

## Florida Department of Environmental Protection

# CITIZEN SUPPORT ORGANIZATION 2018 REPORT (pursuant to Florida Statute 20.058)

Citizen Support Organization (CSO) Name: Friends of Alafia, Inc.

Mailing Address: 14326 CR 39 South, Lithia, FL 33547

Telephone Number: (813) 760-4281 Website Address (if applicable): www.friendsofalafia.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.

#### **Brief Description of the CSO's Mission:**

The Friends of Alafia, Inc. is a nonprofit group established to protect, preserve, and support the staff of Alafia River State Park in their efforts to provide resource-based recreational opportunities to the public. The Friends raise funds and provide volunteer services to improve patrons' enjoyment of the park. In particular, we look out for the needs of mountain bikers, equestrians, and hikers by supporting construction and maintenance of the miles of trails within the park.

### Brief Description of the CSO's Results Obtained:

Hosted the annual Coastal Cleanup and Great American Cleanup in support of Keep Tampa Bay Beautiful. Continued to bring park awareness to social media through our website, Facebook, and Twitter. Continued to support the park's educational programs through purchasing supplies and equipment. Continued to raise funds and meet the needs of campers by selling ice and firewood at the Ranger Station.

### **Brief Description of the CSO's Plans for Next Three Fiscal Years:**

Continue to support the Park Manager and his staff in any way that we can, especially when it comes to maintaining and making improvements to the park for all patrons, especially those who enjoy mountain biking, equestrian activities, hiking, and camping.

Copy of the CSO's Code of Ethics attached (Model provided; see CSO 2014 instructions)

Certify the CSO has completed and provided to the Department the organization's most recent Internal Revenue Service (IRS) Form 990, 990-EZ, or 990-N/Annual Financial Statement Friends of Alafia, Inc. CODE OF ETHICS

#### PREAMBLE

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

(2) It is hereby declared to be the policy of the state that no CSO board member, officer, or employee shall have any interest, financial or otherwise, direct or indirect, or incur any obligation of any nature which is in substantial conflict with the proper discharge of his or her duties for the CSO. To implement this policy and strengthen the faith and confidence of the people in Citizen Support Organizations, there is enacted a code of ethics setting forth standards of conduct required of Friends of Alafia board members, officers, and employees in the performance of their official duties.

#### STANDARDS

The following standards of conduct are enumerated in Chapter 112, Fla. Statutes., and are required by Section 112.3251, 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.

			nark icons to display help windows. In will enable you to file a more complete return and reduce the chances the IRS has	to contac	ct you.	WORKSHEET ONLY
Short Form						OMB No. 1545-1150
Form	90	<b>00-EZ</b>	Return of Organization Exempt From Incom	e Tax		
FOI			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except priv			2017
					-	Open to Public
			Do not enter social security numbers on this form as it may be made	public.		Inspection
		of the Treasury nue Service	Go to www.irs.gov/Form990EZ for instructions and the latest information	nation.		inspection
AF	or the	2017 calenda	ar year, or tax year beginning , 2017, and endin	g		, 20
Β	heck if ap	oplicable:	C Name of organization	D Er	mployer id	entification number
	Address c	change				
	Name cha nitial retu	-	Number and street (or P.O. box, if mail is not delivered to street address) Room/suit	e E Te	elephone n	umber
		n/terminated				
	Amended		City or town, state or province, country, and ZIP or foreign postal code		iroup Exe Jumber 🌗	•
		n pending	Cash Accrual Other (specify) ►			f the organization is <b>not</b>
	/ebsite	ting Method: e:►				ach Schedule B
			ck only one) – _ 501(c)(3) _ 501(c) ( ) ◀ (insert no.) _ 4947(a)(1) or _ 527	•		0-EZ, or 990-PF).
			□ Corporation □ Trust □ Association □ Other	-		·
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if			
			<i>v</i> ) are \$500,000 or more, file Form 990 instead of Form 990-EZ		Ŧ	
P	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see			,
			the organization used Schedule O to respond to any question in this Pa			<u>   </u>
	1		ns, gifts, grants, and similar amounts received			
	2 3		ervice revenue including government fees and contracts		. 2 . 3	
	3 4	Investment	•		. 3	
	- 5a		unt from sale of assets other than inventory   <b>5a</b>		. 7	
	b		or other basis and sales expenses			
	c		ss) from sale of assets other than inventory (Subtract line 5b from line 5a) .		. 5c	
	6	•	d fundraising events			
anı	а		ome from gaming (attach Schedule G if greater than			
Revenue	b		me from fundraising events (not including <u></u> of contribu	tions		
Ве			aising events reported on line 1) (attach Schedule G if the h gross income and contributions exceeds \$15,000)   <b>6b</b>			
	_				_	
	c d		t expenses from gaming and fundraising events 6c e or (loss) from gaming and fundraising events (add lines 6a and 6b and	subtrac	<b>,</b> +	
	u	line 6c)				
	7a		s of inventory, less returns and allowances			
	b		of goods sold			
	с		t or (loss) from sales of inventory (Subtract line 7b from line 7a)		. 7c	
	8	Other reve	nue (describe in Schedule O)		. 8	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			
	10		similar amounts paid (list in Schedule O)			
	11		id to or for members		. 11	
ses	12		her compensation, and employee benefits		. 12	
Expenses	13 14		al fees and other payments to independent contractors		. 13 . 14	
EXp	14 15		blications, postage, and shipping		. 14 . 15	
_	16		Inses (describe in Schedule O)			
	17		nses (describe in oblicatie C)			
6	18		deficit) for the year (Subtract line 17 from line 9)			
set	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must ac	gree witl	h 📃	
As		end-of-yea	r figure reported on prior year's return)		· 19	
Net Assets	20		ges in net assets or fund balances (explain in Schedule O)			
2	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	🕨	21	Form <b>990-F7</b> (2017)

