



Florida Department of Environmental Protection

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

Citizen Support Organization (CSO) Name: Gold Head Associates, Inc.  
Mailing Address: 6239 SR 21 Keystone Heights, FL 32656  
Telephone Number: 352-745-1951 Website Address (if applicable): friendsofgoldhead.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 develop, promote and support Gold Head Branch State Park and the Palatka to Lake Butler State Trail while working with park staff to preserve, interpret, and restore the natural and cultural resources.

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

The CSO is responsible for additional funding for needed equipment to enhance all aspects of park operations, including maintenance, resource management, administration, visitor services and protection. The CSO continues to promote and produce several special events to increase attendance for Gold Head and the Palatka to Lake Butler State Trail. *(see attached)*

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

The CSO will continue to raise funds to support Gold Head and the PLBST through the promotion of special events and other park amenities. The CSO will continue to foster public and private support for the park's operations and mission. *(see attached)*

- 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).

**A summary of CSO Accomplishments and Goals for the year 2018 are listed below:**

**Summary of Accomplishments:**

1. Planned, organized and promoted the annual Yesterdays Festival which brought in approximately 1200 visitors to the Park.
2. Planned, organized and promoted the annual Haunted Hike which brought in approximately 1300 visitors to the Park.
3. Continued to promote the Palatka to Lake Butler State Trail by attending community events.
4. Purchased washer and dryer for Park laundry facility.
5. Purchased a 54" Z-turn Mower for the Palatka to Lake Butler State Trail.
6. Purchased Kubota Utility Vehicle for Park Use.
7. Purchased Utility trailer for Park Use.
8. Purchased vacuum and other misc. support items for Park.
9. Provided food for District Managers meeting.
10. Continued to supply Firewood, Ice and T-shirts with an increase in donations.
11. Continued to foster support through the local community and to recruit additional members to the CSO.

**Summary of Goals or Priorities for the Upcoming Fiscal Year:**

The Gold Head Associates plan to continue raising funds and increasing visitation to Gold Head Branch State Park by:

1. Continuing to host the annual Yesterdays Festival and Haunted Hike as well as promoting events along the Palatka to Lake Butler Trail, add Primitive Arts Workshop as annual fund raising event.
2. Continue to supply Ice, Firewood and T-shirts for the Park visitors.
3. Add other items such as water bottles, hiking stick medallions, hats, etc. for fund raising donations.
4. Continue to work on member and volunteer recruitment for both Gold Head Branch State Park, the Palatka to Lake Butler State Trail and the Citizens Support Organization.
5. Purchase a 4x4 used pick-up for staff use.
6. Purchase a used vehicles or golf carts to support operations at the Park.
7. Sponsor advertising with local radio station promoting the day use and camping facilities.
8. Pursue ADA Grant for purpose of purchasing an Accessible Tram to use in the Park and at events.
9. Pursue grant to restore historic water tower base and grasses to restore native vegetation.
10. Seek grants and/or donations for benches along Palatka to Lake Butler State Trail.
11. Pursue ADA Grants to enhance the accessibility of multiple park facilities.
12. Promote and advertise an annual public meeting/membership drive for the CSO.
13. Encourage the private and public organizations to support both Gold Head and the Trail through service projects or financial donations.
14. Provide support to the Park's Volunteer Program through meetings and rewards.
15. Support projects based on the park's Unit Management Plan and Florida Park Service Mission.

