

# Florida Department of **Environmental Protection**

Carlos Lopez-Cantera

Sebastian Inlet State Park 9700 South A1A Melbourne Beach, FL 32951

Ryan E. Matthews Interim Secretary

Rick Scott

Governor

Lt. Governor

To:

Larry Fooks, Chief

Bureau of Parks District 3

From:

Kevin Jones, Park Manager

Subject:

Friends of Sebastian Inlet State Park

Date:

May 31, 2017

The Friends of Sebastian Inlet State Park continue to serve our visitors while staying true to our mission. In 2016, they provided \$24,743.52 in support of the park. A total of 217 members contributed 30,390 hours of service.

Some of their accomplishments for the year include:

Purchase of a new golf cart and vehicle repairs Firewood and Ice service for the first time on southside of park Provided all supplies and equipment for Park Watch and SPARCies Purchase all volunteer uniforms Initiated the first-time online turtle walk donation reservations Supported record attendance for our Moonlight Concerts with record donations Awarded two \$1,000 Student Education Scholarships

# Goals for 2017 include:

Work with new concessionaire to expanding concert series Continue to support Park Watch and SPARCies programs Install new flooring at the McLarty Museum Continue to purchase volunteer uniforms

The value of contributed service of the staff and park on behalf of the CSO was \$22,792.

Friends of Sebastian Inlet State Park, Inc. c/o McLarty Treasure Museum 13180 North Highway A1A Vero Beach, Florida 32963

McLarty Museum 772-589-2147 www.friendsofsebastianinletstatepark.org

May 20,2017

Dear Mr. Jones,

Please consider this as the required letter from the CSO President, which is to become an addendum to the Friends of Sebastian Inlet State Park, Inc. 2017 Annual Financial report to the Florida Department of Environmental Protection.

The 217, Friends of Sebastian Inlet State Park, Inc. have donated 30,390.10 volunteer hours. FY 2016 Accomplishments, continued projects and completed projects are listed below:

- \* Newly purchased golf cart and maintained vehicles repairs as needed
- \* New firewood and ice machines to create convience for the park patrons
- \* Supplies required for SPARCies Programs and many construction projects
- \* Continue to supply uniforms



Helping to Preserve and Promote Sebastian Inlet State Park

# Citizen Support Organization Statement of Accomplishments and Goals

This statement is part of the Citizen Support Organization's (CSO's) Annual Financial Report (see Chapter 5: Section 7) of the 2014 CSO Handbook. The primary purpose of the Annual Financial Report is to provide a summary of the most relevant information to the Department and Division, and to meet the common interests of donors, members, creditors, and others who provide resources to the not for profit organization. Report the accomplishments for the CSO's past fiscal year and goals for the upcoming year.

Name of the CSO Friends of Sebastain Inlet State park, Inc.

**CSO Address** Mc Larty Treasure Museum, 13180 North Highway A1A

City, State, Zip Code Vero Beach, Florida, 32963

A summary of CSO accomplishments from the period of <u>January 1, 2016</u> through <u>December 31, 2016</u> is as follows:

**Estimated Total Volunteer Hours 30,390.10** 

**Total Volunteer Hours:** Include CSO officers, board members, and general members.

**Total Membership** 217

**Total Membership:** The current number of members in good standing at the end of the CSO's fiscal year including officers, board members, and general members. When totaling the number of members in the CSO, typically individuals and corporate members are counted as "one (1)" member. Family, patron, or not for profit organization members are counted as "two (2)" members.

### **List of CSO Board Members**

Attach a current list of board members' and officers' names, addresses, phone numbers, and email addresses in order of position title.

# 2017 CSO Friends of Sebastian Inlet State Park, Inc. Board roster

Position Name Address Phone# Email address

President Sherry Hunter 954 S. Easy St., Sebastian, Fl 32958 561-929-3688 speppy88@gmail.com

Vice President Bob Fredericks 6247 Mirror Lake Ct Sebastian ,Fl 32958 802-490-4543 bobfred3<sup>rd</sup>@gmail.com

Secretary Sandi Marino 45 Blue Island Rd Sebastian, Fl. 32958 772-918-8652 sandimarino 128@gmail.com

Treasurer Margaret Fuller 258 Kiwi Dr. Barefoot Bay, Fl.32976 407-222-5055 Seahawk7575@cfl.rr.com

Bd Member Ethel Ford 7836 99<sup>th</sup> CT. Vero Beach, Fl. 32967 772-918-8712 ford7836@comcast.net

