

# Florida Department of Environmental Protection CITIZEN SUPPORT ORGANIZATION 2015 REPORT

(pursuant to Florida Statute 20.058)

Citizen Support Organization (CSO) Name: Friends of Talbot Islands State Parks

Mailing Address: 12157 Heckscher Dr., Jacksonville, FL 32226

Telephone Number: 904.415.1291 Website Address (if applicable): www.talbotislands.com

### **Statutory Authority:**

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

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

### **Brief Description of the CSO's Mission:**

To enhance the activities and preserve the cultural and natural resources of our local Florida state parks in order to further educate future generations; supporting the Florida Park Service Mission.

### **Brief Description of the CSO's Results Obtained:**

Support and fund Park supply and equipment needs; Support and Fund Park Interpretive Program; Support and Fund Park Staff Professional Development; Produce Quarterly Park E-Newsletter.

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

- Newsletter "The Oyster Catcher" is a quarterly publication which communicates park issues and events to the membership and community.
- Interpretive Fund This is a dedicated fund to help the park improve interpretive information and programming for its visitors.
- Volunteer Program Support Fund This fund provides for volunteer recognition, uniforms, snacks and refreshments for volunteer functions and helping get the word of volunteer opportunities out to the community.
- Professional Development Grant Program This fund provides grants to individuals enabling them to take advantage of opportunities for professional growth. The Professional Development Program helps reinforce the importance of having a knowledgeable and highly professional staff.
- General Park Support This budget item provides for general park purchases that will expedite a project or repair.
- ☑ 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

## CSO Code of Ethics – July 2014 Draft submitted for Board Approval at earliest convenience.

## FRIENDS OF TALBOT ISLANDS STATE PARKS CODE OF ETHICS

### **PREAMBLE**

- (1) It is essential to the proper conduct and operation of Friends of Talbot Islands State Parks (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 Talbot Islands State Parks 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.

### CSO Code of Ethics – July 2014 Draft submitted for Board Approval at earliest convenience.

#### 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.



**990-EZ** 

### Return of Organization Exempt From Income Tax

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

2014

OMB No. 1545-1150

Open to Public Inspection

Form **990-EZ** (2014)

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.

ΑI	For the	2014 calend	ar year, or tax year beginning October 2013 , 2	2014, and ending	De	cember	, 20 14	
В	Check if ap			D Empl	oyer identifi	cation number		
	Address o	Friends of Talbot Islands State Parks, Inc.				593467037		
	Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E T				E Telep	E Telephone number		
=	Initial return Final return/terminated  12157 Heckscher Drive					904-251-2320		
=	Amended		City or town, state or province, country, and ZIP or foreign postal code		F Grou	Group Exemption		
	Applicatio	on pending	Jacksonville, FL 32226		Num	nber 🕨		
G	Accoun	ting Method:	✓ Cash  Accrual Other (specify) ►	Н	Check I	□ if the	organization is not	
	<b>Nebsite</b>		talbotislands.com		required	to attach S	Schedule B	
J T	ax-exer	npt status (che	ck only one) — 🗹 501(c)(3) 🗌 501(c) ( ) ◀ (insert no.) 🗌 4947(a	a)(1) or 527	(Form 99	90, 990-EZ	, or 990-PF).	
			✓ Corporation ☐ Trust ☐ Association ☐ Ot					
			7b to line 9 to determine gross receipts. If gross receipts are \$200,00					
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ			▶ \$	21180.28	
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Ba	lances (see the	e instruc	ctions for	Part I)	
		Check if	the organization used Schedule O to respond to any ques	tion in this Part	Ι	<u></u>		
	1		ons, gifts, grants, and similar amounts received			1	5188.64	
	2	Program s	ervice revenue including government fees and contracts .			2	0	
	3		ip dues and assessments			3	180.00	
	4	Investmen				4	0	
	5a		unt from sale of assets other than inventory	5a	0			
	b	Less: cost or other basis and sales expenses						
	С		ss) from sale of assets other than inventory (Subtract line 5b fi	rom line 5a)		5c	0	
	6	Gaming and fundraising events						
Φ	а		ome from gaming (attach Schedule G if greater than		0			
Ž	١.			6a	0			
Revenue	b	<b>b</b> Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the						
ď			th gross income and contributions exceeds \$15,000)		0			
			- · ·	6b	0			
	C		t expenses from gaming and fundraising events   e or (loss) from gaming and fundraising events (add lines 6	6c	ıbtroot			
	d		ibiraci	64	0			
	70	,	o of inventory long returns and allowances		15811.60	6d		
	7a		s of inventory, less returns and allowances of goods sold	7b	9268.32			
	C		it or (loss) from sales of inventory (Subtract line 7b from line 7			7c	6543.32	
	8		nue (describe in Schedule O)			8	0	
	9		<b>nue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	11911.96	
	10		I similar amounts paid (list in Schedule O)			10	8796.54	
	11		aid to or for members			11	0	
Ś			ther compensation, and employee benefits			12	0	
Expenses	13		Professional fees and other payments to independent contractors				0	
	14	Occupancy, rent, utilities, and maintenance				14	0	
	15	Printing, publications, postage, and shipping				15	0	
	16	Other expenses (describe in Schedule O)				16	2596.13	
	17	Total expenses. Add lines 10 through 16					11408.67	
"	18		(deficit) for the year (Subtract line 17 from line 9)			17 18	503.29	
šets	19		or fund balances at beginning of year (from line 27, column					
Ass			r figure reported on prior year's return)			19	40899.17	
Net Assets	20	Other char	ges in net assets or fund balances (explain in Schedule O).			20	0	
Z	21		or fund balances at end of year. Combine lines 18 through 20			21	41402.46	

