

Florida Department of Environmental Protection

CITIZEN SUPPORT ORGANIZATION 2017 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) 760-4281Website Address (if applicable):www.friendsofalafia.org
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.

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.



Florida Department of Environmental Protection

Alafia River State Park 14326 South County Road 39 Lithia, Florida 33547 Rick Scott Governor

Carlos Lopez-Cantera Lt. Governor

> Ryan E. Matthews Interim Secretary

June 02, 2017

Valinda Subic, Bureau Chief Florida Park Service District 4 1843 South Tamiami Trail Osprey, Florida 34229

Dear Bureau Chief Subic,

The past year for the Friends of Alafia Inc. (FOA) was very successful at continuing to gain membership and raising awareness to the park. I am happy to report that in this year (January 1, 2016- December 31, 2017) they raised funds through sales of firewood and ice to campers as their primary revenue source. They continue to promote the park within the community. Additionally, they hosted the first ever Fall Festival for the park which brought in approximately 200 new users. The biggest contribution was doing a short-term event permit for a running relay race which brought in 2500 participants and generated approximately \$12,000 in revenue to the organization.

In conclusion, based off the above accomplishments in this past year I fully support the efforts of the Friends of Alafia in helping the park increase visitation and outreach as well as their future support of park needs.

Sincerely,

Bryon Maxwell

Park Manager, Alafia River State Park

BM/bm

Friends of Alafia, Inc.



Alafia River State Park 14326 C.R. 39 South Lithia, FL 33547

LeRoy Dennison President & Secretary

Michele Loger Vice President

Cynthia Huffman Treasurer

Bryon Maxwell Alafia River State Park 14326 Country Road 39 South Lithia, FL 33547

8 May 2017

I became President of the CSO during the last quarter of FY2016, and remain the Secretary. During the year, we accomplished all of the goals listed on our prior Annual Plan with the exception of (1) installing a mounting block inside the fence at the north equestrian parking area., and (2) starting regularly-scheduled guided equestrian riders. Our failure to accomplish these were due to (1) lack of consensus from the equestrian BOD members on what type of mounting block to install, and (2) polling of equestrian patrons indicated that there is not a lot of interest in guided rides.

As I write this, we are on track to accomplish all of our goals for 2017, as outlined in the Annual Program Plan submitted in December, 2016 and again as part of this report (see 2017 FOA Statement of Accomplishments and Goals.pdf).

Name

LeRoy Dennison

President & Secretary, Friends of Alafia, Inc.

14326 CR 39 South Lithia, FL 33547

813-760-4281

Form **990-EZ**

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)

2016

OMB No. 1545-1150

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.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A F	or the	2016 calendar year, or tax year beginning 1 Jan , 2016, and ending	31 Dev	, 20 16
_	Check if ap		Employer ider	tification number
-	Address ch		27-	0872589
	Name chai	Thomas of the training the training training to the training train	Telephone nun	4 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1
	Initial retur	n 14326 County Road 39 South		
=		City or town, state or province, country, and ZIP or foreign postal code	Group Exem	ption
	Amended i Application		Number ►	
			eck ▶ ☑ if t	he organization is not
	Vebsite			ch Schedule B
				EZ, or 990-PF).
		organization:		
		s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as	sets	
(Pa	rt II, colu	umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	\$	16,742.18
Р	art i	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the in	structions t	or Part I)
		Check if the organization used Schedule O to respond to any question in this Part I.		
	1	Contributions, gifts, grants, and similar amounts received		588
	2	Program service revenue including government fees and contracts	. 2	
	3	Membership dues and assessments	. 3	749
	4	Investment income	. 4	0
	5a	Gross amount from sale of assets other than inventory	LOSSIELL.	
	ь	Less: cost or other basis and sales expenses	1591	
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5c	
	6	Gaming and fundraising events		
	а	Gross income from gaming (attach Schedule G if greater than	1772	
ne		\$15,000)	0.80	
Revenue	b	Gross income from fundraising events (not including \$ of contributions	1180	
ě		from fundraising events reported on line 1) (attach Schedule G if the	100	
-		sum of such gross income and contributions exceeds \$15,000) 6b	1977	
	С	Less: direct expenses from gaming and fundraising events 6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtr	act	
		line 6c)	- 6d	W - 1-17
	7a	Gross sales of inventory, less returns and allowances	6,276	
	b	Less: cost of goods sold	4,493	
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c	1,784
	8	Other revenue (describe in Schedule O)	. 8	9,131
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	12,250
	10	Grants and similar amounts paid (list in Schedule O)	. 10	
	11	Benefits paid to or for members	. 11	
es	12	Salaries, other compensation, and employee benefits	. 12	
ns.	13	Professional fees and other payments to independent contractors	. 13	207
Expense	14	Occupancy, rent, utilities, and maintenance	. 14	
ŵ	15	Printing, publications, postage, and shipping		565
	16	Other expenses (describe in Schedule O)		12,982
_	17	Total expenses. Add lines 10 through 16	▶ 17	13,754
Ŋ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		-1,503
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree v	with	
As		end-of-year figure reported on prior year's return)		10,898
et	20	Other changes in net assets or fund balances (explain in Schedule O)		
Z	21	Net assets or fund balances at end of year. Combine lines 18 through 20	▶ 21	9,395

