

Florida Department of Environmental Protection

CITIZEN SUPPORT ORGANIZATION 2018 REPORT

(pursuant to Florida Statute 20.058)

Citizen Support Organization (CSO) Name: Friends of Gamble Rogers State Park (FRoGRS)								
Mailing Address:	3100 S. Ocean Shore Blvd.							
_	Flagler Beach, FL 32136							
Telephone Number:	(386) 517-2086 Website Address (if applicable): www.frogrs.com							

Statutory Authority:

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

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

Brief Description of the CSO's Mission:

The purpose of the Friends of Gamble Rogers State Park is to assist the park in both fundraising and staffing through sponsorship of park events, volunteer recruitment and organization and participation in community events. The CSO will focus on funding and enhancing educational outreach opportunities as well as scientific research and management opportunities. The CSO shall seek grants, accept gifts and bequest of money, as well as tangible property and real estate. The CSO will generate and create additional resources and will acquire, receive, hold, invest, and administer in its own name securities, funds, objects of value or other property, real or personal. The CSO will make expenditures and distributions to or for the benefit of the parks they represent. The CSO shall operate as a not-for-profit organization whose best interests lie in the preservation, protection, interpretation, promotion and enhancement of both Gamble Rogers Memorial State Recreation Area and North Peninsula State Park.

Brief Description of the CSO's Results Obtained:

Marsh Restoration ribbon cutting; Funded volunteer appreciation events; Raised funds via Surf Fishing program, kayak tours, recycled metal and sale of firewood; Initiated Shuck and Share oyster collection program for habitat restoration; Received donations for Shuck and Share oyster program and Brazilian Pepper Picker removal; Continued with Exotic Removal and Volunteer Turtle Patrol teams; Supported staff training opportunities

Brief Description of the CSO's Plans for Next Three Fiscal Years:

Butterfly Garden (ongoing maintenance and interpretive info); Attend community events, support educational/interpretive programs and other park events to include school programs, kayak tours, surf fishing, etc.; Volunteer program: fund vol appreciation day and appreciation programs, provide award items and supplies; Continue Sea Turtle Nest Sponsorship program; Install power/screening to Cedar Pavilion; Investigate corporate sponsorship; Research projects – marsh restoration monitoring and planting programs, diamondback terrapin research, bird surveys and sea turtle research; Assist with exotic removal program and other park maintenance needs; Identify fundraising and grant sources for marsh overlook watchtower; Support shoreline restoration work through Shuck and Share program; Establish kayak trail at North Peninsula State Park

- **⊠** Copy of the CSO's Code of Ethics attached (Model provided; see CSO 2014 instructions)
- ☑ Certify the CSO has completed and provided to the Department the organization's most recent Internal Revenue Service (IRS) Form 990, 990-EZ, or 990-N/Annual Financial Statement

FRIENDS OF GAMBLE ROGERS STATE PARK, INC. CODE OF ETHICS

PREAMBLE

- (1) It is essential to the proper conduct and operation of Friends of Gamble Rogers 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 Gamble Rogers 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 Expense

No CSO board member or officer shall vote on a matter affecting his or her salary, expenses, or other compensation as a CSO board member or officer, as provided by law.

4. Prohibition of Misuse of Position

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

5. Prohibition of Misuse of Privileged Information

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

6. Post-Office/Employment Restrictions

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

7. Prohibition of Employees Holding Office

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

8. Requirements to Abstain From Voting

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

9. Failure to Observe CSO Code of Ethics

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

Form 990-E7

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2017

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

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning , 2017, and ending Jan 1 dec 31 C Name of organization B Check if applicable: D Employer identification number Address change Friends of Gamble Rogers State pPark 455627458 Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Initial return 3100 Oceanshore Dr Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number 🕨 📆 Flagier Beach, Fl 32136 Application pending ✓ Cash Accrual Other (specify) H Check ► ☑ if the organization is not G Accounting Method: I Website: ▶ required to attach Schedule B J Tax-exempt status (check only one) - 2 501(c)(3) 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 (Form 990, 990-EZ, or 990-PF). K Form of organization: Corporation ☐ Trust Association Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Ť 13474 75 2 Program service revenue including government fees and contracts 2 3 3 2,180 4 5 Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 5c 6 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue 6a 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) . . . Less: direct expenses from gaming and fundraising events . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 7a Gross sales of inventory, less returns and allowances Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 15,659 10 10 11 11 12 12 13 Professional fees and other payments to independent contractors 13 14 14 15 15 16 16 17 17 6,078 18 18 9,581 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 22,543 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year. Combine lines 18 through 20 32,124

