



Florida Department of Environmental Protection

**CITIZEN SUPPORT ORGANIZATION
2020 LEGISLATIVE REPORT
(pursuant to Section 20.058 Florida Statutes)**

Citizen Support Organization (CSO) Name: **Florida State Parks Foundation, Inc.**

Mailing Address: **1700 North Monroe Street, Suite 11 #200, Tallahassee Florida 32303-5535**

Telephone Number: **(813) 586-0681** Website Address (if applicable): www.floridastateparksfoundation.org

Statutory Authority:

Section 20.2551, F.S., Citizen support organizations; use of property; audit; public records; partnerships. In summary, the statute specifies the organizational requirements, operational parameters, duties of a CSO to support the Department of Environmental Protection (Department), or individual units of the Department, use of Department property, audit requirements, public records requirements, and authorizes public-private partnerships to enhance lands managed by the Department.

Section 258.015, F.S., Citizen support organizations; use of property; audit. In summary, the statute defines a CSO, requires authorization by the Division of Recreation and Parks, and specifies the use of property. This statute authorizes the Partnerships in Parks (PIP) program for state parks, the program's operational parameters, CSO's operational parameters, and donor recognition.

CSO's Mission: *Consistent with Articles and Bylaws*

Mission: Florida State Parks Foundation preserves, protects, sustains and grows Florida State Parks.

The Florida State Parks Foundation supports the entire Florida State Park system through programs that:

- preserve and protect state parks
- educate visitors about the value of state parks
- encourage community engagement and active use of state parks
- provide financial support to supplement state funding

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

This summary covers the Foundation's fiscal year Jan 1 - Dec 31, 2019

- Communications – Invested heavily in our communication platforms to expand our online presence, grow our membership and educate the public about the value of Florida State Parks. By the conclusion of the year, the Foundation had amassed a 100,000 plus email list, built and maintained social media profiles across multiple platforms, garnering tens of thousands impressions per month. Additionally, engaged in an aggressive earned media campaign, generating positive press and elevating the profile of the Foundation and Florida Park Service.
- Legislative Outreach – Hosted hallmark legislative state park tours for leaders from both chambers at their state park, with assistance from Florida Park Service leadership. These tours allowed the Foundation to highlight firsthand, the value and resources – both environmental and economic – of our state parks. Held many one on one meetings with legislators, spoke at committee hearings and produced and distributed economic impact data with the goal of educating Members about the importance of state park funding. Through these efforts of the Foundation, we were able to see a substantial increase in funding on behalf of our parks improvement budget.

- Strategic Partnerships - Actively pursued relationships with strategic partners wanting to show their support for our state park system. In the initial push, secured three major partnerships across the state, allowing for park specific grants, which began in 2020.
- Local CSO Support – Provided liability insurance for Directors & Officers, Commercial General, and Commercial Crime to member CSOs. Provided technical support to CSOs with websites, membership services, board development, and strategic planning. Supported CSO and Park Manager training in 5 district locations.
- LIFE program – Supported this STEM-based environmental education program statewide by facilitating and convening the first-ever environmental educators’ summit, which took place at Silver Springs State Park in the fall of 2019. The goal of this summit was to bring likeminded groups together to chart a synchronized path forward for environmental education occurring at Florida State Parks.
- Yellow Buses in the Parks – Sponsored transportation funding for more than 2,500 students so they could have an education experience at a Florida State Park.
- Access for All Campaign – Raised \$190,000 for the development of the first wheelchair accessible glass-bottom boat for Silver Springs State Park – with the expectation of the vessel being in service by the end of 2020.
- Florida Park Service Professional Development – Provided sponsorships so that 20 key Florida Park Service employees could become professionally certified.
- Annual Volunteer Recognition Awards – Conducted the 2019 volunteer recognition program using an online nomination form. 180 nominations were received, and 36 nominees received awards recognizing their contributions to the success of Florida State Parks. Supported the events to recognize these volunteers in each district.
- Expanded Capacity – Hired fulltime Chief Executive Officer and contract staff to expand efforts and focus on strategic goals. Put down roots by opening a Tallahassee office location.