# **Gold Head Associates, Inc.**

## **CODE OF ETHICS**

### **PREAMBLE**

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

### **STANDARDS**

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

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

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

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

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

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

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

**4. Prohibition of Misuse of Position**

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

**Short Form**  
**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2018**

**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 2018 calendar year, or tax year beginning** , 2018, and ending , 20

**B** Check if applicable:

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

**C** Name of organization: **Gold Head Associates, Inc.**

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
**6239 State Road 21**

City or town, state or province, country, and ZIP or foreign postal code  
**Keystone Heights, FL 32656**

**D** Employer identification number: **51-048499**

**E** Telephone number: **352-473-4701**

**F** Group Exemption Number ▶

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

**H** Check  if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: ▶

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

|                   |   |  |           |          |
|-------------------|---|--|-----------|----------|
| <b>Revenue</b>    | <b>1</b>  | Contributions, gifts, grants, and similar amounts received . . . . .   | <b>1</b>  | 21225.03 |
|                   | <b>2</b>  | Program service revenue including government fees and contracts . . . . .  | <b>2</b>  | 2382.50  |
|                   | <b>3</b>  | Membership dues and assessments . . . . .  | <b>3</b>  | 440.00   |
|                   | <b>4</b>  | Investment income . . . . .  | <b>4</b>  |          |
|                   | <b>5a</b>   | Gross amount from sale of assets other than inventory . . . . .  | <b>5a</b> |          |
|                   | <b>5b</b>   | Less: cost or other basis and sales expenses . . . . .   | <b>5b</b> |          |
|                   | <b>5c</b>   | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .  | <b>5c</b> |          |
|                   | <b>6</b>  | Gaming and fundraising events:   |           |          |
|                   | <b>a</b>  | Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .  | <b>6a</b> |          |
| <b>b</b>          | Gross income from fundraising events (not including \$ 20894.00 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . . | <b>6b</b>  | 10606.23  |          |
| <b>c</b>          | Less: direct expenses from gaming and fundraising events . . . . .  | <b>6c</b>  | 20973.43  |          |
| <b>d</b>          | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .  | <b>6d</b>  | -10367.20 |          |
| <b>7a</b>         | Gross sales of inventory, less returns and allowances . . . . .   | <b>7a</b>  |           |          |
| <b>b</b>          | Less: cost of goods sold . . . . .  | <b>7b</b>  |           |          |
| <b>c</b>          | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .  | <b>7c</b>  |           |          |
| <b>8</b>          | Other revenue (describe in Schedule O) . . . . .  | <b>8</b>   |           |          |
| <b>9</b>          | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶   | <b>9</b>   | 13680.33  |          |
| <b>Expenses</b>   | <b>10</b>   | Grants and similar amounts paid (list in Schedule O) . . . . .   | <b>10</b> | 21065.53 |
|                   | <b>11</b>   | Benefits paid to or for members . . . . .  | <b>11</b> |          |
|                   | <b>12</b>   | Salaries, other compensation, and employee benefits . . . . .  | <b>12</b> |          |
|                   | <b>13</b>   | Professional fees and other payments to independent contractors . . . . .  | <b>13</b> |          |
|                   | <b>14</b>   | Occupancy, rent, utilities, and maintenance . . . . .  | <b>14</b> |          |
|                   | <b>15</b>   | Printing, publications, postage, and shipping . . . . .  | <b>15</b> |          |
|                   | <b>16</b>   | Other expenses (describe in Schedule O) . . . . .  | <b>16</b> | 1754.08  |
| <b>17</b>         | <b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶  | <b>17</b>  | 22819.61  |          |
| <b>Net Assets</b> | <b>18</b>   | Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .  | <b>18</b> | -9139.28 |
|                   | <b>19</b>   | 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) . . . . . | <b>19</b> | 33056.94 |
|                   | <b>20</b>   | Other changes in net assets or fund balances (explain in Schedule O) . . . . .   | <b>20</b> |          |
|                   | <b>21</b>   | Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶  | <b>21</b> | 23917.66 |