	(see the instructions nization used Scheduk		me accastian in this	D-+ #		
Gricen II ille Orgal	nization used Scriedus	e O to respond to a	iny question in this	(A) Beginning of year	~	End of year
22 Cash, savings, and inves	etmonte		1	22543	 	<u> </u>
23 Land and buildings				22343	23	32
24 Other assets (describe in						
	-				24	
25 Total assets				22,543	+	32,7
26 Total liabilities (describ					26	·-··
27 Net assets or fund bala				22,543	27	32,
	gram Service Accon				_	
	nization used Schedule		ny question in this	Part III	1	ixpenses d for section
What is the organization's prima	ary exempt purpose?	Support State Park				and 501(c)(4)
Describe the organization's pro as measured by expenses. In persons benefited, and other re	a clear and concise n	nanner, describe th	of its three largest p e services provided	rogram services, I, the number of	organiza others.)	tions; optional
28 help offer things of interest	to public					
7 (Grants \$) If this amount	t includes foreign gra	ants, check here .	▶ 🗆	28a	2,4
29 Invasive species removal						
(Grants \$) If this amount	includes foreign gr	ants, check here .	▶ 🗆	29a	2
30 expenses to help park Stae	will not provide					
(Grants \$) If this amount	t includes foreign gra	ants, check here .	▶ 🗆	30a	3,3
31 Other program services (de	escribe in Schedule O)					
(Grants \$) If this amount	includes foreign gra	ants, check here .	▶ □	31a	
32 Total program service ex	penses (add lines 28a	through 31a)			32	60
	ectors, Trustees, and Ke					
	nization used Schedule					
Chok ii dio organ	meation about contouring	1	(c) Reportable	(d) Health benefits,	' ' ' '	1
(a) Name and	title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employ	other	mated amount compensation
Paul Haydt President		1	o	_	0	
Thomas hury trea.		2	0		0	

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	Par	•				
		instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi	s Part		<u>; </u>	
	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No	
2	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)				1
	35a		34 35a		<u>/</u>	
	b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		<u>v</u>	
	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36			
	37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year? 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?	37b 38a		>	7
	b 39 a b 40a	If "Yes," complete Schedule L, Part II and enter the total amount involved				
	b	section 4911 ► ; section 4912 ► ; section 4955 ► 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				
	c	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 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.	40b		<u> </u>	24
	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				
	e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		V	
	41	List the states with which a copy of this return is filed ▶				
	42a	AND ADDRESS OF THE PROPERTY OF	386 439			
		Located at ► 2268 S central Ave Ave. Flagler beach, fl 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: ►	321			
		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
	С	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:	42c			
	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	· ·	Yes	► □ No	
	44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		<u> </u>	
	b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		V	
	c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		v	
	45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<u> </u>	