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

1. **Advocacy Goal:** Serve as a conduit and collective citizens’ voice for advocating at the legislative level.
 - a. Create effective, lasting advocacy efforts for long-term legislative funding for park infrastructure and improvements.
 - b. Advocate for strengthening the Florida Park Service through legislative funding for additional staffing and operational resources.
 - c. Promote the economic impact of Florida State Parks, individually and as a whole
2. **Communications Goal:** Promote the Foundation and Florida State Parks and visitor experiences through digital and traditional media.
 - a. Improve and expand external communications to attract funders and partners, educate the Legislature, enlist members, and engage advocates
 - b. Support outreach events to increase awareness of the Foundation and encourage park visitation, appreciation and engagement
 - c. Recognize staff and volunteers as the stewards and heart of the Florida Park Service
3. **Fundraising Goal:** Seek funds, funders, and partnerships to financially support Florida State Parks.
 - a. Identify statewide small scale to large capital projects and focus fundraising toward those needs
 - b. Develop corporate stewardship through public and private partnerships to support identified needs
 - c. Expand grant seeking opportunities for the enhancement of state parks
 - d. Identify and build a philanthropic base to sustain the mission
4. **Support Goal:** Provide support to the Florida Park Service and local Friends groups with education, communication, funding, and other services.

- a. Assist in funding Florida Park Service professional development needs
 - b. Assist Friends groups with technical and administrative functions
 - c. Assist Friends groups with increasing their capacity to support their local state park
5. **Program Goal:** Provide programs that enhance park experiences and increase educational opportunities.
- a. Provide support and funding for accessibility projects and improvements in state parks
 - b. Increase educational partnerships between the Florida Park Service and schools to utilize Florida State Parks as outdoor classrooms
 - c. Provide funding for transportation for student educational trips to state parks
6. **Operations Goal:** Contribute to an enduring, collaborative, and complementary partnership with the Florida Park Service and share the vision to preserve, protect, and sustain Florida State Parks.
- a. Update the CSO Agreement between the Florida Park Service and the Foundation
 - b. Implement Strategic Goals and Annual Program Plan by expanding capacity through service providers and staffing
 - c. Implement best management non-profit practices by updating policies and procedures

- CSO's Code of Ethics is attached, and if the CSO has a website the code of ethics is posted conspicuously. <https://floridastateparksfoundation.org/Code-of-Ethics>**
- CSO has attached the most recent Internal Revenue Service (IRS) Form 990, 990-EZ, or 990-N receipt. If filing the 990-N, the Department requires the 990 or 990-EZ as a worksheet. All IRS Form 990's must be *complete* with Part III Program Service and *all* appropriate Schedules (See attached instructions). If filing an IRS extension, attach the IRS 8868 receipt and most recent 990 and schedules.**

Code of Ethics for

Florida State Parks Foundation's Board of Directors

Statement of Commitment

"In establishing policy for and on behalf of Florida State Parks Foundation's members, I am a custodian in trust of the assets of their society/association. The members recognize the need for competent and committed elected board members to serve their organization and have put their trust in my sincerity and abilities. In return, the members deserve my utmost effort, dedication, and support."

"Therefore, as a board member/director of Florida State Parks Foundation, I acknowledge and commit that I will observe a high standard of ethics and conduct as I devote my best efforts, skills and resources in the interest of Florida State Parks Foundation and its members. I will perform my duties as board member/director in such a manner that members' confidence and trust in the integrity, objectivity and impartiality of Florida State Parks Foundation are conserved and enhanced. To do otherwise would be a breach of the trust which the membership has bestowed upon me."