100			D				
Pa		(see the instructions fo					
	Check if the organ	ization used Schedule (O to respond to ar			(A) (A)	<u> </u>
					(A) Beginning of year		3) End of year
22	Cash, savings, and inves				10,898		9,733
23	Land and buildings		* * * * * * *			23	
24	Other assets (describe in		* * * * * * * *	2 JE 16 JE 15 JE 35 JE		24	
25	Total assets		* * * * * * * *		10,898		9,733
26	Total liabilities (describe			. રાજકુતાં છે 🛌		26	
27	Net assets or fund bala				10,898	27	9,733
Par		gram Service Accomp					F
	Check if the organ	ization used Schedule (O to respond to ar	ny question in this F	Part III	(Poqui	Expenses ired for section
Wha	t is the organization's prima	ary exempt purpose?	o support Alafia Riv	er State Park			(3) and 501(c)(4)
Desc	cribe the organization's pro	gram service accomplis	hments for each o	f its three largest pr	ogram services,		zations; optional for
as n	neasured by expenses. In	a clear and concise ma	anner, describe the	e services provided	, the number of	others	i.)
pers	ons benefited, and other rel	levant information for each	ch program title.				
28							

					12.500.00100.000000000000000000000000000		
	(Grants \$) If this amount i	ncludes foreign gra	ints, check here .		28a	
29							
		V-1VV-10V000000000000000000000000000000					
	(Grants \$) If this amount i	ncludes foreign gra	ints, check here .		29a	
30							

	(Grants \$			ints, check here .		30a	
31	Other program services (d	escribe in Schedule O)			* * * * *		
	(Grants \$			ints, check here .		31a	
32	Total program service ex					32	
Pai		ectors, Trustees, and Key					
	Check if the organ	nization used Schedule	O to respond to a				* * * * 🖼
	(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 employ benefit plans, and deferred compensation	ot	Estimated amount of her compensation
LeR	oy Dennison						
	sident & Secretary	***************************************	10	0		0	0
Con	nie Boyette						
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	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	ran	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	100	√
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		1
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 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		1
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		1
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b 38a		
39 a b 40a	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			
þ	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		1
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			
e	40c reimbursed by the organization	40e		
41	List the states with which a copy of this return is filed Florida	40e		
42a	The organization's books are in care of ▶ Cynthia Huffman Telephone no. ▶			
,	Located at ► 14326 Country Road 39 South, Lithia, FL ZIP + 4 ►	33	547	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	42b	Yes	No ✓
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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	9.5 9.5	Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	103	✓
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		1
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)?	45a 45b		1

