



Florida Department of Environmental Protection

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

Citizen Support Organization (CSO) Name: Friends of Fort Clinch Inc.

Mailing Address (required): 2601 Atlantic Ave, Fernandina Beach, FL. 32034

Telephone Number (required): 904-277-7233 Website Address: <https://friendsoffortclinchinc.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*

To support the State Park Mission of providing resource-based recreation while preserving, interpreting, and restoring the natural and cultural resources of Fort Clinch State Park through fund raising and grant acquisition.

- Provide support for restoration projects at Historic Fort Clinch.
- Provide support for special events and educational programs.
- To secure tools and equipment to assist park rangers and volunteers in their duties.
- To expand and improve the Park's renown living history programs and to support other activities, programs, or events which are designed to meet the additional areas of the park as identified by the park manager.

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

Supported 12, First Weekend events by providing provisions and meals for living historians.

Conducted 5 board meetings and an annual meeting

Maintained board membership in Friends of Florida Parks for resource access and liability insurance.

Maintained two memberships in the local Amelia Island Fernandina Beach Chamber of Commerce (FOFC and Park Management).

Supported an end of year Park employee and Volunteer candlelight recognition dinner.

Supported the Fort Clinch regiment's trip to the Olustee event.

Purchased tin ware, cast iron cookware, carpentry tools, and horse tack for historians that is appropriate for the time frame for display and demonstration.

Provided technical resources for the “History of the Soldier” evening program.

Increased Friends membership to over 200 members.

Purchased “critter cam” cameras to post park wildlife on Facebook and the website.

Pursued more applicable software to improve the handling of membership and social outreach for conversion in 2020.

Supported the annual Kid’s Fishing Clinic.

Participated in the local Wild Amelia Festival with an informational display.

Hosted a Vintage Cars and Cannons show in conjunction with Auto Legends Amelia, which attracted over 1,000 visitors, setting the daily attendance record for 2019.

Increased the “Adopt a Sea Turtle Nest” adoptions.

Updated the signage at the Historic Plaza Park area and participated in the “Canons on the Plaza” event.

Purchased a 3” ordinance rifle w/non-firing tube for interpretation.

Held an astronomy viewing night viewing from within the fort.

Purchased 4 EZ Go electric golf carts to replace 4 gas powered carts.

Supported the grant request for repurposing and renovating the CCC campground restroom conversion.

Continued to upgrade kiosks throughout the park.

Purchased a bronze historical designation plaque for the museum.

Purchased a replica cannon.

Provided materials for the new bike wash/water bottle filling station at the ocean front parking area.

Held Bronze man fundraising activity to support CCC related projects.

Realized a return on the penny press investment.

Began utilizing an accounting firm to review annual financial records and file annual 990 IRS paperwork.

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

Continue to support the living history and nature-based programs.

Continue to support volunteer efforts by funding interpretive materials and group meals and rations that enhance the experiences for both the reenactors and the visitors.

Support the funding of the ongoing restoration efforts of historic Fort Clinch through involvement in grant applications and matching funds opportunities.

Continue to support special events including First Weekend Union and Confederate Garrisons, Spanish American War event, WWII event, History of the Soldier, Olustee weekend, and the Annual Kids Fishing Clinic.

Continue to host private special events as a significant fund-raising for the CSO and to promote access and exposure to the Florida State Park System.

Develop ongoing community business partnerships to highlight Fort Clinch’s resources and opportunities that are available to local residents.

Continue to procure equipment to assist park staff and volunteers conduct their duties safely and efficiently provide quality recreational activities while preserving, interpreting, and restoring natural and cultural resources.

Provide funding to support the updating of interpretive signage in selected areas of the park.

Improve the FOFC website to increase outreach and simplify membership enrollment, tracking, and electronic funds transfer.

Offer "Starry Night" astronomy viewing opportunities.

Continue to offer "Adopt a Turtle" opportunities to further educate and fund sea turtle protection.

Follow the State's planning activities on the Fort Clinch Fishing Pier replacement

Continue the FOFC records filing enhancements and explore electronic options.