Ethical Guidelines

General

1. I will always hold the betterment of the membership of the organization as my priority, including during all participation in discussions and voting matters.
2. I recognize that I am obligated to act in a manner which will bear the closest public scrutiny.
3. It is my responsibility to contribute to the board of directors any suggestions of ways to improve the organization's policies, standards, practices or ethics.
4. I will not abuse my position as a board member by suggesting to any organization employee that I am entitled to or expect any special treatment beyond regular members of the organization.
5. I will declare any conflict of interest, be it real, potential, or apparent, which is not immediately obvious with regard to any matter being discussed in my presence during a meeting.
6. If the board decides at any time during a meeting that I have a conflict, I will accept their request that I refrain from participating in the discussion and I will leave the meeting at the board's request. I understand that the board's decision will be recorded in the minutes, either with or without the reasons for the decision being also recorded

7. I understand that the following activities are considered by the organization to be conflicts of interest, and that conflicts of interest are not limited to the following situations:
- where a director makes a decision or does an act motivated by other or additional considerations than “the best interests of the organization”
 - where a director personally contracts with the organization or where he/she is a director of other organizations which are contracting with this organization
 - where a director learns of an opportunity for profit which may be valuable to him/her personally or to another organization of which he/she is a member, or to other persons known to the director
 - where a director, in any circumstance as related to the organization, puts his/her personal interests ahead of the best interests of the organization

Information

8. I will not knowingly take advantage of or benefit from information that is obtained in the course of my official duties and responsibilities as a board member, and that is not generally available to membership
9. I will be alert to information which the organization can use to develop improved policies and strategies
10. I will protect the organizations information closely and will not release or share confidential information without the permission, preferably in writing, of the person who provided it
11. I will maintain confidentiality of all information which the board deems ought to be kept confidential

Resources

12. I will be mindful of resources which are in my trust on behalf of the organization, and will help establish policies which ensure the maximization of secure and protected resources

Gifts and Hospitality

13. Should business associates or others offer me gifts, favors, or benefits on a personal basis because of the business the organization does with them, I will recognize that such offers may be an effort to secure advantage from me, and I will reject such offers on the basis that it is against the organization’s policy to accept gifts from business contacts. The most I will accept will be normal promotional handouts of a nominal value.
14. I will not routinely accept the hospitality of others. For example, when meals are taken with business colleagues, I will pay for as many meals as do my colleagues.

Representing the Organization

15. As part of my duties as a board member, I represent the organization informally and formally to other associations, societies, government officials, and business representatives. I recognize that it is important that I represent the organization in such a way as to leave others with a positive impression of the organization. In my duties I will preserve and enhance the good reputation of the organization and will avoid behavior which might damage its image.

Interpretation

16. The president of the organization shall ensure that the practice of this policy will be fair, just, and equitable in all situations of interpretation and application.

Enforcement

17. The president is ultimately responsible for immediate interpretation, application and enforcement of the board members' code of ethics policy. All complaints concerning a possible code of ethics violation shall be made in writing to or by the president with a copy provided to the complainant.

18. The president shall make an initial determination of the issue and shall attempt initial resolution of the problem with the complainer and the complainant.

19. If this initial attempt at resolution is not successful, the president shall appoint a tribunal composed of three board members to investigate the complaint. The tribunal is required to investigate as required and submit a written report to the president within 30 days. The president will render his/her decision within ten days of receiving the tribunal's report.

20. The president's decision may be appealed in writing to the board of directors for consideration the board's next regular meeting at the organization's next regular scheduled meeting for a final decision. The final decision shall be delivered in writing to the complainer and complainant.

Delegation and Penalties

21. Should the president be the subject of a written complaint, the vice president shall perform the duties normally assigned to the president in this matter.

22. Penalties imposed for breach of the code of ethics may include, but are not limited to, the following:

- Excluding the director from portions of all future meetings and discussions which relate to the stated conflict of interest, and/or
- censure of the director, in private, in public, or both, and/or

- removal of the director from office by a resolution passed by a vote of two-thirds of the members voting at an annual or special general meeting of the not-for-profit organization's members, provided that notice of such a proposed resolution is given with the notice calling the meeting.

