

## Florida Department of Environmental Protection

# CITIZEN SUPPORT ORGANIZATION 2018 REPORT

(pursuant to Florida Statute 20.058)

Citizen Support Organization (CSO) Name: Friends of Anclote Key Preserve State Park and Lighthouse
Mailing Address: PO Box 2622, Tarpon Springs Fl. 34688-2655
Telephone Number:Website Address (if applicable):anclotecso.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: Acting as a non-profit citizen support organization, as defined and regulated by the Florida Department of Environmental Protection, to generate and employ additional resources and support for, and in the best interests of, Anclote Key State Park and Lighthouse. This will be accomplished through, among other events and activities, the following: special work projects, special programs, special events, outreach programs, educational and scientific research, activities and communications, interpretive programs, fundraising activities and events, guided tours as well as those activities or events which are designed to meet the additional areas of park needs recommended by the Division of Recreation and Parks or the Park Manager.
Brief Description of the CSO's Results Obtained: Completed construction of fence around lighthouse compound walkways enabling visitors to access lighthouse compound. Had two lighthouse Open House events. Took part in First Friday events in Tarpon Springs to promote membership and educate people about the cultural and natural resources on the island. Conducted work days on the island to improve the lighthouse compound and other areas of the park.
Brief Description of the CSO's Plans for Next Three Fiscal Years: Increase membership. Seek grant funding to paint and repair lighthouse. Participate in community outreach events. Educate visitors about the cultural and natural resources on the island.

**<sup>⊠</sup>** Copy of the CSO's Code of Ethics attached (Model provided; see CSO 2014 instructions)

<sup>☑</sup> 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

## **Code of Ethics**

## Friends of Anclote Key State Park & Lighthouse

#### CODE OF ETHICS

## **PREAMBLE**

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

## **Code of Ethics**

#### 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.

## **Code of Ethics**

## 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)

2017

OMB No. 1545-1150

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

**Open to Public** Inspection

A For the 2017 calendar year, or tax year beginning , 2017, and ending , 2					
В	Check if ap	Check if applicable: C Name of organization			dentification number
	Address c	change	Friends of Anclokkey St Park + Lighthouse	59-2	503338
	Name cha	ange		Telephone r	number
	Initial retu	ım	56 06 xcd . 0.8	727-9	38-1630
H		rn/terminated		Group Exe	
H	Amended	return on pending	Tarpon Springs FL 34688	Number	
G		ting Method:			if the organization is <b>not</b>
	Website	_			tach Schedule B
			A	•	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 total as	ssets	
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	. • •	
_	Part I		e, Expenses, and Changes in Net Assets or Fund Balances (see the in	struction	s for Part I)
	arti		the organization used Schedule O to respond to any question in this Part I.		5 101 ) alt 1) <b></b>
?	1		ons, gifts, grants, and similar amounts received	. 1	p 1
?			ervice revenue including government fees and contracts	. 2	9115
2			ip dues and assessments	. 3	805
2	-	Investment		4	243
, 6	-		ount from sale of assets other than inventory   5a	. 4	
	5a				
	b		or other basis and sales expenses	. 5c	
	C		d fundraising events	. 30	
	6	(100)			
o	а	\$15,000)	ome from gaming (attach Schedule G if greater than		
Revenue					
eve	D		me from fundraising events (not including \$of contributions aising events reported on line 1) (attach Schedule G if the		
ď			th gross income and contributions exceeds \$15,000)   6b		
	C		t expenses from gaming and fundraising events   6c   e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtr	ract	
	d	line 6c)	e or (1055) from gaming and fundraising events (add lines of and ob and subtr		
	7-	,	s of inventory, less returns and allowances	· 6d	
	7a		7,		
	b	Less: cost		70	213
	C		it or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c	263
	8		nue (describe in Schedule O)	▶ 9	6781
_	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. 10	0 (3)
	10			. 11	
10	11		aid to or for members	. 12	
ses			_	. 13	150
en	13		al fees and other payments to independent contractors 🖬		120
Expens	. 14		y, rent, utilities, and maintenance		9 1
ш					
	16		enses (describe in Schedule O)		
_	17	l otal expe	enses. Add lines 10 through 16		3122
ts	18		(deficit) for the year (Subtract line 17 from line 9)		2100
Net Assets	19		r figure reported on prior year's return)		
	00		nges in net assets or fund balances (explain in Schedule O)		
	20		or fund balances at end of year. Combine lines 18 through 20		2100
				- 1 - 1	

