# DIPARTAL DISTRICT

#### Florida Department of Environmental Protection

### CITIZEN SUPPORT ORGANIZATION 2019 LEGISLATIVE REPORT

(pursuant to Section 20.058 Florida Statutes)

Citizen Support Organization (CSO) Name: <u>Citizens for the St. Sebastian Preserve, Inc</u>

Mailing Address: 1000 Buffer Preserve Dr.

Fellsmere, FL 32948

Telephone Number: 321-953-5005 Website Address (if applicable): www.nbbd.com/npr/cpa/

#### **Statutory Authority:**

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

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

CSO's Mission: Consistent with Articles and Bylaws

The CSSP provides both financial and volunteer support to the St Sebastian River Preserve State Park in Fellsmere, Florida through fundraisers, clean-up days, educational events and more.

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

The CSO conducted the 14<sup>th</sup> Annual Horse Back Poker Run/Ride (fund raiser).

The CSO provided the funds for:

- (5) volunteer appreciation meals
- donated swamp buggy repair
- volunteer equipment.
- Biologist to attend a Conference on exotic pest plants
- hog removal supplies
- horse troughs
- to pay for sales tax to the Florida Dept. of Revenue
- donated funds to the FPSRA hurricane relief fund

**Description of the CSO's Plans for the Next Three Fiscal Years:** Expand section as necessary to be complete The CSO will continue to support the Preserve by purchasing/repairing equipment and supplies. The CSO will continue to support the Research Management Program including but not limited to: the prescribed fire and endangered & threatened species programs.

- ☑ CSO's Code of Ethics is attached, and if the CSO has a website the code of ethics is posted conspicuously.
- ☑ CSO has attached the most recent Internal Revenue Service (IRS) Form 990, 990-EZ, or 990-N receipt. If filing the 990-N the Department requires the 990 or 990-EZ as a worksheet. All IRS Form 990's must be complete with Part III Program Service and all appropriate Schedules (See attached instructions).

## Citizen's for the St. Sebastian Preserve CODE OF ETHICS

#### PREAMBLE

- (1) It is essential to the proper conduct and operation of Citizens for the St. Sebastian Preserve (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 Citizen's for the St. Sebastian River 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.

Postcard View	nupecontwa	vw4.irs.gov/epostcard/secure/990n/forms
Form 990-N	Electronic Notice (e-Postcard)	OMB No. 1545-2085
Pénnul Reverus Service	ment Organization and Required to File Form 998 or 993 EZ	2018 Optin to Public Inspection
A For the 2016 Calendar year, or tax year beginning	We'ry 2016-41-01 and ending 2016-12-21	
Check if available     Terminated for Stationes     Gross receipts are receively \$50,000 or less	O Name of Organization, CHIZENS FOR THE ST SEBASTIAN PRESERVE INC. 1990 Buffer Preserve Dian.	D Employee Identification Number 25-0010984
E Wetsite: since.abbd.com/aprispa	Estamov, Ft. UK. 2014 F Name of Principal Official day Prudes 12000 Stat America.	
	Sebastian, FL, US, 12968  lottes: We say for the information on the form to comy out the information	No. 1000 Driver annua a Wasser

The organization is not impaired to provide information required on a form that is subject to the Paperson's Redestion Act unless the form displays a wall CMMC control reprint specific belows or recents indepting to a trop, or fair instructions involve the recent interior may be control makes in the solution of the provided on the provided on the control codes actions (10).

The time needed to complete and life this form and related advection will vary depending on the individual encounteriors. The estimated average times in 15 manager.

Note: This image is provided for your records only. Do Not mall this page to the IRS. The IRS will not accept this filling via paper. You must file your Form SSS-N (a-Postcard) electronically.

## Form **990-E**Z

Address change

Amended return

Application pending

Final return/terminated

Name change

Initial return

I Website: ▶

Part I

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Net Assets

Revenue

#### **Short Form** Return of Organization Exempt From Income Tax

2018

OMB No. 1545-1150

Open to Public

Inspection

, 20 18

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information. Internal Revenue Service A For the 2018 calendar year, or tax year beginning January 1 , 2018, and ending December 31 B Check if applicable:

