

Florida Department of Environmental Protection

CITIZEN SUPPORT ORGANIZATION 2016 REPORT (pursuant to Florida Statute 20.058)

Citizen Support Organization (CSO) Name: <u>Friends of Grayton State Park and Deer Lake State Park</u> Mailing Address: <u>P. O. Box 1869, Santa Rosa Beach, FL 32459</u> Telephone Number: <u>850-231-1469</u> Website Address (if applicable): _____

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: Support and enhance park activities and capabilities.

Brief Description of the CSO's Results Obtained:

We have provided ongoing support for park activities with amenities for campers. We replaced washers and dryers, improved park entrance with landscaping, rocks for trails, and purchased a coin counter for change for washers and dryers.

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

Continue to provide support and enhancement for campers and visitors experiences in our parks.

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 GRAYTON BEACH STATE PARK & DEER LAKE STATE PARK, INC. CODE OF ETHICS

PREAMBLE

- (1) It is essential to the proper conduct and operation of FRIENDS OF GRAYTON BEACH STATE PARK & DEER LAKE 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 GRAYTON BEACH STATE PARK & DEER LAKE 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.

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.

Orm 990-EZ Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundar				2015
		Do not enter social security numbers on this form as it may be made public.	0	pen to Public
		Information about Form 990-EZ and its instructions is at www.irs.gov/form99	0.	Inspection
_		2015 calendar year, or tax year beginning 01/01 , 2015, and ending	12/31	,20 15
C	neck it ap	pplicable: C Name of organization DE	mployer iden	tification number
Address change Name change Initial return Final return/terminated		change FRIENDS OF GRAYTON BEACH STATE PSRK & DEER LAKE STATE PARK INC	31-	1716757
			elephone num	
		PO BUX 1809	and the second	1-1469
	mended	City or town, state or province, country, and ZIP or foreign postal code	Group Exem	ption
-		in penoing	Number >	
				he organization is no
	ebsite			h Schedule B EZ, or 990-PF).
-			11 330, 380-1	cz, or 330-rry.
		torganization: Corporation Trust Association Other is 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass	ate	
		lumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the inst	a la	or Dort I)
2		Check if the organization used Schedule O to respond to any question in this Part I.		Urany
1	1			1,555.0
-	2	Contributions, gifts, grants, and similar amounts received	2	1,555.0
	3	Membership dues and assessments	3	
	4		4	
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less: cost or other basis and sales expenses		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5c	
	6	Garning and fundraising events		
	а	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) 6b		
	C	Less: direct expenses from gaming and fundraising events 6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	ct	
		line 6c)	· 6d	
	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)		8,459.5
	8	Other revenue (describe in Schedule O)		3,054.0
-	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		13,068.6
	10 11	Grants and similar amounts paid (list in Schedule O)		
	12	Salaries, other compensation, and employee benefits		
	13	Professional fees and other payments to independent contractors		1,137.5
Expenses	14	Occupancy, rent, utilities, and maintenance		
	15	Printing, publications, postage, and shipping		
	16	Other expenses (describe in Schedule O)		2,409.4
	17	Total expenses. Add lines 10 through 16		3,546.9
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		9,521.6
		Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with	the second secon	
	19	end-of-year figure reported on prior year's return)	. 19	
	19			
	19 20	Other changes in net assets or fund balances (explain in Schedule O)	. 20	