Bd. Member Tom Heitl1367 Teaberry Lane Sebastian, Fl. 32958 772-589-5480

Bd. Member Joann Pagnelli 7400 US 1, lot 12 Micco, Fl. 32876 772-664-6553 dpag7400@comcast.net

Bd Member Ed Ramsey 130 Justine Dr. Sebastian, Fl. 32958 772-581-2391 logbridgers@comcast.net

Bd Member Doris Ramsey 130 Justine Dr. Sebastian, Fl. 32958 772-581-2391 logbridgers@comcast.net

Bd. Member Eva Schofield 1106 Breezy Way Sebastian, Fl 32958 772-589-7440

Bd Member Nannette Wall 4735 51<sup>st</sup> Ct. Vero Beach, Fl. 32967 772-217-8133 nannetteshouse@hotmail.com

Friends of Sebastian Inlet State Park, Inc.

2017 statement of Accomplishments and Goals

Page 2

Summary of goals or priorities for the upcoming Fiscal Year (continued)

\*FSISP will continue to support the physical improvements which are identified and approved by the park staff and then will be funded by the FSISP. The organization will continue to support the construction of projects by the SPARCies and the Park Watch and other volunteer ideas which are approved by the park manager and the FSISP board.

\* A new Firewood storage area and box for display will continue to be actively supported and implemented.

\*The new Ice Machine and an enclosure will be maintained and supported by the volunteers to develop ideals necessary for the well-being of the park patrons.

\* Funding will continue to be provided for the materials and the tools necessary in repairs and upkeep of the new golf cart and vehicles in necessary repair approved by the park manager.

\* Continuous support of interpretive programs like the turtle walks to provide projects available, recreational and educational to the park's public.

\* Funding is provided for courses and workshops for the educational purposes of the staff.

# Citizen Support Organization Statement on Value of Contributed Services

This statement reports on services provided to the Citizen Support Organization (CSO) from park staff support and in-kind support for the past fiscal year. The statement is part of the CSO's Annual Financial Report described in Chapter 5: Section 7 of the 2014 CSO Handbook. The primary purpose of the Annual Financial Report is to provide a summary of the most relevant information to the Department and Division, and to meet the common interests of donors, members, creditors, and others who provide resources to the not for profit organization.

This Value of Contributed Services for a park is provided to the CSO by the park or District through the Park Programs Development Specialist. Note, the Division of Recreation and Parks operates on a cash-based method of accounting.

Park Staff Support	
The total number of hours contributed in staff support services converted to a monetary	y amount
The park contributed a total of \$\frac{\\$11,200.00}{\} in staff support services to the CS	SO.
Park Facilities Support The total amount of water, electric, and utility expenses used to support CSO events, concessions, etc.	
The CSO received a total of \$\\$0.00 in park facilities support.	
In-Kind Support  The CSO receives additional services outside of the park staff contributed hours called services. In-kind services are a type of charitable giving in which, instead of money, a contributes some kind of service, good, or commodity. Examples are professional servicely, accountant, or any professional or the estimated value of a good or commodity. The CSO received a total of \$ 0.00 in in-kind support services.	person vices of a

# **List of Program Services**

Federal charitable 501(c)(3) organizations are required to report total expenses and revenue for each program service. According to the IRS, a program service is any activity by the organization which accomplishes its charitable purposes.

For *each* program service provide a description, total expense, and total revenue. For *each* program service description, clearly and concisely describe the accomplishments through specific measurements such as visitors served, days of an event, number of sessions or events held, publications issued, etc. (add pages as appropriate).

program service description, clearly and concisely describe the accomplishments through specific measurements such as visitors served, days of an event, number of sessions or events held, publications issued, etc. (add pages as appropriate). assorted music Program Service Description: Moonlight Concert Series - 9 months/1X per month @ full moon, average 250/concert - 1x/mp. - public notices, papers, \$ 500.00 Total Expense \$3600.00 Total Revenue Program Service Description: Mc Larty Gift Shop-sales directly go to support Pork services, daily, about 20+/day. Total Expense Total Revenue: \$9,616.00 Program Service Description: Nautical Nook Gift Shop @ Fish Musely Saks directly contribute to the misson statement Website,

Ads, papers, posting advertising are used

Total Expense. #11,000.00 to promote customer awareness and

Total Revenue. #10,900.00 interest. This supports all Park services. Total Expense. Total Revenue. Bike Run - Sebastian Program Service Description: Annual trails opened volunteers used as quides as bikers ride on trails. Local publicity all taken core of and all expenses leavered by local company. Total Expense \$0.00 Total Revenue \$0.00 Volunteers guide local bike riders on a plan defined by Subastian Inlet Surf Shop, who donates to the Park all proceeds he collects. **Total Program Services** Provide a total amount for all program expenses and a total amount for all program revenue. CSO total program service expenses \$

CSO total program service revenues \$

For each program service provide a description, total expense, and total revenue. For each

For *each* program service provide a description, total expense, and total revenue. For *each* program service description, clearly and concisely describe the accomplishments through specific measurements such as visitors served, days of an event, number of sessions or events held, publications issued, etc. (add pages as appropriate).