C Name of organization D Employer identification number Citizens for the St. Sebastian Preserve, Inc. 20-0910984 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number 1000 Buffer Preserve Drive 321-951-5004 City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Number ▶ Fellsmere, FL 32948-9611 H Check ▶ ✓ if the organization is not G Accounting Method: required to attach Schedule B (Form 990, 990-EZ, or 990-PF). J Tax-exempt status (check only one) — V 501(c)(3) 501(c) ( 527 **K** Form of organization: Corporation Association Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets 2.747 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 1 904 Program service revenue including government fees and contracts 2 3 140 4 Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses . . . . . . . . . . . . Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 5c Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than 1.401 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 Less: direct expenses from gaming and fundraising events . . . Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 1,056 Gross sales of inventory, less returns and allowances . . . . . 7a 247 7b 23 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 223 Other revenue (describe in Schedule O) . . . . . . . . . . . . . . . 8 79 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . . . 9 2.403 Grants and similar amounts paid (list in Schedule O) 10 Benefits paid to or for members . . . . . . . . . 11 Salaries, other compensation, and employee benefits . . . . . . 12 Professional fees and other payments to independent contractors . . . . 13 Occupancy, rent, utilities, and maintenance . . . . . . . . . 14

Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . . . . . . .

Other changes in net assets or fund balances (explain in Schedule O) . . . . . .

Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 

Net assets or fund balances at end of year. Combine lines 18 through 20

6,500

6,500

4,097

18,941

14,615

169

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Form 990-EZ (2018) Page **2** 

Pa	Balance Sheets (see the instructions	All the second s		D		F
<u> </u>	Check if the organization used Schedule	e ∪ to respond to a	ny question in this	Part II		B) End of year
22	Cash, savings, and investments			17,075		12,956
23	Land and buildings			17,073	23	12,950
24	Other assets (describe in Schedule O)			1,866	24	1,719
25	Total assets			18,941		14,675
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column		TO 1222/TORNEY COST 1	18,941	27	14,675
Par	Statement of Program Service Accom			0. 600.750000 10.0000		Expenses
Mileo	Check if the organization used Schedule t is the organization's primary exempt purpose?				(Requ	ired for section
		17 - 25 - 5	AS SERVEY COS. SAMOS SE			)(3) and 501(c)(4)
as n	cribe the organization's program service accomplineasured by expenses. In a clear and concise nons benefited, and other relevant information for expenses.	nanner, describe the			others	izations; optional for s.)
28	Provided funds to build a Swamp Buggy to be used	for Resource Manage	ment			
	(Create & Vifthia amount	inaludaa faraiga gra	unta abaale bara		00-	
29	1	includes foreign gra	**		28a	4,333
29	Provided funds for volunteer programs and Camp H	ost equipment				
	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	🕨 🗌	29a	579
30	Provided funds for Volunteer Appreciation Meals					
	/O	to be to be a few to be	ALLO SELECTE ESSEC		00-	
24	(Grants \$ ) If this amount Other program services (describe in Schedule O)	includes foreign gra			30a	345
31		includes foreign gra	nts check here		31a	
32	Total program service expenses (add lines 28a	through 31a)	ints, oneok here .		32	5,257
	t IV List of Officers, Directors, Trustees, and Ke					
	Check if the organization used Schedule	O to respond to a	ny question in this	Part IV	2 0	🗓
		(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employ	⇔ <b>(α)</b> Ε	etimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC (if not paid, enter -0-)	benefit plans, and	ot	her compensation
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Linda	a Wiley, Vice President					
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	- Heath Constant	1	1	0	0	
Gayı	e Heath, Secretary	-				
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Form 990-EZ (2018)

Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V Yes No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 1 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 34 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a **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 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 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 37b 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 **b** If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . 39 Section 501(c)(7) organizations. Enter: 39a **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 ► 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 1 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, Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . . . . . . . . . . . . . ▶ All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter 40e 41 List the states with which a copy of this return is filed ► Florida **42a** The organization's books are in care of ▶ Secretary Telephone no. ▶ 772-589-7992 Located at ▶ 12850 81st Avenue, Sebastian, FL 32958-3218 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)? 42b 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). At any time during the calendar year, did the organization maintain an office outside the United States? 42c If "Yes," enter the name of the foreign country ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here 43 and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . . 43 Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 44a Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44b Did the organization receive any payments for indoor tanning services during the year? . . . . . . . . . . . . 44c If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . . . . . . . 45a 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 45b

