue    | 1  | Contributions, gifts, grants, and similar amounts received   |   |   |    |    |          | 6218.00   |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |
|            | 2  | Program service revenue including government fees and contracts  |   |   |    |    |          | 0         |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |
|            | 3  | Membership dues and assessments  |   |   |    |    |          | 6500.00   |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |
|            | 4  | Investment income  |   |   |    |    |          | 1669.00   |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |
|            | 5a   | Gross amount from sale of assets other than inventory  |   |   |    |    | 5a       | -         |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |
|            | b  | Less: cost or other basis and sales expenses   |   |   |    |    | 5b       | -         |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |
|            | c  | Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)  |   |   |    |    | 5c       |           | 0  |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |
|            | 6  | Gaming and fundraising events:   |   |   |    |    |          |           |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |
|            | a  | Gross income from gaming (attach Schedule G if greater than \$15,000)  |   |   |    |    | 6a       | -         |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |
|            | b  | Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) |   |   |    |    | 6b       | 4957.00   |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |
| c          | Less: direct expenses from gaming and fundraising events   |  |   |   |    | 6c | 1795.00  |           |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |
| d          | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) |  |   |   |    | 6d |          | 3162.00   |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 7a         | Gross sales of inventory, less returns and allowances  |  |   |   |    | 7a | 17060.00 |           |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |
| b          | Less: cost of goods sold   |  |   |   |    | 7b | 5309.00  |           |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |
| c          | Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)                     |  |   |   |    | 7c |          | 11757.00  |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 8          | Other revenue (describe in Schedule O)   |  |   |   |    | 8  |          | 0         |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 9          | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8                                      |  |   |   |    | 9  |          | 29306.00  |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |
| Expenses   | 10   | Grants and similar amounts paid (list in Schedule O)   |   |   |    | 10 |          | 0         |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |
|            | 11   | Benefits paid to or for members  |   |   |    | 11 |          | 0         |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |
|            | 12   | Salaries, other compensation, and employee benefits <sup>7i</sup>  |   |   |    | 12 |          | 0         |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |
|            | 13   | Professional fees and other payments to independent contractors <sup>7j</sup>  |   |   |    | 13 |          | 0         |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |
|            | 14   | Occupancy, rent, utilities, and maintenance  |   |   |    | 14 |          | 0         |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |
|            | 15   | Printing, publications, postage, and shipping  |   |   |    | 15 |          | 248.06    |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |
|            | 16   | Other expenses (describe in Schedule O) <sup>7k</sup>  |   |   |    | 16 |          | 5357.00   |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |
| 17         | <b>Total expenses.</b> Add lines 10 through 16   |  |   |   | 17 |    | 5606.00  |           |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |
| Net Assets | 18   | Excess or (deficit) for the year (subtract line 17 from line 9)  |   |   |    | 18 |          | 23700.00  |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |
|            | 19   | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)   |   |   |    | 19 |          | 97171.00  |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |
|            | 20   | Other changes in net assets or fund balances (explain in Schedule O)   |   |   |    | 20 |          | -         |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |
|            | 21   | <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20   |   |   |    | 21 |          | 120877.00 |    |    |    |    |    |    |    |   |   |    |    |    |    |    |    |    |    |    |    |    |    |  |

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

|  | (A) Beginning of year | (B) End of year |
|--|-----------------------|-----------------|
| 22 Cash, savings, and investments  | 47,177                | 120,877         |
| 23 Land and buildings  |                       |                 |
| 24 Other assets (describe in Schedule O)                                       |                       |                 |
| 25 Total assets  | 47,177                | 120,877         |
| 26 Total liabilities (describe in Schedule O)                                  |                       |                 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 47,177                | 120,877         |

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **SUPPORT + BENEFIT STATE PARK**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses  
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.)

|    |  |                |
|----|--|----------------|
| 28 | <b>REPAIRED PARK FACILITY, MAINTENANCE, INTERPRETIVE AND EDUCATIONAL MATERIALS</b>   | 1739.00        |
| 29 | <b>SPONSORED ANNUAL ART SHOWS FEATURING LOCAL WILDLIFE AND WILDLANDS ARTISTS. OPENS TO ALL PARK VISITORS</b>                           | 615.00         |
| 30 | <b>SPONSORED ANNUAL CHILDREN'S ART SHOW FOR LOCAL ELEMENTARY SCHOOL CHILDREN PROMOTING NATURAL ARTWORK. OPENS TO ALL PARK VISITORS</b> | 1172.00        |
| 31 | Other program services (describe in Schedule O)  |                |
| 32 | <b>Total program service expenses</b> (add lines 28a through 31a)  | <b>3726.00</b> |

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

| (a) Name and title           | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|------------------------------|--|--|--|--|
| KATHY FOSTER, PRESIDENT      | 10   | 0  | 0  | 0  |
| HEIDI GAGNON, VICE PRES.     | 10   | 0  | 0  | 0  |
| ERIC COSENTINO, TREASURER    | 15   | 0  | 0  | 0  |
| VALERIE THOMPSON, SECRETARY  | 15   | 0  | 0  | 0  |
| GABRIELLA MIYAMOTO, DIRECTOR | 15   | 0  | 0  | 0  |
| LARRY BEER, DIRECTOR         | 10   | 0  | 0  | 0  |
| PHIL NYB, DIRECTOR           | 5  | 0  | 0  | 0  |
| TORR RICHARDS, DIRECTOR      | 5  | 0  | 0  | 0  |
| CHARLES FRANK, DIRECTOR      | 5  | 0  | 0  | 0  |

