



**Florida Department of Environmental Protection**

**CITIZEN SUPPORT ORGANIZATION**

**2017 REPORT**

**(pursuant to Florida Statute 20.058)**

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Citizen Support Organization (CSO) Name: Friends of Anclote Key State Park and Lighthouse

Mailing Address: PO Box 2622, Tarpon Springs FL 34688-2655

Telephone Number: C/O President Dan Hogan, 727-641-9460

Website Address (if applicable): www.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:** *This is quoted from our Bylaws*

1. 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.
2. To generally to do all things and transact all business which may lawfully be done by any person or individual, consistent with the rights and purposes of a non-profit CSO. The CSO shall not engage in any activities prohibited under Chapter 617, Florida Statutes.
3. However, there shall be no pecuniary gain or profit to CSO members. The CSO shall be non-discriminatory, non-partisan, and non-sectarian. The CSO shall not engage in direct support or opposition to, specific issues or activities of political officers or candidates.

**Brief Description of the CSO's Results Obtained: in Calendar Year 2016**

Work days on the Island were March 12<sup>th</sup>, September 24<sup>th</sup> and December 10<sup>th</sup>. Attended Florida Lighthouse Association meetings. We are members of FFSP as well as FLA. We purchased a mower assembly for Ranger's ATV to clear trails on Island at cost of approximately \$1500. Regularly participated in Tarpon Springs Merchant Association's First Friday events focusing on public awareness and member recruitment, which resulted in new member and sale of memorabilia.

We filed letter of request with State requesting to fence off contaminated soil so lighthouse can be reopened to the Public. At year end waiting for response from State.

**Brief Description of the CSO's Plans for Next Three Fiscal Years: 2017, 2018, 2019**

- Quarterly Clean-up days advertised to Members and the Public via our Website and Facebook page.
- Member Recruitments and Fundraisers
  - One major event each year
- Sell our Memorabilia
- Help refurbish and sell equipment no longer needed, and use the funds to purchase needed new equipment for the Park
- Continue our involvement with local community groups
- Investigate grant funding opportunities and apply. Suggest paying special attention to events that will generate membership, stewardship, and student involvement.

**Overall Goal: Community Engagement and to Reopen access for Public to climb Lighthouse**

**Copy of the CSO's Code of Ethics attached** (*Model provided; see CSO 2014 instructions*) and listed here:

<http://anclotecso.org/About-Anclote-CSO>

**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.



## Florida Department of Environmental Protection

Honeymoon Island Administration  
1 Causeway Blvd.  
Dunedin Fl. 34698  
(727)469-5943

Rick Scott  
Governor

Carlos Lopez-Cantera  
Lt. Governor

Ryan E. Matthews  
Interim Secretary

May 2, 2017

To whom it may concern,

The Friends of Anclote Key State Park and Lighthouse have continued in their support of Anclote Key Preserve State Park. Through fundraising activities and volunteer involvement they have been instrumental in projects throughout the park.

During 2016 the Friends purchased a trail mower for the park. This will assist greatly with maintaining the trails and firebreaks in the park. They also took part in several workdays at the park in which they made repairs to park infrastructure and maintaining the lighthouse compound.

The Friends have taken part in several outreach activities to raise awareness about the park and increase membership.

If you have any questions please contact me at 727-469-5943.

Sincerely,

A handwritten signature in cursive script, appearing to read "Peter Krulder".

Peter Krulder, Park Manager  
Honeymoon Island Administration

Carol Imbriani Bennett, Park Programs Development Specialist  
 Florida Department of Environmental Protection  
 Division of Recreation and Parks  
 1843 South Tamiami Trail  
 Osprey, FL 34229

May 2, 2017

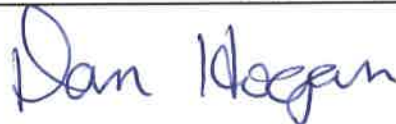
Dear Ms. Imbriani Bennett:

Please accept this email as the cover letter for the 2016 required filings and documentation.

I was Treasurer for the entire year and along with our new President, Dan Hogan, we respectfully submit this email and its attachments.

<b>Annual Financial Report:</b>	
<input type="checkbox"/> Contract manager's cover letter	Attached
<input type="checkbox"/> CSO President's cover letter	This email serves as the cover letter.
<input type="checkbox"/> IRS Taxes for fiscal year / calendar year 2016	<ul style="list-style-type: none"> <li>• Electronic Filing communication attached</li> <li>• Letter documenting Park Manager's review of financial records, attached</li> </ul>
<input type="checkbox"/> Statement on Value of Contributed Services	Attached
<input type="checkbox"/> Statement of Accomplishments and Goals with Annual Program Plan for the reporting year (accomplishments) and current year (goals)	Attached
<b>The Annual Legislative Report</b>	
<input type="checkbox"/> Legislative Report	Attached
<input type="checkbox"/> CSO's Code of Ethics	Attached and posted on AncloteCSO.org website <a href="#">here</a>

Respectfully submitted,



Dan Hogan, President  
 Friends of Anclote Key State Park and Lighthouse  
 727-641-9460  
[president@AncloteCSO.org](mailto:president@AncloteCSO.org)  
 Gail Tucker, Treasurer  
 Friends of Anclote Key State Park and Lighthouse  
 727-938-1630, [treasureranclotecso@gmail.com](mailto:treasureranclotecso@gmail.com)



Working Copy Only

Form **990-EZ**

**Short Form**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

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

**2016**

▶ Do not enter social security numbers on this form as it may be made public.