Page 3

Form 990	)-EZ (2)	018)						Р	Page 4
46	Did th	ne organization engage, directly or ir ndidates for public office? If "Yes," o	ndirectly, in political c	ampaign activities	on behalf	of or in opposi	tion	Yes	
Part V	/1	Section 501(c)(3) Organizations All section 501(c)(3) organization 50 and 51. Check if the organization used Scl	s <b>Only</b> s must answer que	stions 47–49b ar	nd 52, and	complete th	e tables f	or line	es
	Did t	he organization engage in lobbying If "Yes," complete Schedule C, Par	activities or have a		tion in effe	ect during the	tax	Yes	No
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	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribut benefit pl	ealth benefits, ions to employee ans, and deferred mpensation	(e) Estimate other con		
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Under pe	comp nalties	oleted Schedule A  of perjury, I declare that I have examined this in the decomplete. Declaration of preparer (other than	eturn, including accompan	ving schedules and state	ements, and t	o the best of my k	.► ☐ Yes		No it is
Sign		Signature of officer	,	Folk		Date			
Here		Jay Pruden, Treasurer for CSSP, In Type or print name and title	nc.						
Paid Prepa	arer	Print/Type preparer's name	Preparer's signature		Date	Check self-emplo	if PTIN pyed		
Use C		Firm's name				Firm's EIN ►			
May the	e IRS	Firm's address  discuss this return with the preparer	shown above? See i	nstructions	m) (m) (m)	Phone no.	▶ □ Vac		No

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ALIE ALIE	All section 601(c)(3) organization		estions 47-49b and	52, and con	plete th	e tables f	or In	88
	50 and 51.							
	Check if the organization used Sci	nedule O to respon	d to any question in t	his Part VI			1616	C
com se	Transaction and Statement Section 1	Section Section 2	San Deliverson	Salana S	420 en 112 e	200	Yes	No
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#### **SCHEDULE A** (Form 990 or 990-EZ)

#### **Public Charity Status and Public Support**

OMB No. 1545-0047 2018

Open to Public

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Name	ame of the organization Employer identification number						
	itizens for the St. Sebastian Preserve, Inc. 20-0910984						
Par	**************************************		10 to 10 to 10		10 10 10		ns.
The o	organization is not a private founda				DESIGNATION OF PRINCIPLE		
1	A church, convention of churc	CONTRACTOR AND					
2	A school described in <b>section</b>						
3	A hospital or a cooperative ho						
4	A medical research organization hospital's name, city, and state	e:					•
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in
6 7	<ul> <li>☐ A federal, state, or local gover</li> <li>✓ An organization that normally described in section 170(b)(1)</li> </ul>	receives a subs	tantial part of its sup				n the general public
8	A community trust described i	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	An agricultural research organ or university or a non-land-grauniversity:	ization described	in section 170(b)(1)	( <b>A)(ix)</b> op	erated in r the nan	conjunction with a land a land state of	and-grant college the college or
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	to its exempt fur t income and uni	nctions—subject to c related business taxal	ertain exc ole incom	eptions, ie (less se	and (2) no more tha ection 511 tax) from	n 33½% of its
11	An organization organized and	constituent de la constituent	enderstation and commission of the section of the s	and the control of the control of			
12	An organization organized and of one or more publicly support	orted organization	ns described in <b>secti</b>	on 509(a	)(1) or se	ection 509(a)(2). Se	e section 509(a)(3).
	Check the box in lines 12a thro				100-000	200	to to to
а	Type I. A supporting organ the supported organization supporting organization. Y	(s) the power to	regularly appoint or e	lect a ma	jority of t		
b	☐ <b>Type II.</b> A supporting orga control or management of organization(s). <b>You must</b>	the supporting o	rganization vested in	the same			
c		0. <del>0.0</del> .0			onnection	with and functions	ally integrated with
	its supported organization						any integrated with
d	Type III non-functionally that is not functionally inte requirement (see instructionally instr	grated. The orga	nization generally mus	st satisfy	a distribu	ıtion requirement an	
е		ization received	a written determination	on from th	ne IRS tha	at it is a Type I, Type	e II, Type III
f	Enter the number of supported		× · · · · · ·			E E F 9 9 90 E	
g	Provide the following informatio	n about the supp	orted organization(s).				
ii:	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the o listed in you docur		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)				10 70404	15-12-12-12-1		
(B)			<u></u>				
(C)							
(D)							
(E)							<u> </u>
Tata							

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Gifts, grants, contributions, 1 membership fees received. (Do not include any "unusual grants.") . . . 1127 2988 1678 7402 565 1044 levied 2 revenues organization's benefit and either paid to or expended on its behalf . . . 0 0 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . 9310 896 303 302 944 11755 Total. Add lines 1 through 3. . . . 4 868 1429 12298 1940 2622 19157 The portion of total contributions by 5 each person (other governmental unit publicly or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 7 Amounts from line 4 . . . . . . 868 1429 12298 2622 1940 19157 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . . 0 0 Net income from unrelated business 9 activities, whether or not the business is regularly carried on . . . . . 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . 6473 1604 1830 883 1100 1056 **Total support.** Add lines 7 through 10 11 25630 Gross receipts from related activities, etc. (see instructions) . . . . . . . . . . . . . . . . . . 12 1307 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) . . . . . 74 % 14 Public support percentage from 2017 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . 15 331/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . 331/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