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

|     |   | Yes | No                                  |
|-----|---|-----|-------------------------------------|
| 33  | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O   |     | <input checked="" type="checkbox"/> |
| 34  | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions   |     | <input checked="" type="checkbox"/> |
| 35a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  |     | <input checked="" type="checkbox"/> |
| b   | If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O   |     | <input checked="" type="checkbox"/> |
| 35b |   |     | <input checked="" type="checkbox"/> |
| 35c | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III  |     | <input checked="" type="checkbox"/> |
| 36  | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N   |     | <input checked="" type="checkbox"/> |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a  |     |                                     |
| b   | Did the organization file Form 1120-POL for this year?  |     | <input checked="" type="checkbox"/> |
| 37b |   |     | <input checked="" type="checkbox"/> |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?   |     | <input checked="" type="checkbox"/> |
| b   | If "Yes," complete Schedule L, Part II, and enter the total amount involved   | 38b |                                     |
| 39  | Section 501(c)(7) organizations. Enter:   |     |                                     |
| a   | Initiation fees and capital contributions included on line 9  | 39a |                                     |
| b   | Gross receipts, included on line 9, for public use of club facilities   | 39b |                                     |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶  |     |                                     |
| b   | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I   | 40b | <input checked="" type="checkbox"/> |
| c   | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  |     |                                     |
| d   | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization  |     |                                     |
| e   | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  | 40e | <input checked="" type="checkbox"/> |
| 41  | List the states with which a copy of this return is filed ▶ FLORIDA   |     |                                     |
| 42a | The organization's books are in care of ▶ ERIE COSALTINO Telephone no. ▶ 239-587-6196<br>Located at ▶ 1135 GULFSHORE DR. N. NAPLES, FL ZIP + 4 ▶ 34109  |     |                                     |
| b   | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶<br>See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | 42b | <input checked="" type="checkbox"/> |
| c   | At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶  | 42c | <input checked="" type="checkbox"/> |
| 43  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43  |     |                                     |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  | 44a | <input checked="" type="checkbox"/> |
| b   | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ   | 44b | <input checked="" type="checkbox"/> |
| c   | Did the organization receive any payments for indoor tanning services during the year?  | 44c | <input checked="" type="checkbox"/> |
| d   | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O   | 44d | <input checked="" type="checkbox"/> |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 45a | <input checked="" type="checkbox"/> |
| b   | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions   | 45b | <input checked="" type="checkbox"/> |

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. Yes No 46 [ ] [x]

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI [ ]

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. Yes No 47 [ ] [x]
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. Yes No 48 [ ] [x]
49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No 49a [ ] [x]
b If "Yes," was the related organization a section 527 organization? 49b [ ] [x]

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

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. All entries are 'NONE'.

f Total number of other employees paid over \$100,000 0

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. All entries are 'NONE'.

d Total number of other independent contractors each receiving over \$100,000 0

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. Yes No [x] [ ]

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 [x] Signature of officer: [Signature] Date: 2-25-20
Type or print name and title: Wally D. Reed, Director

Paid Preparer Use Only Print/Type preparer's name, Preparer's signature, Date, Check [ ] if self-employed, PTIN, Firm's EIN, Firm's address, Phone no.

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



0  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

▶ Attach to Form 990 or 990-EZ.

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

2019

Open to Public  
Inspection

Employer identification number

SUPPORTERS OF DELAWARE WIGGINS PARK, INC.

65-0013222

PART I.16. PROGRAM, OPERATIONS, EDUCATIONAL  
AND MEMBERSHIP DEVELOPMENT

**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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  | 9849     | 7666     | 34,598   | 13,765   | 12,718   | 78,596    |
| 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 | 7308     | 7706     | 6302     | 6274     | 22,017   | 49,607    |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513   | 0        | 0        | 0        | 0        | 0        | 0         |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  | 0        | 0        | 0        | 0        | 0        | 0         |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge  | 0        | 0        | 0        | 0        | 0        | 0         |
| 6 <b>Total.</b> Add lines 1 through 5  | 17,157   | 15,372   | 40,900   | 20,039   | 34,735   | 128,203   |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons  | 0        | 0        | 0        | 0        | 0        | 0         |
| 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           | 0        | 0        | 0        | 0        | 0        | 0         |
| c Add lines 7a and 7b  | 0        | 0        | 0        | 0        | 0        | 0         |
| 8 <b>Public support.</b> (Subtract line 7c from line 6.)   |          |          |          |          |          | 128,203   |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6  | 17,157   | 15,372   | 40,900   | 20,039   | 34,735   | 128,203   |
| 10a Gross income from interest, dividends, payments received on securities loans, royalties, and income from similar sources   | 164      | 148      | 415      | 1027     | 1669     | 3424      |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  | 0        | 0        | 0        | 0        | 0        | 0         |
| c Add lines 10a and 10b  | 164      | 148      | 415      | 1027     | 1669     | 3424      |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on   | 0        | 0        | 0        | 0        | 0        | 0         |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   | 0        | 0        | 0        | 0        | 0        | 0         |
| 13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)   | 17,321   | 15,520   | 41,315   | 21,066   | 36,404   | 131,627   |
| 14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> |          |          |          |          |          |           |

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

|  |    |        |
|--|----|--------|
| 15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) | 15 | 97.4 % |
| 16 Public support percentage from 2018 Schedule A, Part III, line 15                       | 16 | 98.3 % |

**Section D. Computation of Investment Income Percentage**

|   |    |        |
|---|----|--------|
| 17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) | 17 | 2.60 % |
| 18 Investment income percentage from 2018 Schedule A, Part III, line 17                         | 18 | 0.97 % |

- 19a **33 1/3% support tests—2019.** 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—2018.** 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