**Open to Public Inspection**

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A** For the 2016 calendar year, or tax year beginning January 1, 2016, and ending December 31, 2016

**B** Check if applicable:

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

<b>C</b> Name of organization <input type="checkbox"/>		<b>D</b> Employer identification number <input type="checkbox"/>	
<u>Friends Anclote Key St Park + Lighthouse</u>		<u>59-350 3338</u>	
Number and street (or P.O. box, if mail is not delivered to street address) <input type="checkbox"/>		Room/suite	
<u>P.O. Box 2622</u>			
City or town, state or province, country, and ZIP or foreign postal code			
<u>Turkey Springs FL 34688</u>			
<b>E</b> Telephone number		<b>F</b> Group Exemption Number <input type="checkbox"/>	
<u>727-938-1630</u>			

**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) below) 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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	<u>2097</u>
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	<u>495</u>
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c	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 subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a	<u>542</u>	
7b	Less: cost of goods sold	7b	<u>245</u>	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	<u>297</u>	
8	Other revenue (describe in Schedule O)	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	<u>2889</u>	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	<u>200</u>
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	<u>123</u>
	16	Other expenses (describe in Schedule O)	16	<u>2942</u>
17	<b>Total expenses.</b> Add lines 10 through 16	17	<u>3265</u>	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<u>-376</u>
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	<u>-376</u>

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 108421

Form **990-EZ** (2016)





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

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		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) . . . . .		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)? . . . . .		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 . . . . .		
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .		
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 . . . . .		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b>		
b	Did the organization file Form 1120-POL for this year? . . . . .		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b>		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>		
b	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .		
40e			
41	List the states with which a copy of this return is filed ▶		
42a	The organization's books are in care of <u>Gail Tucker</u> Telephone no. ▶ <u>327 938 1630</u> Located at <u>1459 Colman Dr. Taxon Springs FL</u> ZIP + 4 ▶ <u>32689-2704</u>		
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: ▶		X
c	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		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 . . . . .		X
c	Did the organization receive any payments for indoor tanning services during the year? . . . . .		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
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) . . . . .		X

		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	<input type="checkbox"/>	<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

		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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization? . . . . .	49b	<input type="checkbox"/>	<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>	▶ <u>Gail Tucker</u> Signature of officer	▶ 3-18-17 Date
	▶ <u>Gail Tucker, Treasurer</u> 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 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.

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ 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](http://www.irs.gov/form990).

Name of the organization

Employer identification number

Friends of Anchor Key State Park + Lighthouse

59-3503338

Conferences + Workshops

\$ 85<sup>00</sup>

Equipment

1499<sup>00</sup>

Service Fees

10<sup>00</sup>

Misc. Business

730<sup>00</sup>

Sales Tax

20<sup>00</sup>

Supplies

151<sup>00</sup>

Travel

477<sup>00</sup>

Total

\$ 2942<sup>00</sup>



## Confirmation

[Home](#) | [Security Profile](#) | [Logout](#)

Your Form 990-N(e-Postcard) has been submitted to the IRS

- **Organization Name:** FRIENDS OF ANCLOTE KEY STATE PARK & LIGHTHOUSE INC
- **EIN:** 593503338
- **Tax Year:** 2016
- **Tax Year Start Date:** 01-01-2016
- **Tax Year End Date:** 12-31-2016
- **Submission ID:** 10065520170660891321
- **Filing Status Date:** 03-07-2017
- **Filing Status:** Pending

**Note:** Print a copy of this filing for your records. Once you leave this page, you will not be able to do so.

**MANAGE FORM 990-N SUBMISSIONS**

Department of the Treasury  
Internal Revenue Service

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2016

Open to Public Inspection

**A** For the 2016 Calendar year, or tax year beginning 2016-01-01 and ending 2016-12-31**B** Check if available

- 
- Terminated for Business
- 
- 
- Gross receipts are normally \$50,000 or less

**C** Name of Organization: FRIENDS OF ANCLOTE KEY STATE  
PARK & LIGHTHOUSE INCP O Box 2622, Tarpon  
Springs, FL, US, 34688**D** Employee Identification  
Number 59-3503338**E** Website:[www.anclootecso.org](http://www.anclootecso.org)**F** Name of Principal Officer: Gail TuckerP O BOX 2622, Tarpon  
Springs, FL, US, 34688

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

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

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

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

## **Anclote CSO 2016 Statement of Accomplishments and Goals**

Citizen Support Organization (CSO) Name: Friends of Anclote Key State Park and Lighthouse

Mailing Address: PO Box 2622, Tarpon Springs FL 34688-2655

Telephone Number: C/O President, Dan Hogan 727-641-9460

Website Address (if applicable): [www.anclotecso.org](http://www.anclotecso.org)

**Estimated Total Volunteer Hours** N/A

**Total Volunteer Hours:** 336.50

**Total Membership** 37

### **List of CSO Board Members**

Attach a current list of board members' and officers' names, addresses, phone numbers, and email addresses in order of position title.