Program Service Description: Turtle WAIKS - Park and wildlife interests
Interact and public Education is enhanced by watching turtles lay eags.  Querage 20/nibiti for 2 monts - publicized = new spapers   W.  Total Expense \$140.00 websites and posts in Park.  Total Revenue: \$1686.00
Program Service Description: Recycles - collect cans from park bins
visitors daily add to numbers of cons collected, supporting Park jes
Total Expense \$0.00 Total Revenue \$0.00  # 40.00 # 236.00
Program Service Description: Donations collected with museums
daily-patrons show appreciation for educational programs, daily  Fish museum #1,300.00 Open containers  Total Revenue \$0.00 McLarty " 1,500.00 guarded locations  Within each museum.
Program Service Description: Auction 1x-2x/year-collected/donated
items sold a Luncheon . Proceeds directly support the Park Mission.
Total Expense \$0.00 Total Revenue \$101.00
Program Service Description: Concert Concession
Total Expense 102.00 Total Revenue. \$33.00
Total Program Services Provide a total amount for all program expenses and a total amount for all program revenue.
CSO total program service expenses \$ 24.243.— CSO total program service revenues \$ 29.095.—

# 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

Open to Public
Inspection

Department of the Treasury Internal Revenue Service

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

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A F	or the 2	2016 calendar year, or tax year beginning 1 January , 2016, and en	ding 31 E	ecember	, 20 16
В	Check if app	plicable: C Name of organization	D Empl	oyer identif	ication number
	Address ch	hange Friends of Sebastian Inlet State Park		59-31	64754
	Name char	Deam.	suite E Telep	hone numb	er
_	Initial retur	113180 North Highway A1A	772-38	88-2750	
$\equiv$	Final return Amended r	City or town, state or province, country, and ZIP or foreign postal code	F Grou	ıp Exempti	ion
	Application		Num	nber 🕨	
_		ing Method:   ☐ Cash ☐ Accrual Other (specify)	H Check	► ☐ if the	organization is not
	Vebsite:		required	to attach	Schedule B
JΤ	ax-exem	npt status (check only one) — 🗹 501(c)(3) 🔲 501(c) ( ) ◀ (insert no.) 🗌 4947(a)(1) or 🔲 5	27 (Form 9:	90, 990-EZ	z, or 990-PF).
K	orm of	organization: Corporation Trust Association Other			
LA	Add lines	s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, o	r if total assets		
(Pa	rt II, colu	umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		<b>▶</b> \$	
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (se	ee the instru	ctions for	r Part I)
		Check if the organization used Schedule O to respond to any question in this	Part I		<u> </u>
	1	Contributions, gifts, grants, and similar amounts received		1	6,645
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	160
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory 5a			
	b	Less: cost or other basis and sales expenses		in valori Janetio	
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	)	5c	
	6	Gaming and fundraising events			
	а	Gross income from gaming (attach Schedule G if greater than			
He		\$15,000)			
Revenue	ь	Gross income from fundraising events (not including \$ of contr	ibutions		
æ		from fundraising events reported on line 1) (attach Schedule G if the			
_		sum of such gross income and contributions exceeds \$15,000) 6b			
	С	Less: direct expenses from gaming and fundraising events 6c			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b a	and subtract		
		line 6c)		6d	
	7a	Gross sales of inventory, less returns and allowances	52,990		
	b	Less: cost of goods sold	32,499		
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	20,492
	8	Other revenue (describe in Schedule O)		8	5,030
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u> ▶</u>	9	32,327
_	10	Grants and similar amounts paid (list in Schedule O)		10	
	11	Benefits paid to or for members		11	
es S	12	Salaries, other compensation, and employee benefits		12	
Š	13	Professional fees and other payments to independent contractors		13	
Expense	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O)		16	24,744
	17	Total expenses. Add lines 10 through 16	<u> ▶</u>	17	24,744
Ŋ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	7, <u>583</u>
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (mus	st agree with		
AS		end-of-year figure reported on prior year's return)		19	76,729
et	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
Z	21	Net assets or fund balances at end of year. Combine lines 18 through 20	<u> ▶</u>	21	84,312