	Z (2017)						Yes	age No
	d the organization engage, directly or in candidates for public office? If "Yes,"							
Part VI	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51. Check if the organization used Sc	s only ns must answer que	estions 47–49b and	52, and co			or line	es
							Yes	No
	d the organization engage in lobbying ear? If "Yes," complete Schedule C, Par		section 501(h) election		during the	tax 47		<i>\</i>
	the organization a school as described i		-			. 48		V
	d the organization make any transfers t "Yes," was the related organization a se	•	_			}		
i0 Co	omplete this table for the organization a si omplete this table for the organization's oployees) who each received more that	five highest compen	sated employees (otl	ner than offic	ers, directo			d ke
	(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	(d) Health contributions	benefits, to employee	(e) Estimate	d amou	
ONE		devoted to position	(Forms W-2/1099-MISC)	compe		Office COII	iherioar	
	<u> </u>							
			1					
1 Co	otal number of other employees paid ov omplete this table for the organization 00,000 of compensation from the orga	's five highest compe	ensated independent	contractors	who each	received	more	tha
1 Co \$10	omplete this table for the organization	's five highest compo unization. If there is no	ensated independent	1		received Compensation		tha
1 Co \$10	omplete this table for the organization 00,000 of compensation from the organization fro	's five highest compo unization. If there is no	ensated independent one, enter "None."	1				tha
1 Co \$10	omplete this table for the organization 00,000 of compensation from the organization fro	's five highest compo unization. If there is no	ensated independent one, enter "None."	1				tha
1 Co \$10	omplete this table for the organization 00,000 of compensation from the organization fro	's five highest compo unization. If there is no	ensated independent one, enter "None."	1				tha
1 Co \$10	omplete this table for the organization 00,000 of compensation from the organization fro	's five highest compo unization. If there is no	ensated independent one, enter "None."	1				tha
1 Co \$10	omplete this table for the organization 00,000 of compensation from the organization fro	's five highest compo unization. If there is no	ensated independent one, enter "None."	1				tha
1 Co \$10	omplete this table for the organization 00,000 of compensation from the organization fro	's five highest compo unization. If there is no dent contractor	ensated independent one, enter "None." (b) Type of ser	1				tha
1 Co \$10 one d Tot 2 Dic	omplete this table for the organization 00,000 of compensation from the organization (a) Name and business address of each independent contract the organization complete Scheduct the organization complete Scheduction (complete Scheduction)	's five highest compounization. If there is no dent contractor	ensated independent one, enter "None." (b) Type of ser over \$100,000 ection 501(c)(3) orga	vice	(c)	Compensation	on	tha
d Tot 2 Dic cor	omplete this table for the organization 00,000 of compensation from the organization (a) Name and business address of each independent contract the organization complete Scheduct the organization complete Scheduction (complete Scheduction)	's five highest compounization. If there is not the second contractor actors each receiving alle A? Note: All second compounities accompanies accompan	over \$100,000	nizations m	ust attach	Compensation	on	lo
d Tot 2 Dic cor der penaltida, correct,	emplete this table for the organization 00,000 of compensation from the organization from the organization (a) Name and business address of each independent contract the organization complete Schedumpleted Schedule A	's five highest compounization. If there is not the second contractor actors each receiving alle A? Note: All second compounities accompanies accompan	over \$100,000	▶_ inizations m ents, and to the	ust attach best of my kn	Compensation	on	lo
d Tot 2 Dic cor	emplete this table for the organization 00,000 of compensation from the organization from the organization (a) Name and business address of each independent control of the organization complete Schedumpleted Schedule A	's five highest compounization. If there is not the second contractor actors each receiving alle A? Note: All second compounities accompanies accompan	over \$100,000	nizations m	ust attach best of my kn	Compensation	on	lo

Preparer

Use Only

Firm's name Firm's address ▶

May the IRS discuss this return with the preparer shown above? See instructions

➤ ☐ Yes ☐ No

Firm's EIN 🕨

Phone no.

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Depari Interna	tment of the Treasury at Revenue Service ► G		orm990 for instructions		test inform	nation.	Inspection		
Name	Name of the organization								
_	Friend of Gamble Rogers State Park 455627458								
	rt Reason for Public Cha			<u>-</u>			ons,		
	organization is not a private found		•			•			
1	A church, convention of church	•							
2 3	☐ A school described in section☐ A hospital or a cooperative ho		•			• *			
4	A medical research organizati						(iii). Enter the		
•	hospital's name, city, and sta		organization market (100)	pital door	71,20G 711	30000011 110(3)(1)(1)	they remove the		
5	☐ An organization operated for section 170(b)(1)(A)(iv). (Corr		college or university	owned o	or operate	ed by a governmen	tal unit described in		
6	☑ A federal, state, or local gover								
7	☐ An organization that normally			port from	n a gover	nmental unit or fror	n the general public		
_	described in section 170(b)(1		•	D					
8 9	A community trust described					* ** **			
ð	An agricultural research orgar or university or a non-land-gra university:	ant college of agi	a in section (70(b)(1) riculture (see instruction	(A)(IX) op ons). Ente	erated in er the nar	ne, city, and state o	and-grant college f the college or		
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	I to its exempt fu it income and un	inctions—subject to c related business taxa	ertain ex ble incon	ceptions, ne (less s	and (2) no more tha ection 511 tax) from	n 331/3% of its		
11	☐ An organization organized and		-		•	•			
12	☐ An organization organized and	operated exclus	sively for the benefit o	f, to perfe	orm the fi	unctions of, or to ca	rry out the purposes		
	of one or more publicly supp Check the box in lines 12a thro								
а	Type I. A supporting organization supporting organization supporting organization. Y	n(s) the power to	regularly appoint or e	lect a ma	ijority of t				
b	Type II. A supporting orga control or management of organization(s). You must	the supporting of	organization vested in	the same					
c	(mm) 1995 and 19 20 10 10 10 10 10 10 10 10 10 10 10 10 10	rated. A suppor	ting organization ope	rated in c			ally integrated with,		
d	promy		•		•	, ,	orted organization(s)		
	that is not functionally inte requirement (see instruction	grated. The orga	nization generally mu	st satisfy	a distribu	ition requirement ar			
е	Check this box if the organ functionally integrated, or	nization received Type III non-fund	a written determination	on from ti oporting (ne IRS th organizat	at it is a Type I, Type ion.	e II, Type III		
f	Enter the number of supported	•							
g		n about the supp	orted organization(s).						
	(i) Name of supported organization	(ii) EIN	(lif) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				Yes	No				
,, G	iamble Rogers State Park								
(A) ^G		596007353	6	v		6,078			
(B)									
(C)									
(D)									
(E)									
	**************************************	space of the foreign to the control of the second of the s	er velokula araken raken araken eraken ber	- No. 2 10 2 2 2 2 2 2 2 2 2	200000000000000000000000000000000000000				