President: Dan Hogan, 3130 Lake Valencia Lane East, Palm Harbor, FL 34684  
727-641-9460  
[Djhogan85@hotmail.com](mailto:Djhogan85@hotmail.com)

Treasurer: Gail Tucker, 1459 Coburn Dr., Tarpon Springs FL 34689  
727-938-1630  
[gail.tucker4@verizon.net](mailto:gail.tucker4@verizon.net)

Secretary: Kevin Bell, PO Box 36, Elfers FL 34689  
813-716-1222  
[kcb627@fmail.com](mailto:kcb627@fmail.com)

Board Member: Ruth Bebensee, 781 Charlotte Ave, Tarpon Springs, FL 34689  
[rebebens@ilcoud.com](mailto:rebebens@ilcoud.com)  
727-560-9344

Board Member: Sherry Dunning, 9110 Oneal Ave, New Port Richey, FL 34654  
[Dove.enterprises@live.com](mailto:Dove.enterprises@live.com)  
727-364-5653

### **Summary of Accomplishments** (Attach additional pages as needed)

Provide a report of the CSO's short term and long term accomplishments for the past year, according to the Annual Program Plan. These accomplishments will support the CSO's mission statement and will illustrate support of the park's expressed needs.

Work days on the Island: March 12, September 24, December 10 – we did minor maintenance on boardwalk, bridge and general clean up around the Park. We are members of the Friends of Florida State Parks as well as the Florida Lighthouse Association. Dan Hogan attended Florida Lighthouse Association meetings becoming involved in the grant process. The Board regularly participated in Tarpon Springs Merchant Association's First Friday events focusing on public awareness and member recruitment.

There was no reprieve on the rule that we cannot open the lighthouse for climbing due to ground contamination. This was our most important goal and we were unable to do it. We submitted a letter to the State requesting permission to build a fence separating the tower and sidewalk from the contaminated soil. At year end we were awaiting a response from the State. We have an estimate of approximately \$5,000 to purchase fencing materials.

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

Build on the accomplishments from the CSO's past reporting year and include new goals voted on by the board and approved by the Park Manager for the upcoming year. Projected time frames for multiple year projects, like Partnership in Parks projects, will be provided. The CSO should attach the CSO's signed Annual Program Plan for the upcoming year to this statement.

- Quarterly Island Fun / Clean-up days advertised to Members and the Public, via our website and Facebook page
- Applying for \$5000 FLA grant to fence off contaminated soil
- Set up Go-Fund-Me account to raise funds to purchase fencing materials
- Install fence when funds become available
- Open Lighthouse to public for viewing and climbing
- Member Recruitments and Fundraisers
  - One major event each year
- Sell our Memorabilia
- Continue our involvement with the Tarpon Springs Merchant Association and other groups, such as Island Earth Days
- Investigate other grant funding opportunities and apply. Suggest paying special attention to events that will generate membership, stewardship, and student involvement.
- Overall Goal: Community Engagement



## **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:** Anclote Key Preserve State Park

**Park Address:** 1 Causeway Blvd. Dunedin, Fl.34698 **Name of the CSO:** Friends of Anclote Key State Park and Lighthouse

A summary of contributed services from the period of (beginning fiscal year) through (end fiscal year) is as follows:

### **Park Staff Support**

The total number of hours contributed in staff support services converted to a monetary amount. The park contributed a total of \$994.28 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 \$ 0 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 \$ 0 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:** \_\_\_\_\_  
\_\_\_\_\_

Total Expense \$0.00  
Total Revenue \$0.00

**Program Service Description:** \_\_\_\_\_  
\_\_\_\_\_

Total Expense \$0.00  
Total Revenue \$0.00

**Program Service Description:** \_\_\_\_\_  
\_\_\_\_\_

Total Expense \$0.00  
Total Revenue \$0.00

**Program Service Description:** \_\_\_\_\_  
\_\_\_\_\_

Total Expense \$0.00  
Total Revenue \$0.00

**Program Service Description:** \_\_\_\_\_  
\_\_\_\_\_

Total Expense \$0.00  
Total Revenue \$0.00

**Total Program Services**

Provide a total amount for all program expenses and a total amount for all program revenue.

CSO total program service expenses \$ 994.28 \_\_\_\_\_  
CSO total program service revenues \$ \_\_\_\_\_