Page Z	Page	2
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23 Land and buildings.  24 Other assets (describe in Schedule C)  25 Total labilities (describe in Schedule C)  27 Net assets or fund balances (line 27 of column (B) must agree with line 21)  28 Net assets or fund balances (line 27 of column (B) must agree with line 21)  29 Total liabilities (describe in Schedule C)  25 Check if the organization service Accomplishments (see the linstructions for Part III)  28 Check if the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of opersons benefited, and other relevant information for each program title.  28 Maintain a repeirs park equipment, purchases volunteer gear, including shirts, hats and badges. Purchased electrical upgrades, egylpment for camp hosts.  Credit Card Fees, state sales taxes  29 Hired Bands to perform Free Saturday Night Concerst  (Grants \$ ) If this amount includes foreign grants, check here	22   Cash, savings, and investments	Pai			ny augstion in this	Part II		
23	23		Check if the organization used schedule	O to respond to ar	iy question in this		Ė	
23	23	22	Cash, savings, and investments			37,809	22	36,814
Total assets	25				[			
Total liabilities (describe in Schedule O)  Net assets or tund balances (line 27 of column (B) must agree with line 21)  Retail II Statement of Program Service Accomplishments (see the instructions for Part III)  Check if the organization used Schedule O to respond to any question in this Part III	Total liabilities (describe in Schedule O)  Net assets or fund balances (line 27 of column (8) must agree with line 21)  Net assets or fund balances (line 27 of column (8) must agree with line 21)  Check if the organization used Schedule O to respond to any question in this Part III  Check if the organization's primary exempt purpose?  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.  8 Maintain & repairs park equipment, purchases volunteer gear, Including shirts, hats and badges. Purchased electrical ugarades, equipment for camp hosts.  Credit Card Fees, state sales taxes  (Grants \$ ) if this amount includes foreign grants, check here	24	Other assets (describe in Schedule O)		[	38,920		47,499
Part III   Statement of Program Service Accomplishments (see the instructions for Part III)   Check if the organization seed Schedule O to respond to any question in this Part III   Check if the organization seed Schedule O to respond to any question in this Part III   Check if the organization's primary exempt purpose?	Part III   Statement of Program Service Accomplishments (see the Instructions for Part III)   Check if the organization used Schedule O to respond to any question in this Part III   Statement of Program Service Schedule O to respond to any question in this Part III   Statement of Program Service Schedule O to respond to any question in this Part III   Statement of Program Service Schedule O to respond to any question in this Part III   Statement of Program Services and Services a	25			<i></i>		<del> </del>	
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Check if the organization used Schedule O to respond to any question in this Part III	Check if the organization used Schedule O to respond to any question in this Part III      Check if the organization's primary exempt purpose?			(B) must agree with	n line 21)		27	84,312
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31 Other program services (describe in Schedule O)  (Grants \$ ) If this amount includes foreign grants, check here	31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here	30						
31 Other program services (describe in Schedule O)  (Grants \$ ) If this amount includes foreign grants, check here	31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here					***-***		
31 Other program services (describe in Schedule O)  (Grants \$ ) If this amount includes foreign grants, check here	31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here		(Create \$ ) If this amount	includes foreign gra	inte chack hara	▶ □	30	امر
Grants \$   If this amount includes foreign grants, check here   31a	Grants \$   If this amount includes foreign grants, check here     31a   31a   32   24,7	21					30	·
Total program service expenses (add lines 28a through 31a).    Part IV	Total program service expenses (add lines 28a through 31a).    Total program service expenses (add lines 28a through 31a).   List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV Check if the organization used Schedule O to respond to any question in this Part IV	31					31	a
List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)  Check if the organization used Schedule O to respond to any question in this Part IV  (b) Average hours per week devoted to position (Forms W-2/1099-MISC) (d) Health benefits, contributions to employee benefit plans, and deferred compensation (fin or paid, enter -0-)  James Bennett - President  1953 Grey Falcon Circle  10  0  0  0  0  0  0  0  0  0  0  0  0	List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV Check if the organization used Schedule O to respond to any question in this Part IV  (a) Name and title (b) Average hours per week devoted to position (c) Reportable compensation (Forms W-2/1099-MISC) (ff not paid, enter -0-)  James Bennett - President 1953 Grey Falcon Circle 10 0 0 Vero Beach , FL 32962  Sherry Hunter - VP 954 South Easy Street 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	32					<del></del>	
Check if the organization used Schedule O to respond to any question in this Part IV	Check if the organization used Schedule O to respond to any question in this Part IV						nstr	
(a) Name and title  (b) Name and title  (c) Name and title  (d) Anter and title  (d) Anter and title  (e) Stimated amount of the content of the co	(a) Name and title  (b) Average hours per week devoted to position  (compensation (Forms W-2/1099-MISC) the pendit plans, and deferred compensation  James Bennett - President  1953 Grey Falcon Circle  10  0  0  Vero Beach , FL 32962  Sherry Hunter - VP  954 South Easy Street  Sebastian , FL 32958  Sandi Marino - Secretary  75 Blue Island St.  Sebastian , FL 32958  Michael G. Jones - Treasurer  966 Flamingo Ave  10  Compensation contributions to employee benefit plans, and deferred compensation of the							<u> </u>
(a) Name and title	(a) Name and title    Nours per week devoted to position   (Forms W-2/1099-MISC) (if not paid, enter -0-)						ree f	e) Estimated amount of
James Bennett - President  1953 Grey Falcon Circle  10  0  0  Vero Beach , FL 32962  Sherry Hunter - VP  954 South Easy Street  10  0  0  0  0  Sebastian, FL 32958  Sandi Marino - Secretary  75 Blue Island St.  Sebastian, FL 32958  Michael G. Jones - Treasurer  966 Flamingo Ave  10  0  0  0  0  0  0  0  0  0  0  0  0	James Bennett - President  1953 Grey Falcon Circle  10  0  Vero Beach , FL 32962  Sherry Hunter - VP  954 South Easy Street  10  0  0  Sebastian, FL 32958  Sandi Marino - Secretary  75 Blue Island St.  10  0  0  0  0  0  0  0  0  0  0  0  0		(a) Name and title		(Forms W-2/1099-MISC	benefit plans, and		
1953 Grey Falcon Circle       10       0       0       0         Vero Beach , FL 32962       Sherry Hunter - VP       0 <t< td=""><td>1953 Grey Falcon Circle       10       0       0         Vero Beach , FL 32962       0       0         Sherry Hunter - VP       0       0       0         954 South Easy Street       10       0       0         Sebastlan, FL 32958       0       0       0         Sandi Marino - Secretary       0       0       0         75 Blue Island St.       10       0       0         Sebastian, FL 32958       0       0         Michael G. Jones - Treasurer       0       0         966 Flamingo Ave       10       0       0</td><td></td><td></td><td></td><td>(if not paid, enter -u-</td><td>deferred compensation</td><td><u></u></td><td></td></t<>	1953 Grey Falcon Circle       10       0       0         Vero Beach , FL 32962       0       0         Sherry Hunter - VP       0       0       0         954 South Easy Street       10       0       0         Sebastlan, FL 32958       0       0       0         Sandi Marino - Secretary       0       0       0         75 Blue Island St.       10       0       0         Sebastian, FL 32958       0       0         Michael G. Jones - Treasurer       0       0         966 Flamingo Ave       10       0       0				(if not paid, enter -u-	deferred compensation	<u></u>	
Vero Beach , FL 32962	Vero Beach , FL 32962         Sherry Hunter - VP         954 South Easy Street       10       0       0         Sebastian, FL 32958         Sandi Marino - Secretary       0       0         75 Blue Island St.       10       0       0         Sebastian, FL 32958       0       0       0         Michael G. Jones - Treasurer       966 Flamingo Ave       10       0       0							0
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Sebastian, FL 32958  Sandi Marino - Secretary  75 Blue Island St. 10 0 0 0  Sebastian, FL 32958  Michael G. Jones - Treasurer  966 Flamingo Ave 10 0 0 0	Sebastian, FL 32958  Sandi Marino - Secretary  75 Blue Island St. 10 0 0  Sebastian, FL 32958  Michael G. Jones - Treasurer  966 Flamingo Ave 10 0 0	Sher	ry Hunter - VP					
Sandi Marino - Secretary	Sandi Marino - Secretary   75 Blue Island St.   10   0   0     Sebastian, FL 32958	954 \$	South Easy Street	10		0	0	
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this					
	instructions for Fart Vy Check in the organization used schedule of to respond to any question in this		Yes	No		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O					
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		<b>\</b>		
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		<b>&gt;</b>		
b	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		~		
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		٧		
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	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			1 2 2		
b 38a	Did the organization file Form 1120-POL for this year?	37b 38a		۷		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b					
39	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on line 9					
b 40-	Gross receipts, included on line 9, for public use of club facilities	\$ 15 1 3 4 4		g stati Cart		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ► ; section 4955 ►					
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	40b	36.01	Mika)		
С	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	HAR SEC SEC SEC SEC SEC SEC SEC SEC SEC SEC				
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	12.00			
41	List the states with which a copy of this return is filed ▶					
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 a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	NO		
	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					
	Financial Accounts (FBAR).					
c	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country: ▶	42c		V		
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	11.2	V		
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	<u> </u>	V		
	explanation in Schedule O	44d	<u> </u>	1		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		V		
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		<b>V</b>		