Work with Old Town Fernandina volunteers to further develop the Plaza Park and make information available at the Ranger Station.

CSO's Code of Ethics is attached, and if the CSO has a website the code of ethics is posted conspicuously.

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.

**Friends of Fort Clinch State Park Inc.
CODE OF ETHICS**

PREAMBLE

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

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.

FOFCSP, Inc. Code of Ethics – September, 2014

4. Prohibition of Misuse of Position

A CSO board member, officer, or employee shall not corruptly use or attempt to use one's official position or any property or resource which may be within one's trust, or perform official duties, to secure a special privilege, benefit, or exemption.

5. Prohibition of Misuse of Privileged Information

No CSO board member, officer, or employee shall disclose or use information not available to members of the general public and gained by reason of one's official position for one's own personal gain or benefit or for the personal gain or benefit of any other person or business entity.

6. Post-Office/Employment Restrictions

A person who has been elected to any CSO board or office or who is employed by a CSO may not personally represent another person or entity for compensation before the governing body of the CSO of which he or she was a board member, officer, or employee for a period of two years after he or she vacates that office or employment position.

7. Prohibition of Employees Holding Office

No person may be, at one time, both a CSO employee and a CSO board member at the same time.

8. Requirements to Abstain From Voting

A CSO board member or officer shall not vote in official capacity upon any measure which would affect his or her special private gain or loss, or which he or she knows would affect the special gain or any principal by whom the board member or officer is retained. When abstaining, the CSO board member or officer, prior to the vote being taken, shall make every reasonable effort to disclose the nature of his or her interest as a public record in a memorandum filed with the person responsible for recording the minutes of the meeting, who shall incorporate the memorandum in the minutes. If it is not possible for the CSO board member or officer to file a memorandum before the vote, the memorandum must be filed with the person responsible for recording the minutes of the meeting no later than 15 days after the vote.

9. Failure to Observe CSO Code of Ethics

Failure of a CSO board member, officer, or employee to observe the Code of Ethics may result in the removal of that person from their position. Further, failure of the CSO to observe the Code of Ethics may result in the Florida Department of Environmental Protection terminating its Agreement with the CSO.

September 8, 2014

Return of Organization Exempt From Income Tax

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

2019

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning JANUARY 1, 2019, and ending December 31, 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization Friends of Fort Clinch, Inc.
 Number and street (or P.O. box if mail is not delivered to street address) 2601 Atlantic Ave. Room/suite _____
 City or town, state or province, country, and ZIP or foreign postal code Fernandina Bch, FL 32034

D Employer identification number 59-3126070

E Telephone number (904) 583-2152

F Group Exemption Number ▶ _____

G Accounting Method: Cash Accrual Other (specify) ▶ _____

I Website: ▶ https://friendsoffortclinch.org

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)) 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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
Revenue	1	Contributions, gifts, grants, and similar amounts received	9241																											
	2	Program service revenue including government fees and contracts	26,740																											
	3	Membership dues and assessments	2015																											
	4	Investment income	2089																											
	5a	Gross amount from sale of assets other than inventory <u>penny press</u>					2000																							
	5b	Less: cost or other basis and sales expenses					0																							
	5c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)							2,000																					
	6	Gaming and fundraising events:																												
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																												
	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)																												
c	Less: direct expenses from gaming and fundraising events																													
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																													
7a	Gross sales of inventory, less returns and allowances																													
b	Less: cost of goods sold																													
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)																													
8	Other revenue (describe in Schedule O)																													
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																													
Expenses	10	Grants and similar amounts paid (list in Schedule O)																												
	11	Benefits paid to or for members																												
	12	Salaries, other compensation, and employee benefits																												
	13	Professional fees and other payments to independent contractors																												
	14	Occupancy, rent, utilities, and maintenance																												
	15	Printing, publications, postage, and shipping																												
	16	Other expenses (describe in Schedule O)																												
17	Total expenses. Add lines 10 through 16																													
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)																												
	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)																												
	20	Other changes in net assets or fund balances (explain in Schedule O)																												
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																												