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form **990-EZ** (2017)

Form	990-EZ (2017)						Page <b>2</b>
Pa	rt II Balance Sheets (see th	e instructions f	or Part II)				
	Check if the organization	used Schedule	O to respond to an				🗌
					(A) Beginning of year		B) End of year
22	Cash, savings, and investments					22	
23	Land and buildings			•••••		23	
24 25	Other assets (describe in Sched Total assets	,		•••••		24 25	
25 26	Total liabilities (describe in Sch			· · · · · ·		25 26	
20	Net assets or fund balances (li	,	(B) <b>must</b> agree with	n line 21)		27	
Par	t III Statement of Program S Check if the organization	Service Accom	plishments (see th	e instructions for F	· ·		Expenses lired for section
Deso as n	t is the organization's primary exen cribe the organization's program so neasured by expenses. In a clear ons benefited, and other relevant ir	ervice accomplis and concise m	anner, describe the			501(c	)(3) and 501(c)(4) izations; optional for
29	(Grants \$	) If this amount	includes foreign gra	ints, check here .	<u></u> ▶ Ц	28a	
	 (Grants \$	) If this amount	includes foreign gra	nts. check here	· · · ▶ □	29a	
30		<u>,</u>					
			includes foreign gra			30a	
31	Other program services (describe					<b>01</b> -	
32			includes foreign gra			31a 32	
	t IV List of Officers, Directors, T						tions for Part IV)
	Check if the organization						
	(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 employe	ot	Estimated amount of her compensation
			-				
			_				
						_	
			-				
			-				
						+	

Form 99	90-EZ (2017)		Р	age 3
Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this		ν.	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? <i>If "No," provide an explanation in Schedule O</i> 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	35b 35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> Did the organization file <b>Form 1120-POL</b> for this year?	37b		
b 39 a b 40a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?         If "Yes," complete Schedule L, Part II and enter the total amount involved         Section 501(c)(7) organizations. Enter:         Initiation fees and capital contributions included on line 9         Gross receipts, included on line 9, for public use of club facilities         Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:         section 4911 ▶       ; section 4912 ▶	<u>38a</u>		
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		
c d	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			
е	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		
41 42a	List the states with which a copy of this return is filed ► The organization's books are in care of ► Located at ► ZIP + 4 ►			
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: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	Yes	No
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country: ►	42c		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	. 1	
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	Yes	No
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		
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)	45a 45b		

Form 990-EZ (2017)

			Yes	No
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	46		

Part VI Section 501(c)(3) organizatio	ons only
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All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for I	lines
50 and 51.	

	Check if the organization used Schedule O to respond to any question in this Part VI			
			Yes	No
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	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		
	· · · · · · · · · · · · · · · · · · ·			

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>(b)</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>(b)</b> Type of	service	<b>(c)</b> Cor	npensation	
			-			
			-			
			-			
			_			
			-			
52 Did	number of other independent contra the organization complete Schedu pleted Schedule A	ule A? <b>Note:</b> All se	ection 501(c)(3) or	rganizations n		🗌 Yes 🗌 No
Under penalties	of perjury, I declare that I have examined this d complete, Declaration of preparer (other that	return, including accompan	ying schedules and stat	tements, and to the	e best of my knowle	
Sign Here	Signature of officer Type or print name and title			Dat	e	
Paid Preparer	Print/Type preparer's name	Preparer's signature		Date	Check if self-employed	PTIN

Use Only	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

	WORKSHEET ONLY		
SCHEDULE O	Supplemental Information to Form 990 or 990	-EZ	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete to provide information for responses to specific question Form 990 or 990-EZ or to provide any additional information	2017	
Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 990 or 990-EZ.</li> <li>Go to www.irs.gov/Form990 for the latest information.</li> </ul>		Open to Public Inspection
Name of the organization		Employer ide	ntification number

Name of the organization	Employer identification number

Schedule O (Form 990 or 990-EZ) (2017)

#### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Schedule O (Form 990 or 990-EZ), such as legislation enacted after the schedule and its instructions were published, go to www.irs.gov/Form990.

#### **Purpose of Schedule**

An organization should use Schedule O (Form 990 or 990-EZ), rather than separate attachments, to provide the IRS with narrative information required for responses to specific questions on Form 990 or 990-EZ, and to explain the organization's operations or responses to various questions. It allows organizations to supplement information reported on Form 990 or 990-EZ.