) If this amount includes foreign grants, check here 30a ) If this amount includes foreign grants, check here 32 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable 2 (d) Health benefits, (b) Average compensation contributions to employee (e) Estimated amount of (a) Name and title hours per week (Forms W-2/1099-MISC) benefit plans, and other compensation devoted to position deferred compensation (if not paid, enter -0-)

	Part		s in th	ne		
		instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part	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	103	X	
?:	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		X	?*
	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		X	
	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	35b			
	С	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	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		X	2:
	37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions   Did the organization file Form 1120-POL for this year?	37b		X	
	38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		X	?1
	b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b				
	39	Section 501(c)(7) organizations. Enter:				
	a	Initiation fees and capital contributions included on line 9				
	b 40a	Gross receipts, included on line 9, for public use of club facilities				
	40a	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶				
	b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		×	?:
	С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				
	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	List the states with which a copy of this return is filed ▶				
	42a	The organization's books are in care of ▶ Gail Tuckey Telephone no. ▶ 12)	992		060	
	b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No	
		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: ▶	42b		×	
		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			• <b></b>	
				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		X	
	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		×	
	С	Did the organization receive any payments for indoor tanning services during the year?	44c		X	
	d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an				
	4-	explanation in Schedule O	44d		v.	
	45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		_	
	b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		X	

orm 990-EZ (	2017)						P	age 4
				. v			Yes	No
46 Did	the organization engage, directly or in	ndirectly, in political c	ampaign activities on	behalf of or in	opposit	tion		
-	andidates for public office? If "Yes," of		, Part I			. 46		X
Part VI	Section 501(c)(3) organizations							
	All section 501(c)(3) organization	s must answer que	estions 47–49b and	52, and com	olete the	e tables f	or line	<b>3</b> S
	50 and 51.							
	Check if the organization used Sc	hedule O to respond	to any question in t	his Part VI				
							Yes	No
	the organization engage in lobbying							
year	? If "Yes," complete Schedule C, Par	t II				. 47		X
8 Is the	e organization a school as described in	n section 170(b)(1)(A)(i	i)? If "Yes," complete	Schedule E .		. 48		X
	the organization make any transfers t					. 49a		X
	es," was the related organization a se					. 49b		
	plete this table for the organization's							
emp	loyees) who each received more than	\$100,000 of comper	nsation from the organ	nization. If ther	e is none	e, enter "N	lone."	
		(b) Average	(c) Reportable	(d) Health be				
(a	Name and title of each employee	hours per week	compensation	contributions to benefit plans, and				
		devoted to position	(Forms W-2/1099-MISC)	compensat		other con	porioda	
				-				
				-				
				-				
1 Com	I number of other employees paid ov aplete this table for the organization 0,000 of compensation from the orga	s five highest compe	ensated independent	contractors w	ho each	received	more	than
(a)	(a) Name and business address of each independent contractor (b) Type of service		ice	(c) Compensation				
d Tota	I number of other independent contra	ctors each receiving	over \$100,000	<b>&gt;</b>				
	the organization complete Schedu				t attach	а		
	pleted Schedule A					.▶☐ Yes		lo
	s of perjury, I declare that I have examined this	eturn including accompany	ving echedules and stateme	ants and to the he				
er penaities , correct, ai	s of perjury, I declare that I have examined this in nd complete. Declaration of preparer (other than	officer) is based on all info	ormation of which preparer h	nas any knowledge		owiedge and	Dellei, I	(15
	9 0				2 4	10		
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eparer se Only	Gail Tackey	Dave	Tucky 2	Firm's	self-employ EIN ▶	if	N	lo

#### 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 for the latest information.

OMB No. 1545-0047 2017 Open to Public Inspection

Nazze of the organization Empl	oyer identification number
Name of the organization + 1/2 nds of Anclote Key State Park +	TI BY THOUSE
211159-35033	3 8
0.11	***************************************
dienitrot esursqx3 bnortible	
	6/
Auto + Equipment (Trailer tag)	\$ 118
Advertising	16
Food - Entertainment	~
Cront Expense	3520
MISC. DUSINESS	719
Sales Tex	61
Supples (bus)	49
Pay Pal Service Fees	4
4	
Total	01010
1072	9440
	,