Par							
	(Complete only if you checked to						alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	ted below, p	ease comple	ete Part III.)	
	ion A. Public Support	1.00/0				1	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and]					
	membership fees received. (Do not include any "unusual grants.")	ed an on region	40400	4007	44500		
		15775	10423	4096	11508	6078	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				<u>.</u>		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	15775	10423	4096	11508	6078	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4				ang gang ay ay		
	on B. Total Support						
_	idar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						"
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3	3 (0	5.	5	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	15778	10427	4096	11513	15654	
11	Total support. Add lines 7 through 10			30 (65) (15) (25)			
12	Gross receipts from related activities, etc.			. ,		12	
13	First five years, if the Form 990 is for the						
C +	organization, check this box and stop he				- + + + + 1		<u>· · ▶ </u>
	on C. Computation of Public Suppor		***************************************	4			
14 15	Public support percentage for 2017 (line 6					14	99.99 %
16a	Public support percentage from 2016 Schedule A, Part II, line 14						
b	331/3% support test-2016. If the organia	zation did not e	check a box o	n line 13 or 16a	a, and line 15 i	is 331/3% or mo	ore, check
17a	this box and stop here. The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	tion meets the neets the "fact	e "facts-and-c s-and-circums	ircumstances" tances" test. 1	test, check the organization	his box and son qualifies as	top here. a publicly
18	Private foundation. If the organization did	d not check a t	oox on line 13,	16a, 16b, 17a,	or 17b, check	this box and s	ee

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	~		
(Complete only if	you checked the b	ox on line 10 of Part I or if the organization failed to qualify under Part	П.
If the organization	n fails to qualify un	der the tests listed below, please complete Part II.)	

Sec	tion A. Public Support					,	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
f	Gifts, grants, contributions, and membership fees			1			III TOTAL
	received. (Do not include any "unusual grants.")				ļ		1
2	Gross receipts from admissions, merchandise		1		1		
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose				1		
3	Gross receipts from activities that are not an		1				
	unrelated trade or business under section 513			İ			
4	Tax revenues levied for the				1		
	organization's benefit and either paid to]		
	or expended on its behalf						
5	The value of services or facilities				 		
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5		<u> </u>				
7a	_		<u> </u>	 	 	-	
	received from disqualified persons .		1				
b		- warea				<u> </u>	
	received from other than disqualified			1			
	persons that exceed the greater of \$5,000					[[
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from		9.35 150 15 TW/ 35 S		14 (14 (14 (14 (14 (14 (14 (14 (14 (14 (
	line 6.)					1	
Sect	ion B. Total Support		Committee (Action September 2017)	100000000000000000000000000000000000000			
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6			(0) 2010	(4) 2010	(0) 2011	(i) iotai
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,]		
	royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses		<u>.</u>				
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business					-	
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
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.)						
14	First five years. If the Form 990 is for the	e organization	's first, second	d, third, fourth	, or fifth tax ve	ar as a section	501(c)(3)
	organization, check this box and stop he	re					▶ □
Secti	on C. Computation of Public Suppor	t Percentage	2				
15	Public support percentage for 2017 (line 8	3, column (f) div	vided by line 1	3, column (f))	* * * * *	15	%
16	Public support percentage from 2016 Sch	nedule A, Part I	II, line 15 .			16	%
Secti	on D. Computation of Investment Inc	come Percer	ntage			<u> </u>	
17	Investment income percentage for 2017 (I	ine 10c, colum	n (f) divided by	y line 13, colur	nn (f))	17	%
18	Investment income percentage from 2016	Schedule A, P	art III, line 17			18	%
19a	331/3% support tests-2017. If the organi	zation did not	check the box	on line 14, ar	nd line 15 is mo	ore than 331/3%	, and line
	17 is not more than 331/3%, check this box	and stop here.	The organization	on qualifies as a	publicly suppo	rted organizatio	n . ▶ 🗀
	,						
b	331/3% support tests-2016. If the organiz	ation did not ch	neck a box on l	line 14 or line 1	9a, and line 16	is more than 33	31/3%, and
b	331/3% support tests—2016. If the organiz line 18 is not more than 331/3%, check this b	ation did not ch	neck a box on l	line 14 or line 1	9a, and line 16	is more than 33	31/3%, and