Form 99	10-EZ (2016)					F	age 4
					<del></del>	Yes	No
46	Did the organization engage, directly or i	ndirectly, in political c	ampaign activities on	behalf of or in opposi	tion		
	to candidates for public office? If "Yes,"	complete Schedule C	, Part I		. 46		<b>/</b>
Part							
	All section 501(c)(3) organization	ns must answer que	stions 47-49b and	52, and complete th	e tables	for lin	es
	50 and 51.						
	Check if the organization used Sc	hedule O to respond	I to any question in th	nis Part VI	<u>.</u>		
					<b></b>	Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) electio		tax   47		~
48	Is the organization a school as described i	n section 170(b)(1)(A)(i	i)? If "Yes," complete 9	Schedule E	. 48		~
49a	Did the organization make any transfers t		•			3	V
b	If "Yes," was the related organization a se	· · ·				5	~
50	Complete this table for the organization's					ees, ar	d key
	employees) who each received more than						
	(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	(e) Estima other co	ted amo mpensa	
			,	compensation			
					i.		
	Total number of other employees paid ov	or \$100 000					
51	Complete this table for the organization \$100,000 of compensation from the organization	's five highest comp		contractors who eac	h receive	d more	than
	(a) Name and business address of each indepen	dent contractor	(b) Type of serv	ice (c	c) Compensa	tion	
			·				
							·- <del>-</del>
			-				
			-				
			-				
d	Total number of other independent contr	actors each receiving	over \$100,000	<u> </u>			
52	Did the organization complete Sched completed Schedule A			nizations must attac	ha .▶⊘ Ye	s $\square$	No
	renalties of perjury, I declare that I have examined this rrect, and complete. Declaration of preparer (other tha		ying schedules and stateme				
Sign	Signature of officer			Date			
Here	Michael G. Jones, Treasurer						
	Tune or print name and title			·			