I have read and I accept Florida State Parks Foundation's Code of Ethics for Board Members

Date

Signature of Director or Nominee

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. FLORIDA STATE PARKS FOUNDATION, INC.	Taxpayer identification number (TIN) 59-3207818
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1700 N. MONROE STREET, NO. 11, #2	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TALLAHASSEE, FL 32303	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

CEO 1700

- The books are in the care of ▶ **N. MONROE STREET SUITE 11 #200 - TALLAHASSEE, FL 32303**
Telephone No. ▶ **813-586-0681** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 16, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2019** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning , 2018, and ending , 20

B Check if applicable: <input checked="" type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FLORIDA STATE PARKS FOUNDATION, INC.			D Employer identification number 59-3207818
	Doing Business As			E Telephone number (813) 586-0681
	Number and street (or P.O. box if mail is not delivered to street address) 1700 N. MONROE STREET		Room/suite 11, #200	G Gross receipts \$ 9,414,974.
	City or town, state or province, country, and ZIP or foreign postal code TALLAHASSEE, FL 32303			
F Name and address of principal officer: JULIA WOODWARD 1700 N. MONROE STREET 11, #200, TALLAHASSEE, FL 32303			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			J Website: ▶ WWW.FLORIDASTATEPARKSFOUNDATION.ORG	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1993	M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO HELP MAINTAIN VARIOUS CITIZENS SUPPORT ORGANIZATIONS WHICH ARE DEDICATED TO WORKING WITH THE FLORIDA PARK SERVICE TO ENHANCE, PROTECT AND PROMOTE ALL OF FLORIDA'S STATE PARKS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17.
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	2.
	6 Total number of volunteers (estimate if necessary)	6	18.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	75,522.	5,980,197.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	153,616.	447,911.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
		229,138.	6,428,108.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	40,939.	112,672.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	9,500.	70,153.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	3,950.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,009.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	36,553.	125,075.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	90,942.	307,900.
19 Revenue less expenses. Subtract line 18 from line 12	138,196.	6,120,208.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	10,327,185.	15,295,127.
	22 Net assets or fund balances. Subtract line 21 from line 20.	6,961.	5,504.
	10,320,224.	15,289,623.	

Part II Signature Block

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	Signature of officer	11/14/2019
	JULIA WOODWARD Type or print name and title	CEO Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	STACEY T KOLKA				P01371120
	Firm's name ▶ THOMAS HOWELL FERGUSON P.A.	Firm's EIN ▶ 59-3186310			
Firm's address ▶ 2615 CENTENNIAL BLVD., SUITE 200 TALLAHASSEE, FL 32308			Phone no. 850-668-8100		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2018)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO HELP MAINTAIN VARIOUS CITIZENS SUPPORT ORGANIZATIONS WHICH ARE DEDICATED TO WORKING WITH THE FLORIDA PARK SERVICE TO ENHANCE, PROTECT AND PROMOTE ALL OF FLORIDA'S STATE PARKS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 58,449. including grants of \$) (Revenue \$) ATTACHMENT 1

4b (Code:) (Expenses \$ 28,823. including grants of \$) (Revenue \$) ATTACHMENT 2

4c (Code:) (Expenses \$ 53,509. including grants of \$ 42,313.) (Revenue \$) ATTACHMENT 3

4d Other program services (Describe in Schedule O.) (Expenses \$ 19,347. including grants of \$) (Revenue \$)

4e Total program service expenses 160,128.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>	X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		X
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>	X	
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?.		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V.

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		3
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	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)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (17), 1b (17), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BENJAMIN H. PINGREE PRESIDENT	4.00 0.	X		X				0.	0.	0.
(2) GIL ZIFFER VICE PRESIDENT, PRESIDENT-ELEC	8.00 0.	X		X				0.	0.	0.
(3) EMILY LEWIS SECRETARY	1.00 0.	X		X				0.	0.	0.
(4) AUDRINE FINNERTY TREASURER	3.00 0.	X		X				0.	0.	0.
(5) PAULA RUSSO IMMEDIATE PAST-PRESIDENT	28.00 0.	X		X				0.	0.	0.
(6) DR. DALE A BRILL DIRECTOR	1.00 0.	X						0.	0.	0.
(7) LYNN CHERRY DIRECTOR	1.00 0.	X						0.	0.	0.
(8) KAREN CYPHERS DIRECTOR	1.00 0.	X						0.	0.	0.
(9) PAULA DOCKERY DIRECTOR	1.00 0.	X						0.	0.	0.
(10) RICHARD GOLDMAN DIRECTOR	1.00 0.	X						0.	0.	0.
(11) GWEN GRAHAM DIRECTOR	1.00 0.	X						0.	0.	0.
(12) KRISTIN JACOBS DIRECTOR	1.00 0.	X						0.	0.	0.
(13) MARYLOU KLEIN DIRECTOR	1.00 0.	X						0.	0.	0.
(14) ROBERT LARKIN DIRECTOR	1.00 0.	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) RYAN MATTHEWS ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(16) TOM PENNEKAMP ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(17) WENDY SPENCER ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(18) ERIC DRAPER (NON-VOTING) ----- FLORIDA PARK SERVICE DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(19) W. DALE ALLEN (NON-VOTING) ----- FL GREENWAYS AND TRAILS	1.00 ----- 0.	X						0.	0.	0.
(20) DONALD PHILPOTT ----- EXECUTIVE DIRECTOR	35.00 ----- 0.			X				35,500.	0.	0.