**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 |
|------------|---|------------|----|
| <b>33</b>  | 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 . . . . .   |            | ✓  |
| <b>34</b>  | 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 . . . . .   |            | ✓  |
| <b>35a</b> | 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)? . . . . .  |            | ✓  |
| <b>b</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 . . . . .   |            |    |
| <b>c</b>   | 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 . . . . .  |            | ✓  |
| <b>36</b>  | 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 . . . . .   |            | ✓  |
| <b>37a</b> | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> _____   |            |    |
| <b>b</b>   | Did the organization file <b>Form 1120-POL</b> for this year? . . . . .   |            | ✓  |
| <b>38a</b> | 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? . . . . .  |            | ✓  |
| <b>b</b>   | If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b> _____   |            |    |
| <b>39</b>  | Section 501(c)(7) organizations. Enter:   |            |    |
| <b>a</b>   | Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> _____   |            |    |
| <b>b</b>   | Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> _____  |            |    |
| <b>40a</b> | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____  |            |    |
| <b>b</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 . . . . .   | <b>40b</b> | ✓  |
| <b>c</b>   | 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 . . . . . ▶ _____  |            |    |
| <b>d</b>   | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____  |            |    |
| <b>e</b>   | 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 . . . . .  | <b>40e</b> | ✓  |
| <b>41</b>  | List the states with which a copy of this return is filed ▶ _____   |            |    |
| <b>42a</b> | The organization's books are in care of ▶ <u>Mike Roess Gold Head Branch State Park</u> Telephone no. ▶ <u>352-473-4701</u><br>Located at ▶ <u>6239 SR 21, Keystone Heights, FL</u> ZIP + 4 ▶ <u>32656-9707</u>   |            |    |
| <b>b</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)?<br>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). | <b>42b</b> | ✓  |
| <b>c</b>   | At any time during the calendar year, did the organization maintain an office outside the United States?<br>If "Yes," enter the name of the foreign country ▶ _____   | <b>42c</b> | ✓  |
| <b>43</b>  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> _____   |            |    |
| <b>44a</b> | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .  | <b>44a</b> | ✓  |
| <b>b</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 . . . . .   | <b>44b</b> | ✓  |
| <b>c</b>   | Did the organization receive any payments for indoor tanning services during the year? . . . . .  | <b>44c</b> | ✓  |
| <b>d</b>   | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .   | <b>44d</b> |    |
| <b>45a</b> | Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .   | <b>45a</b> | ✓  |
| <b>b</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 . . . . .   | <b>45b</b> | ✓  |

|  |            |                                     |
|--|------------|-------------------------------------|
|  | <b>Yes</b> | <b>No</b>                           |
| <b>46</b> 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 . . . . . | <b>46</b>  | <input checked="" type="checkbox"/> |

**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

|  |            |                                     |
|--|------------|-------------------------------------|
|  | <b>Yes</b> | <b>No</b>                           |
| <b>47</b> 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 . . . . . | <b>47</b>  | <input checked="" type="checkbox"/> |
| <b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .   | <b>48</b>  | <input checked="" type="checkbox"/> |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .   | <b>49a</b> | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .  | <b>49b</b> | <input type="checkbox"/>            |

**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."

| (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 |
|-------------------------------------|--|---|---|--|
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |

**f** Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_

**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."

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |

**d** Total number of other independent contractors each receiving over \$100,000 ▶ \_\_\_\_\_

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

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.

|                                |                                |      |
|--------------------------------|--------------------------------|------|
| <b>Sign Here</b>               | ▶ Signature of officer         | Date |
|                                | ▶ Leticia R. Nelson, Treasurer |      |
| ▶ Type or print name and title |                                |      |

|                               |                            |                      |      |   |      |
|-------------------------------|----------------------------|----------------------|------|---|------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
|                               | Firm's name ▶              | Firm's EIN ▶         |      |   |      |
|                               | Firm's address ▶           | Phone no.            |      |   |      |

May the IRS discuss this return with the preparer shown above? See instructions ▶  Yes  No



**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization  
Gold Head Associates, Inc.

Employer identification number  
51-048499

**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)(vii). (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)          |                                    |          |   |   |    |   |   |
| <b>Total</b> |                                    |          |   |   |    |   |   |