Form	990-EZ (2015)				Page 2
Pa	rt II Balance Sheets (see the instructions for	or Part II)	، «««» « «» «» «» «» «» «» «» «» «» «» «»		
	Check if the organization used Schedule	O to respond to an	ly question in this F	Part II	· · · · ·
				(A) Beginning of year	(B) End of year
22	Cash, savings, and investments			00.935.62	40.457.31
23	Land and buildings			2	23
24	Other assets (describe in Schedule O)			2	24
25	Total assets			2	25
26	Total liabilities (describe in Schedule O)				26
27	Net assets or fund balances (line 27 of column				27
Par					
r ai	Check if the organization used Schedule				Expenses
	t is the organization's primary exempt purpose?		ly question in this i		(Required for section
					501(c)(3) and 501(c)(4)
as n	ribe the organization's program service accomplis neasured by expenses. In a clear and concise m ons benefited, and other relevant information for ea	anner, describe the	its three largest pr services provided	ogiuni oonnooo,	organizations; optional for others.)
28					
	(Grants \$) If this amount	includes foreign gra	nts. check here	🕨 🗖	28a
29					
	(Grants \$) If this amount	includes foreign gra	nts, check here	· · · ► □	29a
30					
	(Grants \$) If this amount	includes foreign gra	nts. check here		30a
31				an all and a final state of a later provide state by parts of a party of a party of a state of a state of the	
0,		includes foreign gra			31a
30	Total program service expenses (add lines 28a t	hrough 31a)			32
Par		the state of the last of the state of the st	and a second	and the second	
r ai	Check if the organization used Schedule				
Matana	Check in the organization used Schedule		(c) Reportable	(d) Health benefits.	
	(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 employee	e (e) Estimatéd amount of other compensation
Te	MWOLFE - PRESIDENT	1	-0-	- 0 -	-0-
Ĩc	M PATTON - VICE PRESIDENT	1	-0	-0-	-0-
	ARY WOLFE - SECRETARY	l	-0-	-0-	-0-
	ONNIE MEQUISTON - TREASURER	1	-0-	-0	- 0-
	ICH AIRIS- DIRECTOR		1 7	A start see a start and a start and a start a sta	
•		1	-0-	-0-	-0
(JAN RIEVESHAL - DIRECTOR	1	-0-	-0-	-0-
				n an a staff fal statemente ter same state server ter state and the state of the served beautiful and the served	
		1			
		1	L		1

Form 99	0-EZ (2015)		P	age 3
Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
33	detailed description of each activity in Schedule O	33		V
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	00		
Q.I	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		~
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		V
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		~
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		V
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	390		
	during the year? If "Yes," complete applicable parts of Schedule N	36		V
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a			
b	Did the organization file Form 1120-POL for this year?	37b		V
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? .	38a		V
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► ; section 4912 ► ; section 4955 ►		- 1	
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	401		V
-	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	40b		
C	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958		_	
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	10		./
41	List the states with which a copy of this return is filed	40e	L	V
42a	The organization's books are in care of ► Telephone no. ►			
	Located at ZIP + 4			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	426		V
	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			12
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		V
	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		. I	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	-	Yes	No
	completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			- 11
	completed instead of Form 990-EZ	44b		V
С	Did the organization receive any payments for indoor tanning services during the year?	44c		V
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	2 and		
45-		44d		V
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the	45a		V
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			20
	Form 990-EZ (see instructions)	45b		V

Form 990-EZ (2015)