1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								35,500.	0.	0.
d Total (add lines 1b and 1c)								35,500.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0.

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0.

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b	23,875.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions) . .	1e					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	5,956,322.				
	g Noncash contributions included in lines 1a-1f: \$ _____						
	h Total. Add lines 1a-1f ▶			5,980,197.			
Program Service Revenue	2a _____		Business Code				
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f ▶			0.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶		378,374.			378,374.
4 Income from investment of tax-exempt bond proceeds . ▶			0.				
5 Royalties ▶			0.				
6a Gross rents		(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
d Net rental income or (loss) ▶				0.			
7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
		3,056,403.					
		b Less: cost or other basis and sales expenses		2,986,866.			
		c Gain or (loss)		69,537.			
d Net gain or (loss) ▶				69,537.		69,537.	
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a				0.			
		b Less: direct expenses b		0.			
		c Net income or (loss) from fundraising events ▶			0.		
9a Gross income from gaming activities. See Part IV, line 19 a			0.				
	b Less: direct expenses b		0.				
	c Net income or (loss) from gaming activities ▶			0.			
10a Gross sales of inventory, less returns and allowances a			0.				
	b Less: cost of goods sold b		0.				
	c Net income or (loss) from sales of inventory ▶			0.			
Miscellaneous Revenue		Business Code					
11a _____							
	b _____						
		c _____					
	d All other revenue						
	e Total. Add lines 11a-11d ▶			0.			
12 Total revenue. See instructions. ▶			6,428,108.			447,911.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	93,672.	93,672.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	19,000.	19,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	35,500.	24,850.	10,650.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	31,563.	20,516.	9,469.	1,578.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	0.			
10 Payroll taxes	3,090.	2,090.	927.	73.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	0.			
c Accounting	7,256.		7,256.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	35,312.		35,312.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	70.		70.	
12 Advertising and promotion	2,611.		2,611.	
13 Office expenses	7,313.		6,373.	940.
14 Information technology	434.		434.	
15 Royalties	0.			
16 Occupancy	0.			
17 Travel	19,774.		19,774.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	16,058.		16,058.	
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	0.			
23 Insurance	11,824.		11,824.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BANK AND CREDIT CARD FEES	11,760.		11,157.	603.
b ADMINISTRATIVE EXPENSES	12,318.		10,503.	1,815.
c BAD DEBT EXPENSE	345.		345.	
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	307,900.	160,128.	142,763.	5,009.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	267,211.	1	384,098.
	2 Savings and temporary cash investments	0.	2	0.
	3 Pledges and grants receivable, net	345.	3	0.
	4 Accounts receivable, net	0.	4	0.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	6,869.	9	6,554.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	0.	10c 0.
	11 Investments - publicly traded securities	0.	11	0.
	12 Investments - other securities. See Part IV, line 11	10,052,760.	12	14,904,475.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	0.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,327,185.	16	15,295,127.	
Liabilities	17 Accounts payable and accrued expenses	6,961.	17	4,680.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	0.	19	0.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	824.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	0.
	26 Total liabilities. Add lines 17 through 25	6,961.	26	5,504.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	10,320,224.	27	15,269,877.
	28 Temporarily restricted net assets	0.	28	19,746.
	29 Permanently restricted net assets	0.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	10,320,224.	33	15,289,623.	
34 Total liabilities and net assets/fund balances	10,327,185.	34	15,295,127.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI.