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	52,711	44,303
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	0	0
25 Total assets	52,711	44,303
26 Total liabilities (describe in Schedule O)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	58,662	44,303

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose? _____

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	_____	
29	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
30	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
31	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (describe in Schedule O) _____	
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a) _____	32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Stewart Pikula - President	6	0	0	0
JANE Malenke - Vice President	1	0	0	0
Carrie McCannell Scruggs - Treasurer	3	0	0	0
JANE Bailey - Secretary	2	0	0	0
Sandra Baker-Hinton - Membership	5	0	0	0
Jim McCannell - Facilities	4	0	0	0
Dustin Nemati - Historian	1	0	0	0
Caleb Wilson - Website/IT	1	0	0	0
Rich Reily - Member	1	0	0	0

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		✓
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		✓
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)?		✓
35b	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		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		
37b	Did the organization file Form 1120-POL for this year?		✓
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?		✓
38b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b 6		
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9 39a 0		
39b	b Gross receipts, included on line 9, for public use of club facilities 39b 0		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
40b	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		✓
40c	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 ▶		
40d	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
40e	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		✓
41	List the states with which a copy of this return is filed ▶		
42a	The organization's books are in care of ▶ <u>Carrie McConnell-Scruggs</u> Telephone no. ▶ <u>904-277-9233</u> Located at ▶ <u>2601 Atlantic Ave. FERNANDINA BOUL FL</u> ZIP + 4 ▶ <u>32034</u>		
42b	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 ▶		✓
42c	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 ▶		✓
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 ▶ 43		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
44b	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		✓
44c	c Did the organization receive any payments for indoor tanning services during the year?		✓
44d	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	45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
45b	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		✓

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 Yes No [check]

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 []

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 Yes No [check]
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 Yes No [check]
49a Did the organization make any transfers to an exempt non-charitable related organization? 49a Yes No [check]
b If "Yes," was the related organization a section 527 organization? 49b Yes No [check]
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."

Table with 5 columns: (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."

Table with 3 columns: (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.

Sign Here [Signature of officer] Date July 14, 2020
J. STEWART PIKULA
Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check [] 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)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

1/3

Friends of Fort Clinch, Inc

Employer identification number
59-3126070

Line 1a. Income

Fundraising

Penny Press

2,000.00

Total Fundraising

2,000.00

Direct Public Support

Corporate Contributions

500.00

Individual Business Contributions

8,741.

Total Direct Public Support

9,241

Other Types of Income

Misc. Revenue

2,089.

Total Other Types of Income

2,089

Program Income

Membership Dues

2,915

Rental Income

26,740

Total Program Income

29,655

Total Income

42,985.

Name of the organization

Friends of Fort Clinch, Inc

Employer identification number

59-3126070

Line 1b. Expenses

Professional Fees		2,000
Events		7,645
Bank Fees		27

Program Expenses

Garrison & Suppliers	3904	
Fishing Clinic	95	

Total Program		3999
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Food		3320
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Fundraising Expense

Water	400	
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Total Fundraising Expense		400
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Board Expenses		808
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Facilities & Equipment

Misc	1,630	
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Bike Wash Station	6,561	
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Signage	2,574	
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Golf Carts	10,889	
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Equipmt Rental & Maint.	3,863	
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Total Facilities & Equipment		25,518
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Membership & Dues		615
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Office Expenses

Books, Subscriptions, reference	500	
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Postage, mailing Service	243	
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Printing & Copying	1267	
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Supplies	1073	
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Telephone, Telecommunications	332	
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Total Office Expenses		3,415
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Name of the organization

Friends of Fort Clinch, Inc

Employer identification number

59-3126070

3/3

Expenses (Continued)

Sales Tax

1,866

Travel & Meetings

Conferences, Conventions, Meetings 584

Total Travel & Meetings

584

Total Expenses

50,198

Net Ordinary Income

- 7,213

Net Income

- 7,213