Pag	je	4

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 (G) Health benefits, contributions to employee benefit plans, and deferred compensation (e) Estimated amount of other compensation (n) None (n) Total number of other employees paid over \$100,000	1								Yes	No
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									print	thurs.
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 V1 147. 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 489. Did the organization aschool as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 48		_			, Pari			. 46		_
Check if the organization used Schedule O to respond to any question in this Part VI The Check if 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 But the organization a school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 48 V 49 Did the organization as eschool as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 48 V 49 Did the organization as the organization of the organization? 49 Did the organization in the organization? 49 Did the organization in the organization? 49 Name and title of each emokyee 49 Name and title of each emokyee 40 Name and title of each emokyee 40 Name and title of each emokyee 40 Name and title of each emokyee 41 Organization organization in the organization organization. If there is none, enter "None." 42 Organization organization in the organization organization. If there is none, enter "None." 43 Organization organization organization organization. If there is none, enter organization organization. If there is none, enter organization organization organization. If there is none, enter organization organization organization organization. If there is none, enter organization organization organization organization. If there is none, enter organization	Part V				stions 47–49b and	d 52. and	complete th	e tables f	or lin	es
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Year? If "Yes," complete Schedule C, Part II									Yes	No
48							ect during the			,
Did the organization make any transfers to an exempt non-charitable related organization? 349a 49b		,						-	-	1
b if "Yos," was the related organization a section 527 organization? 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 paid over \$100,000 of compensation from the organization. If there is none, enter "None." (b) Average hours per week devoted to position (compensation (compensation) (c) Reportable compensation (d) Estimated amount of other compensation Total number of other employees paid over \$100,000 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 Name d Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete described by the compensation of prepare, lace that I have examined that return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is now, correct, and complete Compensations of prepare is segment to the first part of the best of my knowledge and belief, it is now, correct, and complete Compensations of prepare is segment to the first part of the best of my knowledge and belief, it is now, correct, and complete Compensations of prepare is segment to the first part of the best of my knowledge and belief, it is now, correct, and complete Compensations of prepare is segment to the first part of the segment of the first part of the segment of the compensation of the compe			-							1
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(a) Name and title of each emoloyee Compensation Forms W-2/1939-MISC Forms w-2	(emplo	oyees) who each received more than	\$100,000 of compe	nsation from the org			e, enter "N	lone.	,
f Total number of other employees paid over \$100,000 ▶ 1 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 None 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 perpury, 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 the thing of penalty of the penalties of		(a)	Name and title of each employee	hours per week	compensation	contribut benefit pl	ions to employee ans, and deferred			
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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 preparary Johns them differs is based on all information of which preparer has any knowledge. Sign Period Print/Type preparer's name Preparer Use Only Print/Type preparer's name Preparer's signature Preparer's signature Date Check □ if Selfne ployed Firm's name ▶ Firm's address ▶ Phone no.	51 (Comp \$100,	olete this table for the organization 000 of compensation from the organization	s five highest componization. If there is no	ensated independe one, enter "None."					e than
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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 LeRoy Dennison, President & Secretary Type or print name and title Print/Type preparer's name Preparer's signature Preparer's signature Prim's name Firm's name Firm's address ▶ Phone no.	52	Did t	he organization complete Schedu			ganization	s must attac		e	No
true, correct, and complete Declaration of preparer, lother than officer is based on all information of which preparer has any knowledge. Sign Here Date: 2017.05.02 09:51:24 2 May 2017 -05:00' Signature of officer Date LeRoy Dennison, President & Secretary	Under per	nalties	of periury. I declare that I have examined this	return, including accompar	nying schedules and state	ements, and t	o the best of my k			
Sign Here Signature of officer LeRoy Dennison, President & Secretary Type or print name and title Print/Type preparer's name Preparer Use Only Firm's name Firm's address ▶ Pade Date Check if self-employed Firm's EIN ▶ Phone no.	true, corre	ect, an	d complete Declaration of preparer other than	n officer) is based on all info pyggdennison com	ormation of which prepar	er has any kn	owledge,			
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WORKSHEET ONLY

SCHEDULE O (Form 990 or 990-EZ)

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.

2016

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspect Employer Identification number

Friends of Alafia, Inc.		27-0872589
01. Description of other revenue (Part I, line 8)		
DESCRIPTION	AMOUNT	
Event fees	9,130.64	***************************************

01. Description of other expenses (Part I, line 16	<u>s)</u>	
DESCRIPTION	AMOUNT	
Donations to park	5,994.91	
Event expenses	3,995.67	
Other business expenses	2,478.37	
Sales tax already paid	342.15	
PayPal fees	171.00	
***************************************	***************************************	

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number

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 is not 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

- 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
- 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 11g, 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
 - 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.
- 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.

Citizen Support Organization Statement of Accomplishments and Goals

This statement is part of the Citizen Support Organization's (CSO's) Annual Financial Report (see Chapter 5: Section 7) of the 2014 CSO Handbook. The primary purpose of the Annual Financial Report is to provide a summary of the most relevant information to the Department and Division, and to meet the common interests of donors, members, creditors, and others who provide resources to the not for profit organization. Report the accomplishments for the CSO's past fiscal year and goals for the upcoming year.