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,428,108.
2	Total expenses (must equal Part IX, column (A), line 25)	2	307,900.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,120,208.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,320,224.
5	Net unrealized gains (losses) on investments	5	-1,150,809.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	15,289,623.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

FLORIDA STATE PARKS FOUNDATION, INC.

Employer identification number

59-3207818

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2018

JSA
8E1210 1.000

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	59,255.	83,074.	24,553.	75,522.	90,197.	332,601.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	501.	15,300.	4,790.			20,591.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5.	59,756.	98,374.	29,343.	75,522.	90,197.	353,192.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b.						0.
8 Public support. (Subtract line 7c from line 6.)						353,192.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6.	59,756.	98,374.	29,343.	75,522.	90,197.	353,192.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	35.	19.	9.	153,616.	378,374.	532,053.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	35.	19.	9.	153,616.	378,374.	532,053.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	59,791.	98,393.	29,352.	229,138.	468,571.	885,245.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	39.90%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	69.29%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)),	17	60.10%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	30.71%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . ▶

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

ATTACHMENT 1

SCHEDULE A, PART III - ORGANIZATIONS RECEIVING ANY UNUSUAL GRANTS FOR 2018

<u>NAME OF CONTRIBUTOR</u>	<u>DATE</u>	<u>AMOUNT</u>	<u>EXPLANATION</u>
KERSCHNER	12/31/2018	5,890,000.	UNUSUAL GRANT
TOTAL		<u>5,890,000.</u>	

Schedule of Contributors

2018

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization FLORIDA STATE PARKS FOUNDATION, INC.	Employer identification number 59-3207818
--	--

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **FLORIDA STATE PARKS FOUNDATION, INC.**

Employer identification number
59-3207818

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 8,933.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 24,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 5,890,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

2018

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

FLORIDA STATE PARKS FOUNDATION, INC.

59-3207818

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of conservation easements, total number of easements, acreage, and number of easements on historic structures, and several Yes/No questions regarding monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, and Amount. Includes rows for reporting on collections of art, historical treasures, or other similar assets, and reporting on financial gain from such assets.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2018

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) EQUITY SECURITIES	2,116,158.	FMV
(B) MUTUAL FUNDS	12,473,116.	FMV
(C) SHORT TERM INVESTMENTS	315,201.	FMV
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	14,904,475.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1			Total revenue, gains, and other support per audited financial statements	1	5,241,987.
2			Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a			Net unrealized gains (losses) on investments	2a	-1,150,809.
b			Donated services and use of facilities	2b	
c			Recoveries of prior year grants	2c	
d			Other (Describe in Part XIII.)	2d	
e			Add lines 2a through 2d	2e	-1,150,809.
3			Subtract line 2e from line 1	3	6,392,796.
4			Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a			Investment expenses not included on Form 990, Part VIII, line 7b	4a	35,312.
b			Other (Describe in Part XIII.)	4b	
c			Add lines 4a and 4b	4c	35,312.
5			Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	5	6,428,108.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1			Total expenses and losses per audited financial statements	1	272,588.
2			Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a			Donated services and use of facilities	2a	
b			Prior year adjustments	2b	
c			Other losses	2c	
d			Other (Describe in Part XIII.)	2d	
e			Add lines 2a through 2d	2e	
3			Subtract line 2e from line 1	3	272,588.
4			Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a			Investment expenses not included on Form 990, Part VIII, line 7b	4a	35,312.
b			Other (Describe in Part XIII.)	4b	
c			Add lines 4a and 4b	4c	35,312.
5			Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)	5	307,900.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIII Supplemental Information *(continued)*

PART IV: ESCROW AND CUSTODIAL ARRANGEMENT

LINE 2B

THE FOUNDATION SERVES AS CUSTODIAN OF FUNDS FOR CERTAIN LOCAL STATE
PARKS. THESE FUNDS ARE INCLUDED IN CUSTODIAL ACCOUNT LIABILITY ON PART
X.