Part IV

Supporting Organizations

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V,)

Section A. All	Supporting	Organizations
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Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. За Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Зс Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations, 4b Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b Substitutions only. Was the substitution the result of an event beyond the organization's control? 5€ Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 8 Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a disqualified persons as defined in section 4946 (other than foundation managers and organizations described In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

10a

Part	W Supporting Organizations (continued)			raye 🔾
THE STATE	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	20 A032400 26 DA 20 A03	100	140
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			,
		200000000	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	Associate		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	2000		(3, 31)
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	kookoobob bad	votoriorise vi
2	Did the organization operate for the benefit of any supported organization other than the supported			Gar Gire
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		alogono.	
C+		2		<u>L</u>
Secu	on C. Type II Supporting Organizations		· ·	Г
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	200016006	Separate a
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1	Service Service	
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	185,100		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	Windows.	1000000000
3	By reason of the relationship described in (2), did the organization's supported organizations have a			(100.50)
	significant voice in the organization's investment policies and in directing the use of the organization's	100		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instruc	tions	s).
а	The organization satisfied the Activities Test, Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructi	ons).
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
ī.	-	2a	13474-5244	NSECTION
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			101515150
	activities but for the organization's involvement.	2b		respected a
3	Parent of Supported Organizations, Answer (a) and (b) below.		500000	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	annigstjet (1994)	v medileli
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	55.55		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

1 Type III Non-Functionally Integrated 509(a)(3) Supporting O	rga	nizations	
Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			lain in Part VI). See
Section A - Adjusted Net Income	anıza	(A) Prior Year	(B) Current Year
1 Net short-term capital gain	1		(optional)
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		<u> </u>
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		<u> </u>
c Fair market value of other non-exempt-use assets	1c		-
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	· · · · · · · · · · · · · · · · · · ·	<u> </u>
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		<u> </u>
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally instructions).	/ inte	egrated Type III supporting	ı ı organization (see

	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued	rago
	AGI B - DISTIDUTIONS			Current Year
1		h exempt purposes		Ourient rear
2	Amounts paid to perform activity that directly furthers e			
3	District oxpenses paid to accomplish exempt by	rposes of supported or	ganizations	
4	Amounts paid to acquire exempt-use assets		34. 12410110	
5	approval require	d)		
6	Other distributions (describe in Part VI). See instruction	S.		
7	Total annual distributions. Add lines 1 through 6.			<u> </u>
8	Distributions to attentive supported organizations to wh	ich the organization is r	esponeive	
	(provide details in Part VI). See instructions.	and the gameation to	coponaive	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
			(ii)	- CIII
5	ection E - Distribution Allocations (see instructions)	(i)	\$311° + 71 - 41	(iii) Distributable
		Excess Distributions	Pre-2017	Amount for 2017
1_	Distributable amount for 2017 from Section C, line 6			Tanount for Loty
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain in Part VI). See			
	instructions,			
3	Excess distributions carryover, if any, to 2017			
a				
<u>b</u>	From 2013			
C	From 2014			
d	From 2015			
<u>e</u>	From 2016			
<u>f</u>	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2017 distributable amount			
<u>i</u>	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h		all and the control of the control o	
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
	Excess from 2013			9. July 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
е	Excess from 2017			
		A CONTRACTOR OF THE PROPERTY O		

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.)

The Friends of Gamble Rogers State Park is a Citizens Support Organization (CSO). The expenses incurred are on behalf of the State of

Floirda for mprovements, Maintenance and activites of the Park under a joint agreement between Gamble Rogers State Park and The Friends

of Gamble Rogers State Park. The assets fo the Friends of Gamble Rogers State Park are solely banks accounts (checking and Savings)