Name of the CSO	Friends of Alafía, Inc.		
CSO Address	14326 County Road 39 South		
City, State, Zip Code	Lithia, FL 33547		

A summary of CSO accomplishments from the period of <u>1 January 2016</u> through <u>31 December 2016</u> is as follows:

Estimated Total Volunteer Hours

Total Volunteer Hours: 475 (visitor services, administration, resource management, and special events)

List of CSO Board Members

LeRoy Dennison – President & Secretary 12403 Driftstone Way Riverview, FL 33569 (813) 760-4281 LeRoy@friendsofalafia.org

Michele Loger – Vice President 4307 Culbreath Rd. Valrico, FL 33596 (407) 269-2508 memishel@yahoo.com

Cynthia Huffman – Treasurer 6616 Watson Rd. Riverview, FL 33578 (863) 608-0284 rhuf926999@verizon.net

Total Membership

Total Membership: 31 total, of which 3 are corporate and 8 are family memberships

Connie Boyette – President 19242 Grange Hall Loop Wimauma, FL 33598 (813) 634-3370 cvboyette@gmail.com

Jan McDonald 4705 Old Highway 37 Lakeland, FL 33807-5710 (863) 647-3806 jmcdonald@chastainskillman.com

Summary of Accomplishments (Attach additional pages as needed)

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.

Summary of Goals or Priorities for the Upcoming Fiscal Year (Attach additional pages as needed)

- 1. Sponsor approved short-term events held in the park
- 2. Conduct FOA Events (Mobstacle, Alafia Classic, and Florida Challenge)
- 3. Apply for grants to help meet the Unit Management Plan objectives
- 4. Provide Ice and Firewood for sale to campers
- 5. Purchase a storage building for paper goods
- 6. Establish additional hiking trails in the park
- 7. Promote the park as a destination for outdoor enthusiasts
- 8. Participate in Keep Tampa Bay Beautiful cleanup events
- 9. Purchase a storage building with a roll-up door for firewood storage near the Ranger Station
- 10. Give CSO members 12 free membership appreciation days annually

Citizen Support Organization Statement on Value of Contributed Services

This statement reports on services provided to the Citizen Support Organization (CSO) from park staff support and in-kind support for the past fiscal year. The statement is part of the CSO's Annual Financial Report described in Chapter 5: Section 7 of the 2014 CSO Handbook. The primary purpose of the Annual Financial Report is to provide a summary of the most relevant information to the Department and Division, and to meet the common interests of donors, members, creditors, and others who provide resources to the not for profit organization.

This Value of Contributed Services for a park is provided to the CSO by the park or District through the Park Programs Development Specialist. Note, the Division of Recreation and Parks operates on a cash-based method of accounting.

Park Name:	Alafia River State Park	
Park Address:	14326 County Road 39 South, Lithia FL 33547	
Name of the CSO:	Friends of Alafia, Inc.	

A summary of contributed services from the period of 1 Jan 2016 through 31 Dec 2016 is as follows:

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. The CSO took over the administration of short-term event permits as well as hosting events for the park. Lastly, the CSO got a head start on one of our 2017 goals by opening a second hiking-only trail in the park in December.

Park Staff Support

The total number of hours contributed in staff support services converted to a monetary amount.

The park contributed a total of \$754.00 in staff support services to the CSO.

Park Facilities Support

The total amount of water, electric, and utility expenses used to support CSO events, concessions, etc.

The CSO received a total of \$710.00 in park facilities support.

In-Kind Support

The CSO receives additional services outside of the park staff contributed hours called in-kind services. In-kind services are a type of charitable giving in which, instead of money, a person contributes some kind of service, good, or commodity. Examples are professional services of a lawyer, accountant, or any professional or the estimated value of a good or commodity.

The CSO received a total of \$1,697.22 in in-kind support services.

List of Program Services

Federal charitable 501(c)(3) organizations are required to report total expenses and revenue for each program service. According to the IRS, a program service is any activity by the organization which accomplishes its charitable purposes.

For *each* program service provide a description, total expense, and total revenue. For *each* program service description, clearly and concisely describe the accomplishments through specific measurements such as visitors served, days of an event, number of sessions or events held, publications issued, etc. (add pages as appropriate).

Program Service Description: Sale of Firewood and Ice Total Expense \$4,834.65 Total Revenue \$6,276.00 General Donations + Interest & Membership Dues Program Service Description: \$0.00 Total Expense Total Revenue \$1,336.13 Program Service Description: ___ Stuff for park Total Expense \$5,994.91 Total Revenue \$0.00 Program Service Description: ___Business-related Expenses Total Expense \$3,249.90 Total Revenue \$0.00 Program Service Description: Events Total Expense \$3,995.67 Total Revenue \$9,130.64 **Total Program Services** Provide a total amount for all program expenses and a total amount for all program revenue. CSO total program service expenses \$ 18,075.13 CSO total program service revenues \$ 16,742.77