PART X: OTHER LIABILITIES

LINE 2

WITH FEW EXCEPTIONS, THE FOUNDATION IS NO LONGER SUBJECT TO EXAMINATIONS
BY MAJOR TAX JURISDICTIONS FOR YEARS ENDED DECEMBER 31, 2014 AND PRIOR.

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

FLORIDA STATE PARKS FOUNDATION, INC.

Employer identification number

59-3207818

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) FLORIDA DEPT OF ENVIRONMENTAL PROTECTION 3900 COMMONWEALTH BLVD TALLAHASSEE, FL 32399	59-6007353	GOV'T	13,122.				POWER WHEELCHAIR
(2) FLORIDA DEPT OF ENVIRONMENTAL PROTECTION 3900 COMMONWEALTH BLVD TALLAHASSEE, FL 32399	59-6007353	GOV'T	10,888.				ENVIRONMENTAL PROTECTION
(3) FLORIDA DEPT OF ENVIRONMENTAL PROTECTION 3900 COMMONWEALTH BLVD TALLAHASSEE, FL 32399	59-6007353	GOV'T	16,089.				VIDEO EQUIPMENT
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 1.

3 Enter total number of other organizations listed in the line 1 table ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2018)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 DISASTER RELIEF	16.	19,000.			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PART I, LINE 2

FLORIDA STATE PARKS FOUNDATION, INC. HAS AN INTERNAL COMMITTEE THAT
 REVIEWS THE GRANT REQUESTS AND EXPENDITURES FOR COMPLIANCE WITH STATED
 REQUIREMENTS.

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

FLORIDA STATE PARKS FOUNDATION, INC.

Employer identification number

59-3207818

PART VI: GOVERNANCE, MANAGEMENT, AND DISCLOSURE

SECTION A, LINE 4

THE FOUNDATION'S BY-LAWS WERE CHANGED ALLOWING DIRECTORS TO BE ADDED TO THE BOARD AT ANYTIME OF THE YEAR IF APPROVED BY A MAJORITY OF THE BOARD. ADDED DIRECTORS MAY NOT VOTE BY PROXY BUT MAY VOTE ELECTRONIC MAIL OR THROUGH A TELECONFERENCE LINE. REMOVED THE IMMEDIATE PAST-PRESIDENT OF THE CORPORATION SHALL SERVE AS VOTING EX-OFFICIO MEMBER OF THE BOARD FOR ONE YEAR. ADDED THE IMMEDIATE PAST-PRESIDENT AS A MEMBER OF THE EXECUTIVE COMMITTEE.

SECTION B, LINE 11A

FORM 990 AND ACCOMPANYING SCHEDULES ARE PREPARED BY AN INDEPENDENT ACCOUNTING FIRM. FORM 990 AND ACCOMPANYING SCHEDULES ARE REVIEWED BY THE CHIEF EXECUTIVE OFFICER FOR ACCURACY. ALL QUESTIONS AND ISSUES ARE RESOLVED WITH THE INDEPENDENT ACCOUNTING FIRM PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE CENTER.

LINE 15A

A WAGE COMPARABILITY STUDY IS COMPLETED EVERY YEAR, RAISES ARE SUBJECT TO BOARD APPROVAL, AND A PERSONNEL COMMITTEE MEETS TO DISCUSS EXECUTIVE SALARIES. THE PERSONNEL COMMITTEE HAS BEEN DELEGATED THE AUTHORITY TO ACT AS THE COMPENSATION COMMITTEE. THE PRESIDENT HAS THE AUTHORITY TO SET THE SALARY PACKAGES FOR ALL OTHER EMPLOYEES

Name of the organization FLORIDA STATE PARKS FOUNDATION, INC.	Employer identification number 59-3207818
--	--

SECTION C, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND THREE MOST CURRENT YEARS OF FINANCIAL STATEMENTS AND FORM 990S AVAILABLE TO THE PUBLIC UPON REQUEST.