Preparer's signature

Paid Preparer Use Only

Print/Type preparer's name

Firm's address 

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

Firm's name ▶

► ☐ Yes ☐ No

PTIN

Check if self-employed

Firm's EIN ▶

Phone no.

Date

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support					· · · · · · · · · · · · · · · · · · ·	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10554	15007	6040	9280	6645	51208
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an	12554 56075	15887 53247	51647	58459	52990	272418
	unrelated trade or business under section 513						
4	Tax revenues levied for the 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 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	68629	69134	58489	67739	59635	323626
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8 8	Add lines 7a and 7b						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 11	Add lines 10a and 10b						
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 organization, check this box and stop he					ear as a sectio	
Secti	on C. Computation of Public Suppo	rt Percentag	е				
15	Public support percentage for 2016 (line	8, column (f) di	vided by line 1	3, column (f))		15	%
16	Public support percentage from 2015 Sc					16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2016						<u>%</u>
18 19a	Investment income percentage from 201: 331/3% support tests—2016. If the organ 17 is not more than 331/3%, check this box	nization did not	check the box	k on line 14, ar	nd line 15 is m	nore than 331/39	%, and line on . ▶ □
b	331/3% support tests – 2015. If the organiline 18 is not more than 331/3%, check this	zation did not c	heck a box on	line 14 or line 1	19a, and line 16	3 is more than	33½%, and
20	Private foundation. If the organization d						

B, lines 1 and 2; Part IV, Section 3a, and 3b; Part V, line 1; Part	, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section tion C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, rt V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, ete this part for any additional information. (See instructions.)
We are volunteer organization that manages tw	o (2) gift shops in the Sebastian Inlet State Park to support the Sebastian Inlet State Park.
We have no other income except for donations	, recycle of aluminum cans and scrap metal.
None of our donations were \$5000 or more. All	donations were small amounts per person.
•	

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part

### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Employer identification number

∠UTO

Department of the Treasury Internal Revenue Service Name of the organization ➤ Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Friends of Sebastian Inlet State Park	59-3164754
Part I revenue and expenses	
Line 8: Other Revenue:	
Recyle Cans: \$239.6, Silent Auctions: \$101.05, Misc - Scrape Metal Recycle: \$114, State Sales Taxes: \$	3230.93
Ice: \$1245, Firewood \$102.50 Total: \$5030.08	
Line 16 Other Expenses:	
Park Support \$18394.29, Free Concerts \$2100, Credit card fees: \$1018.30, State Sales Taxes \$3230.93	
Total Expenses: \$24743.52	
Line 24 other assets: Gift Shop Inventory; \$47048.65, Gift Shop Cash Register cash: \$450	
Total \$47498.65	
•	
·	
······································	

### **General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Schedule O (Form 990 or 990-EZ), such as legislation enacted after the schedule and its instructions were published, go to www.irs.gov/form990.

