

Florida Department of Environmental Protection CITIZEN SUPPORT ORGANIZATION ANNUAL REPORT

| Required Signatures: No Signature | |
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| Year: | |
| Citizen Support Organization (CSO) Name: | |
| Mailing Address: | |
| Telephone Number: Website Address (if applicable): | |
| 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 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 land managed by the Department. Section 258.015, F.S., Citizen support organizations; use of property; audit. In summary, the statute defines a content of the content of t | the nds |
| requires authorization by the Division of Recreation and Parks, and specifies the use of property. This statute authorization the Partnerships in Parks (PIP) program for state parks, the program's operational parameters, CSO's operational parameters, and donor recognition. | rizes |
| Brief Description of the CSO's Mission: | |
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Florida Department of Environmental Protection CITIZEN SUPPORT ORGANIZATION ANNUAL REPORT

| Brief Description of the CSO's Results Obtained: |
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| Brief Description of the CSO's Plans for Next Three Fiscal Years: |
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| ☐ 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 Pensacola State Parks, Inc. CODE OF ETHICS

PREAMBLE

- (1) It is essential to the proper conduct and operation of Friends of Pensacola State Parks, 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 CSO 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

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.

For DEP use only

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

| Inte | mal Rever | nue Service | Go to www.irs.gov/rorms9 | NEZ for instru | ctions a | ind the la | itest imorma | ation. | | |
|------------|------------------------|--------------|---|---------------------------------------|----------|--------------|----------------|------------|------------------|-------------------------------|
| A | For the | 2017 calend | ar year, or tax year beginning | gan | 1 | , 2017, | and ending | Dec | 31 | , 20 [] |
| B | Check if ap | oplicable: | C Name of organization ? | · · · · · · · · · · · · · · · · · · · | • | | | D Emp | loyer iden | tification number |
| | Address c | hange | Friends of Pensacola State Parks, inc | | | | | | 59. | -322482© |
| 口 | Name cha | ange | Number and street (or P.O. box, if mail is not de | elivered to street | address) | 71 | Room/suite | E Telep | phone num | nber |
| 닏 | Initial retur | | 12301 Gulf Beach Hwy | | | | | | 850- | 492-1595 |
| H | | n/terminated | City or town, state or province, country, and Zli | P or foreign posta | al code | | | F Gro | up Exem | ption |
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| ictoria H resident ndrew R ice Pres nne Dan reasurer ara Ced lembers onnor T ommun nrew Ro rustee ireg Rey | er program services (describe in Schedule O) ants \$) If this amount is all program service expenses (add lines 28a to List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title laney Raines Ident Iniel Ir and Secretary erquist hip chairperson iate Ication and education puntreee | includes foreign grathrough 31a) . Employees (list each O to respond to all (b) Average hours per week devoted to position 4 1 3 3 3 2 1 | none even if not company question in this compensation (Forms W-2/1099-MISC) | pensated—see the i | 31a 32 Instruction //ee (e) Estiother | 1408.66 6132.16 ns for Part IV) |

| 33 | | | | 1 |
|-----------|---|------------|------------|---------------|
| 33 | instructions for Part V.) Check if the organization used Schedule O to respond to any question in this | s Part | Yes | No |
| | 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 | 169 | - |
| | 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) | 24 | | |
| 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)? | 34 | | |
| | If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35a 35b | | • |
| С | 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 | | L |
| | 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 | | · |
| | Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a | | | |
| | Did the organization file Form 1120-POL for this year? | 37b | | · |
| | any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | | |
| | If "Yes," complete Schedule L, Part II and enter the total amount involved | Joa | | |
| | Section 501(c)(7) organizations. Enter: | | | |
| | Initiation fees and capital contributions included on line 9 | | | |
| | Gross receipts, included on line 9, for public use of club facilities | | | |
| | 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 that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 401 | | |
| С | 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 | | Seale at | |
| 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 | 40e | | (|
| 41 40- | List the states with which a copy of this return is filed ▶ | | | |
| 42a | The organization's books are in care of ► Telephone no. ► ZIP + 4 ► | | | |
| 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: | 42b | Yes | N |
| | 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 | N |
| 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 | 1 63 | 1 |
| 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 | | |
| С | Did the organization receive any payments for indoor tanning services during the year? | 44c 44d | | |
| d | | | | |
| d 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | 1 |