THE ORGANIZATION IS UPDATING POLICIES AND PROCEDURES DURING 2019.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

EDUCATIONAL OUTREACH AND LIFE PROGRAM IS A MODEL FOR SCIENCE-BASED ENVIRONMENTAL EDUCATION ON PUBLIC CONSERVATION LANDS. THE FOUNDATION IS PROUD TO HOST THE PROGRAM THAT WAS STARTED BY THE FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION. EACH PROGRAM REPRESENTS A PARTNERSHIP BETWEEN THE FLORIDA STATE PARKS FOUNDATION, A STATE PARK CITIZEN SUPPORT ORGANIZATION (CSO) AND THEIR PARK AND THE SCHOOL OR SCHOOL DISTRICT. FLORIDA STATE PARKS PROVIDE A UNIQUE OUTDOOR CLASSROOM WHERE STUDENTS CAN LEARN AND HAVE SCIENCE LESSONS REINFORCED. GRANTS ARE INTENDED TO ASSIST WITH LIFE PROGRAM STARTUPS AND THEN TRANSITION TO A SELF-SUSTAINING PROGRAM THROUGH THE CSO/STATE PARK/SCHOOL PARTNERSHIP. SOME OF THE MOST SUCCESSFUL LIFE PROGRAMS ARE AT PARKS WHERE LOCAL COMPANIES HAVE DONATED THE PROGRAM'S TRANSPORTATION COSTS YEAR AFTER YEAR.

Name of the organization FLORIDA STATE PARKS FOUNDATION, INC.	Employer identification number 59-3207818
--	--

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

FLORIDA STATE PARKS PLAY AN INDISPENSABLE ROLE IN PRESERVING THE JEWELS OF FLORIDA'S NATURAL ENVIRONMENTS AND HISTORICAL AND CULTURAL HISTORY. THE FOUNDATION BELIEVES IT'S VITAL THAT CHILDREN UNDERSTAND THE IMPORTANCE OF THESE ENVIRONMENTS AND TO KNOW OF FLORIDA'S DEEP HISTORY AND PAST CULTURES. FLORIDA STATE PARKS OFFER EXCELLENT EDUCATIONAL OPPORTUNITIES DESIGNED SPECIFICALLY FOR SCHOOL FIELD TRIPS. HOWEVER BUS FIELD TRIP TRANSPORTATION COSTS MAY NOT BE WITHIN REACH BY MANY SCHOOLS AND SCHOOL DISTRICTS. YELLOW BUSES IN THE PARKS PURPOSE IS TO ASSIST WITH THESE COSTS SO THAT NO CHILD IS DEPRIVED FROM THE BENEFITS OF THESE VALUABLE EDUCATIONAL EXPERIENCES. YELLOW BUSES IN THE PARKS GRANTS CAN BE REQUESTED FOR PAYING TRANSPORTATION COSTS ONLY DIRECTLY TO THE PROVIDER.

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

THE FOUNDATION SUPPORTS THE FLORIDA PARK SERVICE'S COMMITMENT TO PROVIDING INCLUSIVE EXPERIENCES TO EVERY PARK VISITOR. MANY INNOVATIVE ADVANCES HAVE BEEN MADE THAT ALLOW PEOPLE WITH DISABILITIES UNPRECEDENTED ACCESS TO THE OUTDOORS: ALL-TERRAIN POWER WHEELCHAIRS ABLE TO HANDLE DEEP SAND OR RUGGED TRAILS; ACCESSIBLE KAYAK LAUNCHES; ROLL OUT MATTING THAT TRANSFORMS SANDY BEACHES INTO STABLE EASILY TRAVERSED PATHS; AND MORE. ACCESS FOR ALL GRANTS CAN BE REQUESTED TO PROVIDE FUNDING FOR ACCESSIBILITY

Name of the organization FLORIDA STATE PARKS FOUNDATION, INC.	Employer identification number 59-3207818
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ATTACHMENT 3 (CONT'D)

PROJECTS, EQUIPMENT AND SERVICES.

FORM 990, PART III, LINE 4D

THE FOUNDATION GIVES GRANTS TO VARIOUS STATE PARKS TO HELP RECOVER
AFTER A DISASTER. THESE GRANTS HELP WITH THE CLEAN UP AND
RESTORATION OF THE PARKS.