### Purpose of Schedule

An organization should use Schedule O (Form 990 or 990-EZ), rather than separate attachments, to provide the IRS with narrative information required for responses to specific questions on Form 990 or 990-EZ, and to explain the organization's operations or responses to various questions. It allows organizations to supplement information reported on Form 990 or 990-EZ.

Don't use Schedule O to supplement responses to questions in other schedules of the Form 990 or 990-EZ. Each of the other schedules includes a separate part for supplemental information.

#### Who Must File

All organizations that file Form 990 and certain organizations that file Form 990-EZ must file Schedule O (Form 990 or 990-EZ). At a minimum, the schedule must be used to answer Form 990, Part VI, lines 11b and 19. If an organization isn't required to file Form 990 or 990-EZ but chooses to do so, it must file a complete return and provide all of the information requested, including the required schedules.

### Specific Instructions

Use as many continuation sheets of Schedule O (Form 990 or 990-EZ) as needed.

Complete the required information on the appropriate line of Form 990 or 990-EZ prior to using Schedule O (Form 990 or 990-EZ).

Identify clearly the specific part and line(s) of Form 990 or 990-EZ to which each response relates. Follow the part and line sequence of Form 990 or 990-EZ.

Late return. If the return is not filed by the due date (including any extension granted), attach a separate statement giving the reasons for not filing on time. Don't use this schedule to provide the late-filing statement.

Amended return. If the organization checked the Amended return box on Form 990, Heading, item B, or Form 990-EZ, Heading, item B, use Schedule O (Form 990 or 990-EZ) to list each part or schedule and line item of the Form 990 or 990-EZ that was amended.

Group return. If the organization answered "Yes" to Form 990, line H(a), but "No" to line H(b), use a separate

attachment to list the name, address, and EIN of each affiliated organization included in the group return. Don't use this schedule. See the Instructions for Form 990, I. Group Return.

Form 990, Parts III, V, VI, VII, IX, XI, and XII. Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions in the Form 990.

- 1. Part III, Statement of Program Service Accomplishments.
  - a. "Yes" response to line 2.
  - b. "Yes" response to line 3.
  - c. Other program services on line 4d.
- 2. Part V, Statements Regarding Other IRS Filings and Tax Compliance.
  - a. "No" response to line 3b.
  - b. "Yes" or "No" response to line 13a.
  - c. "No" response to line 14b.
- 3. Part VI, Governance, Management, and Disclosure.
- a. Material differences in voting rights among members of the governing body in line 1a.
- b. Delegation of governing board's authority to executive committee in line 1a.
- c. "Yes" responses to lines 2 through 7b.
- d. "No" responses to lines 8a, 8b, and 10b.
  - e. "Yes" response to line 9.
- f. Description of process for review of Form 990, if any, in response to line 11b.
  - g. "Yes" response to line 12c.
- h. Description of process for determining compensation in response to lines 15a and 15b.
- If applicable, in response to line 18, an explanation as to why the organization checked the "Other" box or didn't make any of Forms 1023, 1024, 990, or 990-T publicly available.
- j. Description of public disclosure of documents in response to line 19.
- 4. Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors.
- a. Explain if reporting of compensation paid by a related organization is provided only for the period during which the related organization was related, not the entire calendar year ending with or within the tax year, and state the period during which the related organization was related.
- b. Description of reasonable efforts undertaken to obtain information on compensation paid by related organizations, if the organization is unable to obtain such information to report in column (E).
- 5. Explanation for Part IX, Statement of Functional Expenses, line 11g (other fees

for services), including the type and amount of each expense included in line 11g, if the amount in Part IX, line 11g, exceeds 10% of the amount in Part IX, line 25 (total functional expenses).

- 6. Explanation for Part IX, Statement of Functional Expenses, line 24e (all other expenses), including the type and amount of each expense included in line 24e, if the amount on line 24e exceeds 10% of the amount in Part IX, line 25 (total functional expenses).
- 7. Part XI, Reconciliation of Net Assets. Explain any other changes in net assets or fund balances reported on line 9.
- 8. Part XII, Financial Statements and Reporting.
- a. Change in accounting method or description of other accounting method used on line 1.
- b. Change in committee oversight review from prior year on line 2c.
  - c. "No" response to line 3b.