| 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 Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI | | D-EZ (2017) | | | | | | age 4 |
|---|---|---|-------------------------------|-----------------------------|--|--------------|----------|-------|
| Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI 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 Is the organization as school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E Did the organization make any transfers to an exempt non-charitable related organization? Diff "Yes," was the related organization a section 527 organization? Complete this table for the organization is five highest compensated employees (other than officers, directors, trustees, employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "Non (A) Name and title of each employee (a) Name and title of each employee (b) Average hours per week devoted to position (c) Reportable compensation (c) Health benefits, contributions to employee benefit plans, and deferred compensation (d) Health benefits, contributions to employee benefit plans, and deferred compensation (e) Estimated an other compensation (f) Total number of other employees paid over \$100,000 . Total number of other employees paid over \$100,000 . Complete this table for the organization's five highest compensated independent contractors who each received me \$100,000 of compensation from the organization. If there is none, enter "None." | 6 | Did the organization engage, directly or into candidates for public office? If "Yes." | ndirectly, in political c | ampaign activities on | behalf of or in opposit | tion | Yes | No |
| 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 | | Section 501(c)(3) organizations All section 501(c)(3) organization | only | | | | or line | es |
| 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 | | Check if the organization used Sc | hedule O to respond | I to any question in the | nis Part VI | | <u> </u> | |
| Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | , | | | | | | Yes | No |
| Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "Non (d) Health benefits, contributions to employee hence to employee other than \$100,000 of compensation (Forms W-2/1099-MISC) Total number of other employees paid over \$100,000 | } | · · | | | | | - | ~ |
| Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None (a) Name and title of each employee (b) Average hours per week devoted to position (Forms W-2/1099-MISC) (c) Reportable compensation (Forms W-2/1099-MISC) (d) Health benefits, contributions to employee benefit plans, and deferred compensation (e) Estimated at other compensation (forms W-2/1099-MISC) (e) Estimated at other compensation (forms W-2/1099-MISC) (e) Estimated at other compensation (forms W-2/1099-MISC) (form | | Did the organization make any transfers t | o an exempt non-cha | ritable related organiz | ation? | . 49a | | ~ |
| (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 an other compensation (f) Total number of other employees paid over \$100,000 | | Complete this table for the organization's | five highest compen | sated employees (oth | er than officers, direct | ors, truste | | d ke |
| Complete this table for the organization's five highest compensated independent contractors who each received me \$100,000 of compensation from the organization. If there is none, enter "None." | | | (b) Average hours per week | (c) Reportable compensation | (d) Health benefits, contributions to employee benefit plans, and deferred | (e) Estimate | ed amou | |
| Complete this table for the organization's five highest compensated independent contractors who each received me \$100,000 of compensation from the organization. If there is none, enter "None." | | | - | | | | | |
| Complete this table for the organization's five highest compensated independent contractors who each received me \$100,000 of compensation from the organization. If there is none, enter "None." | | | | | | | | |
| Complete this table for the organization's five highest compensated independent contractors who each received me \$100,000 of compensation from the organization. If there is none, enter "None." | | | | | | | | |
| Complete this table for the organization's five highest compensated independent contractors who each received me \$100,000 of compensation from the organization. If there is none, enter "None." | | | | | | | | |
| Complete this table for the organization's five highest compensated independent contractors who each received me \$100,000 of compensation from the organization. If there is none, enter "None." | | | | | | | | |
| | | Complete this table for the organization | 's five highest comp | ensated independent | contractors who each | h received | more | tha |
| | | (a) Name and business address of each independ | dent contractor | (b) Type of serv | ice (c |) Compensat | on | |
| | | | | - | , | | | |
| | | | | | | | _ | |
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| d Total number of other independent contractors each receiving over \$100,000 ▶ Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A | | | | | | | | |

Signature of officer Sign Here Victoria B. Haney

Type or print name and title Date PTĪN Preparer's signature Check if self-employed Print/Type preparer's name Paid Preparer Firm's EIN ▶ Firm's name **Use Only** Firm's address ▶ Phone no. May the IRS discuss this return with the preparer shown above? See instructions ► ☐ Yes ☐ No