**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 |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 . . . . .  |          |          |          |          |          |           |
| <b>5</b> 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) . . . . . |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018  | (f) Total                |
|--|----------|----------|----------|----------|-----------|--------------------------|
| <b>7</b> Amounts from line 4 . . . . .   |          |          |          |          |           |                          |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .   |          |          |          |          |           |                          |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .  |          |          |          |          |           |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .  |          |          |          |          |           |                          |
| <b>11 Total support.</b> Add lines 7 through 10  |          |          |          |          |           |                          |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .  |          |          |          |          | <b>12</b> |                          |
| <b>13 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 <b>stop here</b> . . . . . |          |          |          |          |           | <input type="checkbox"/> |

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

|  |           |                          |
|--|-----------|--------------------------|
| <b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) . . . . .   | <b>14</b> | %                        |
| <b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 . . . . .   | <b>15</b> | %                        |
| <b>16a 33 1/3% support test—2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .   |           | <input type="checkbox"/> |
| <b>b 33 1/3% support test—2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .  |           | <input type="checkbox"/> |
| <b>17a 10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .    |           | <input type="checkbox"/> |
| <b>b 10%-facts-and-circumstances test—2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . |           | <input type="checkbox"/> |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .   |           | <input type="checkbox"/> |

**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 |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   | 2347.    | 6351.    | 14593.   | 18283.   | 21665.   | 63239.    |
| <b>2</b> 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 | 6084.    | 10301.   | 12098.   | 13497.   | 12989.   | 54947.    |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  | 2391     | 2395     | 7550     | 4831     | 6748     | 23915     |
| <b>6 Total.</b> Add lines 1 through 5   | 10802    | 19047    | 34239    | 36611    | 41402    | 142101    |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| <b>b</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           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          | 142101    |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6   | 10802    | 19047    | 34239    | 36611    | 41402    | 142101    |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources   | 6        | 0        | 0        | 35       | 0        | 41        |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975   |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b   | 6        | 0        | 0        | 35       | 0        | 41        |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   | 10808    | 19047    | 34239    | 36646    | 41402    | 142142    |
| <b>14 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**

|   |           |         |
|---|-----------|---------|
| <b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) | <b>15</b> | 99.97 % |
| <b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15                       | <b>16</b> | 99.96 % |

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

|  |           |       |
|--|-----------|-------|
| <b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) | <b>17</b> | .03 % |
| <b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17                         | <b>18</b> | .02 % |

- 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

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

Gold Head Associates, Inc.

Employer identification number

51-0484991

Part 1, Line 1 - Donations for Ice: \$2601.00, T-Shirts: 2170.00, Firewood: 16123.00, Misc. \$331.03

Part 1, Line 2 - Washer /Dryer Income: \$2382.50

Part 1, Line 6b - Yesterdays Festival Income: \$6285.40, Haunted Hike Income: \$4320.83

Part 1, Line 6c - Yesterdays Festival Expenses: \$1962.98, Haunted Hike Expenses: \$2310.20

Ice Purchases: \$1176.25, T-Shirt Purchases: \$1026.50, Firewood Purchases: \$13162.50, Washer/Dryer Purchase: \$1335.00

Part 1, Line 10 - Items purchased for use at Gold Head Branch State Park and Palatka to Lake Butler Trail

5' x8' Utility trailer: \$600.00

Kubota Utility Vehicle \$8000.00

54" Z-Turn Bad Boy Mower \$8599.00

Maytag Washer for Park Use Laundry: \$1615.00

Maytag Dryer for Park Use Laundry: \$1359.00

Upright Vacuum for Park Use \$181.88

Miscellaneous items to support Park Services: \$710.65

Part 1, Line 16 - Membership Dues: \$145.00, Grill: \$461.91, Supplies: \$266.73, Small Equipment: \$183.64, Speakers: \$647.80, Postage: \$49.00