#### 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) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees				300		
	received. (Do not include any "unusual grants.")						
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						
3	Gross receipts from activities that are not an						
11.55	unrelated trade or business under section 513						
4	Tax revenues levied for the						·
( ) <del>- ( )  </del> ( )	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to the						
	organization without charge						
6							
6 7a	Amounts included on lines 1, 2, and 3		,				· · · · · · · · · · · · · · · · · · ·
ı a	received from disqualified persons .						
190							
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						
2							ra
C	Add lines 7a and 7b				Ŷ		
8	Public support. (Subtract line 7c from						
Secti	on B. Total Support						-8
-	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
9	Amounts from line 6	(4) 2014	(2) 2010	(0) 2010	(4) 2017	(6) 2010	(i) rotar
10a	Gross income from interest, dividends,	4					40
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
0000	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						2
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
14	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,				i i		<del></del> ((
	and 12.)						
14	First five years. If the Form 990 is for the	ie organization	⊥ n's first, secon	ıd. third. fourth	∟ . or fifth tax v	⊥ ear as a sectio	n 501(c)(3)
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor	The second second					70 70 70 70
15	Public support percentage for 2018 (line 8		En or to your year	13, column (f))		15	%
16	Public support percentage from 2017 Sch					16	%
	on D. Computation of Investment In				200 544 644		- Allerian (1)
17	Investment income percentage for 2018 (			y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2017	Schedule A,	Part III, line 17			18	%
19a	331/3% support tests-2018. If the organ					nore than 331/39	
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2017. If the organiz	ation did not c	heck a box on	line 14 or line	19a, and line 16	is more than 3	33 <sup>1</sup> /3 <b>%</b> , and
	line 18 is not more than 331/3%, check this l				NAME OF TAXABLE PARTY.		
20	Private foundation. If the organization di	0.00	101 <del>11</del> 10	(5)	10 70	37 (5)	

#### Part IV **Supporting Organizations**

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

ecu	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.			
		1	y	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	,	
2-	Jacks Barrier - Divinisti Amerika Amerika Mantan Andron Saman Saman Mantan Mant			
Sa	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	2200		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	3c		
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	,	
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
200	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI.</b>	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>			
10-		9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
126	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Part	V Supporting Organizations (continued)			,
		20	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the expenization energic for the benefit of any supported expenization other than the supported	-	7	
_	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		,	
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations	-		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	instru	ctions	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see in	structi	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
L	•	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	20		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
1984	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

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

Part	V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)	
Sect	ion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	rted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required – explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: \$			
а	Applied to underdistributions of prior years		er .	
	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
ь	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Part II, Secti	ion B, Line 10:
a. 2014 Inco	ome generated from Special Fund-Raiser Event
b. 2015 Inco	me generated from Special Fund-Raiser Event
c. 2016 Inco	me generated from Special Fund-Raiser Event
d. 2017 Inco	me generated from Special Fund-Raiser Event
e. 2018 Inco	me generated from Special Fund-Raiser Event

#### 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.

2018

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection Employer identification number

Citizens for the St. Sebastian Preserve, Inc.	20-0910984
Supplemental to Form 990-EZ 2018	
Line #8 Other Revenue: \$55.50 (this money reflects a bank deposit made in 2018 for the 2017 AFR), \$23.	42 cost of goods sold, it was reported
but not subtracted in the AFR. Total: \$78.92	
Line #16 Other Expenses:	
\$406.83 Vol. Appreciation Meals	
\$13.04 Sales Tax Collected and paid for 2019	
\$5,475.93 Special Project Expenses plus miscellaneous funds:	
\$500.00 Donation to FPSRA for Hurricane Relief Fund	
\$18.17 Tools	
\$3,669.50 Swamp Buggy Parts	
\$663.99 Swamp Buggy Service	
\$220.00 Park Staff Conference	
\$291.95 Ammo & Barrel (Hog Removal)	
\$112.32 Horse Water Troughs	
\$579.03 Volunteer Equipment (Washer, Dryer, Binoculars & Thermometer)	
\$24.99 Receipt Books for Gift Store	
T0tal Line #16 Other Expenses: \$6,499.82	
Line #20 Other Net Changes: -\$168.74 Total	
a) Inventory Difference: 2017/2018 -\$147.00	
b) Savings Difference: 2017/2018 \$3.30	
c) Reconciliation of Checking Acct vs. AFR: -\$55.50 + \$50.46 = -\$5.04	
d) Petty Cash -\$20.00	
Line #24 This amount is "Inventory at Retail"	