manufacture and statements)-EZ (2015)						Ê	'age
	Did the organization engage, directly or in to candidates for public office? If "Yes," of the candidates for public office?						Yes	No
art V		s only s must answer que	estions 47–49b and	52, and compl			or lin	es
	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par	activities or have a			ng the ta	ax 47	Yes	N
8 9a b i0	Is the organization a school as described in Did the organization make any transfers t If "Yes," was the related organization a se Complete this table for the organization's employees) who each received more than	n section 170(b)(1)(A)(i o an exempt non-cha action 527 organizatio s five highest comper	ii)? If "Yes," complete s aritable related organiz on? isated employees (oth	ation?	 directo	48 49a 49b rs, truste		
	(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 bene contributions to em benefit plans, and c compensatio	fits, poloyee (leferred	e) Estimate other com	d amoi	unto
	NONE							
Participa and a second second						ay ny hitise e a jui - 1 mil a symmetry		
			1					
1	Total number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the orga (a) Name and business address of each independent	's five highest componization. If there is no	ensated independent			received		e th
1	Complete this table for the organization \$100,000 of compensation from the orga	's five highest componization. If there is no	ensated independent one, enter "None."					e th
1	Complete this table for the organization \$100,000 of compensation from the orga (a) Name and business address of each independ	's five highest componization. If there is no	ensated independent one, enter "None."					e th
1	Complete this table for the organization \$100,000 of compensation from the orga (a) Name and business address of each independ	's five highest componization. If there is no	ensated independent one, enter "None."					e th
1	Complete this table for the organization \$100,000 of compensation from the orga (a) Name and business address of each independ NonE	's five highest comp inization. If there is no dent contractor	ensated independent one, enter "None." (b) Type of serv					e th
1 d 2	Complete this table for the organization \$100,000 of compensation from the orga (a) Name and business address of each independ NoNE Total number of other independent contra Did the organization complete Schedu completed Schedule A	's five highest comp inization, If there is no dent contractor actors each receiving ule A? Note: All se	ensated independent one, enter "None." (b) Type of serv (b) Type of serv over \$100.000 ection 501(c)(3) orga	nızations must	(c) C attach	a ▶□ Yes		No
1 d 2	Complete this table for the organization \$100,000 of compensation from the orga (a) Name and business address of each independ NoNE Total number of other independent contra Did the organization complete Schedu	s five highest comp inization. If there is no dent contractor actors each receiving ule A? Note: All se	ensated independent one, enter "None." (b) Type of serv (b) Type of serv over \$100,000 ection 501(c)(3) organ	nızations must	(c) C attach	a ▶□ Yes wledge and		No
d d gn	Complete this table for the organization \$100,000 of compensation from the orga (a) Name and business address of each independ NonE Total number of other independent contra Did the organization complete Schedu completed Schedule A	s five highest comp inization. If there is no dent contractor actors each receiving ale A? Note: All se return. including accompar nofficer) is based on all info	ensated independent one, enter "None." (b) Type of serv (b) Type of serv over \$100,000 ection 501(c)(3) organ nying schedules and stateme ormation of which preparer b	nızations must	(c) C attach	a ▶□ Yes wledge and		No
d der pe e, corr ign ere aid repa	Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each independ NONE Total number of other independent contra Did the organization complete Schedu completed Schedule A	s five highest comp Inization. If there is no sent contractor actors each receiving uie A? Note: All se return. Including accompar no officer) is based on all info ON TREASU	ensated independent one, enter "None." (b) Type of serv (b) Type of serv over \$100.000 ection 501(c)(3) organ sying schedules and stateme ormation of which preparer to RER	Inizations must inizations must inizat	(c) C attach of my know O 9 / 2 heck I i	a ► Tyes wiedge and O ()@	on belief.	No

SCHEDULE O	Supplemental Information to Fo	orm 990 or 990-EZ	OMB No. 1545-0047	
(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.		2015	
Department of the Treasury Internal Revenue Service	Attach to Form 990 or 9 nformation about Schedule O (Form 990 or 990-EZ) and it	990-EZ.	Open to Public Inspection	
Name of the organization		Employer identif	ication number	
FRIENDS OF GRAYTON BI	ACH STATE PARK & DEER LAKE STATE PARK INC	3	1-1716757	
LINE 8 - OTHER REVENUE				
BANK INTEREST:	\$25.29			
PARK RECYCLE:	\$63.00			
WASHER/DRYER RENTAL	S: \$2,763.00			
ICE ANTITRUST LITIGATIC	N: \$202.73			
TOTAL:	\$3,054.02			
LINE 16 - OTHER EXPENSI	ES			
OFFICE SUPPLIES:	\$474.56			
PARK ENTRANCE IMPROV	/EMENTS: \$1 845.90			
POST OFFICE BOX RENTA	sL: \$62.00			
CASH SHORTAGE	\$26.95			
TOTAL:	\$2,409.41			

Cat. No. 51056K

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