Form 990-EZ, Parts I, II, III, and V. Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions.

- 1. Part I, Revenue, Expenses, and Changes in Net Assets or Fund Balances.
- a. Description of other revenue, in response to line 8.
- b. List of grants and similar amounts paid, in response to line 10.
- Description of other expenses, in response to line 16.
- d. Explanation of other changes in net assets or fund balances, in response to line
  - 2. Part II, Balance Sheets.
- a. Description of other assets, in response to line 24.
- b. Description of total liabilities, in response to line 26.
- 3. Description of other program services in response to Part III, Statement of Program Service Accomplishments, line 31.
  - Part V, Other Information.
  - a. "Yes" response to line 33.
  - b. "Yes" response to line 34.
- c. Explanation of why organization didn't report unrelated business gross income of \$1,000 or more to the IRS on Form 990-T, in response to line 35b.
  - d. "No" response to line 44d.

Other. Use Schedule O (Form 990 or 990-EZ) to provide narrative explanations and descriptions in response to other specific questions. The narrative provided should refer and relate to a particular line and response on the form.



Don't include on Schedule O (Form 990 or 990-EZ) any social security number(s), because this schedule will be made available for public inspection.



# Florida Department of Environmental Protection

# CITIZEN SUPPORT ORGANIZATION 2017 REPORT

(pursuant to Florida Statute 20.058)

Citizen Support Organization (CSO) Name: Friends of Sebastian Inlet State Park, Inc
Mailing Address: 40 Mc Lorty Treasure Museiem 13180 North Highway A1A, Vero Beach Florida 32963
Telephone Number: 772-589-2147 Website Address (if applicable): www.friends.ofsebastion interstate
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 friends of sebastian Inlet state Park, INC. (FSISP) is a SOI (C)(3)  organization dedicated to full support of the Park and it's z museiums.  The organization enhances the states mission to provide and preserve resource-based recreation such as fishing, surfing and enjoying the outdoors.  The Keel Floridal
Brief Description of the CSO's Results Obtained:  In 2016 FSISP provided all funding for the Volunteer Park water, SParcies programs and general resource based recreation programs. Newly purchased golf cart i maintenance of vehicles and machinery in the comparcant sales of firewood a new ice machine, general construction and projects that require repairs in construction and continuous supply of uniforms for new and continuous personel of volunteers.
Brief Description of the CSO's Plans for Next Three Fiscal Years:  The Park proneser and FSISP cointly develop an annual List of proposed projects that will enhance the natrual and programmatic armenities. As additional needs become necessary, funding requests are generated by park staff, approved by the Park monager and then submitted tel the FSISP for approved funding. Discussion ensues a FSISP Board preetings, The sonior staff members fond Park manager also attend the board meetings, as will be a permanent future proceedure. P2

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 Sebastian Inlet State Park, Inc. 3 year Plan

- \* Construct a new Stage and electrical system for the concerts
- \* To refurbish the McLarty Museum, in so far as, to rip up carpeting and replace it with new flooring that reduces the sound traveling and the baseboards
- \*To add new displays and led lighting in the McLarty Museum
- \*To add new signage in other media formats such as brail for displays and signs of educational materials
- \*Construction should be ongoing for the boardwalks and stairs around all grounds of the Park.
- \*Develop an educational multipurpose power-point presentation to create interest and draw more people to the park.
- \*Create a mural or plan and develop a plant landscape to the entrance wall on the south entrance using environmentally friendly and encouraging species friendly insects and butterflies to the area.
- \* Construct gates on the campground for improved safety and security purposes
- \*Update Wi-Fi and provide it for the campground
- \* Place another 10 metal or wood bike racks around the Park especially at the beaches and high activity areas
- \*Construct raccoon-proof and environmentally friendly trash receptacles around the park
- \*Replace and add new washers and dryers and continue to provide repairs and parts for the machinery
- \* Continue to set forth improvements and updates as needed and brought to the attention of the Park Manager
- \* Provide some sort of shuttle carts to aid ADA and any persons to get from far parking to the concert stage with chairs
- \* Add more baby changing stations to family and men's restrooms and comply with state regulaations

# FRIENDS OF SEBASTIAN INLET STATE PARK CODE OF ETHICS

# **PREAMBLE**

- (1) It is essential to the proper conduct and operation of Friends of Sebastian Inlet State Park (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 Sebastian Inlet State Park 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.

Approved September, 2014