Don't use Schedule O to supplement responses to questions in other schedules of the Form 990 or 990-EZ. Each of the other schedules includes a separate part for supplemental information.

#### Who Must File

All organizations that file Form 990 and certain organizations that file Form 990-EZ must file Schedule O (Form 990 or 990-EZ). At a minimum, the schedule must be used to answer Form 990, Part VI, lines 11b and 19. If an organization isn't required to file Form 990 or 990-EZ but chooses to do so, it must file a complete return and provide all of the information requested, including the required schedules.

#### Specific Instructions

Use as many continuation sheets of Schedule O (Form 990 or 990-EZ) as needed.

Complete the required information on the appropriate line of Form 990 or 990-EZ prior to using Schedule O (Form 990 or 990-EZ).

Identify clearly the specific part and line(s) of Form 990 or 990-EZ to which each response relates. Follow the part and line sequence of Form 990 or 990-EZ.

Late return. If the return isn't filed by the due date (including any extension granted), attach a separate statement giving the reasons for not filing on time. Don't use this schedule to provide the late-filing statement.

Amended return. If the organization checked the Amended return box on Form 990, Heading, item B, or Form 990-EZ, Heading, item B, use Schedule O (Form 990 or 990-EZ) to list each part or schedule and line item of the Form 990 or 990-EZ that was amended.

Group return. If the organization answered "Yes" to Form 990, line H(a), but "No" to line H(b), use a separate

attachment to list the name, address, and EIN of each affiliated organization included in the group return. Don't use this schedule. See the Instructions for Form 990, I. Group Return.

Form 990, Parts III, V, VI, VII, IX, XI, and XII. Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions in the Form 990.

1. Part III, Statement of Program Service Accomplishments.

a. "Yes" response to line 2.

b. "Yes" response to line 3.

c. Other program services on line 4d. 2. Part V, Statements Regarding Other IRS Filings and Tax Compliance.

a. "No" response to line 3b.

b. "Yes" or "No" response to line 13a.

c. "No" response to line 14b.

3. Part VI, Governance, Management, and Disclosure.

a. Material differences in voting rights among members of the governing body in line 1a

b. Delegation of governing board's authority to executive committee in line 1a.

c. "Yes" responses to lines 2 through 7b.

d. "No" responses to lines 8a, 8b, and 10b

e. "Yes" response to line 9.

f. Description of process for review of Form 990, if any, in response to line 11b.

g. "Yes" response to line 12c.

h. Description of process for determining compensation in response to lines 15a and 15b.

i. If applicable, in response to line 18, an explanation as to why the organization checked the Other box or didn't make any of Forms 1023, 1024, 990, or 990-T publicly available.

j. Description of public disclosure of documents in response to line 19.

4. Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors.

a. Explain if reporting of compensation paid by a related organization is provided only for the period during which the related organization was related, not the entire calendar year ending with or within the tax year, and state the period during which the related organization was related.

b. Description of reasonable efforts undertaken to obtain information on compensation paid by related organizations, if the organization is unable to obtain such information to report in column (E).

5. Explanation for Part IX, Statement of Functional Expenses, line 11g (other fees

for services), including the type and amount of each expense included in line 11q, if the amount in Part IX, line 11g, exceeds 10% of the amount in Part IX, line 25 (total functional expenses).

6. Explanation for Part IX, Statement of Functional Expenses, line 24e (all other expenses), including the type and amount of each expense included in line 24e, if the amount on line 24e exceeds 10% of the amount in Part IX, line 25 (total functional expenses).

7. Part XI. Reconciliation of Net Assets. Explain any other changes in net assets or fund balances reported on line 9.

8. Part XII, Financial Statements and Reporting.

a. Change in accounting method or description of other accounting method used on line 1.

b. Change in committee oversight review from prior year on line 2c.

c. "No" response to line 3b.

Form 990-EZ, Parts I, II, III, and V. Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions.

1. Part I, Revenue, Expenses, and Changes in Net Assets or Fund Balances.

a. Description of other revenue, in response to line 8.

b. List of grants and similar amounts paid, in response to line 10.

c. Description of other expenses, in response to line 16.

d. Explanation of other changes in net assets or fund balances, in response to line 20.

2. Part II, Balance Sheets.

a. Description of other assets, in response to line 24.

b. Description of total liabilities, in response to line 26.

3. Description of other program services in response to Part III, Statement of Program Service Accomplishments, line 31.

4. Part V, Other Information.

a. "Yes" response to line 33.

b. "Yes" response to line 34.

c. Explanation of why organization didn't report unrelated business gross income of \$1,000 or more to the IRS on Form 990-T, in response to line 35b.

d. "No" response to line 44d.

Other. Use Schedule O (Form 990 or 990-EZ) to provide narrative explanations and descriptions in response to other specific questions. The narrative provided should refer and relate to a particular line and response on the form.



Don't include on Schedule O (Form 990 or 990-EZ) any social security number(s), because this schedule will be made available for public inspection.