Form 990-EZ (2014) Page 2 Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II . . . . (A) Beginning of year (B) End of year 40899.17 22 39402.02 22 Cash, savings, and investments 0 23 0 23 Land and buildings . . . . . n 24 Other assets (describe in Schedule O) 0 24 40899.17 **25** 39402.02 25 Total assets . . . . . . 0 Total liabilities (describe in Schedule O) 0 26 26 40899.17 **27** 39402.02 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) Part III Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** Check if the organization used Schedule O to respond to any guestion in this Part III (Required for section Provide volunteer & financial support to state park What is the organization's primary exempt purpose? 501(c)(3) and 501(c)(4) organizations; optional for Describe the organization's program service accomplishments for each of its three largest program services, others.) 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. Interpretation & Display: Printing and material funding to construct public, educational signs and exhibits throughout the park; benefits all visitors to the park (too high to count) 3055.25 ) If this amount includes foreign grants, check here 28a (Grants \$ Special Projects: Funding for special projects periodically undertaken by the park such as restoring historic structures, 29 public amenities, trails, etc.; benefits all visitors to the park (too high to count) 1525.00 (Grants \$ ) If this amount includes foreign grants, check here 29a Equipment: Purchase of special equipment for the park that generally is not able to purchased by the park such as thermal cameras, wood chippers, brush mowers, etc.; benefits all visitors to the park (too high to count) 1517.00 (Grants \$ ) If this amount includes foreign grants, check here 30a Other program services (describe in Schedule O) 3215.29 ) If this amount includes foreign grants, check here (Grants \$ 31a 9312.54 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 (c) Reportable (d) Health benefits. (b) Average contributions to employee (e) Estimated amount of compensation (a) Name and title hours per week (Forms W-2/1099-MISC) benefit plans, and other compensation devoted to position (if not paid, enter -0-) deferred compensation Kelly Robinson, President & Acting Treasuror 23 (through Sept 2014) n 0 O 23 Jim Kelly, Vice President (through Sept 2014) 0 0 0 Corey Determan, Acting Secretary (through Sept 2014, 0.39 Acting President Oct 2014 through Dec 2014) 0 0 0 Heather Smith, Member at large (through Sept 2014 1.35 Acting Vice President Oct 2014 through Dec 2014) 0 0 0 Leticia Herrera, Acting Treasuror (Oct 2014 through Dec 2014) 0 0 0

Form 990-EZ (2014)

Part	·			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		X
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
00	detailed description of each activity in Schedule O	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 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>*</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		•
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 0			
b 38a	Did the organization file <b>Form 1120-POL</b> for this year?	37b		<b>*</b>
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		1
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
a 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 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
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
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			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed ▶ Florida			
42a			1-516	6
h	Located at ► 7500 First Coast Highway, Amelia Island, FL ZIP + 4 ►  At any time during the calendar year, did the organization have an interest in or a signature or other authority over	320	,	l NI a
D	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:	42b	res	No •
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	<b>▶</b> □
			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		<b>*</b>
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		<b>4</b>
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in School 10.00			
45-	explanation in Schedule O	44d		1
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<b>*</b>
D	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>y</b>
		1 40D	1	<b>₩</b>

Page 3

orm 990	J-EZ (20	114)						Pa	ige •
								Yes	No
		ne organization engage, directly or in ndidates for public office? If "Yes," o							<b>J</b>
Part \	/	Section 501(c)(3) organizations	only				1.0	<u> </u>	
		All section 501(c)(3) organization	s must answer que	stions 47–49b an	d 52, and	complete the	tables for	or line	s
		50 and 51.							
		Check if the organization used Scl	nedule O to respond	l to any question ir	n this Part	VI			
								Yes	No
		ne organization engage in lobbying If "Yes," complete Schedule C, Par		section 501(h) elec		ct during the ta	ax   <b>47</b>		<b>√</b>
48	Is the	organization a school as described in	n section 170(b)(1)(A)(i	i)? If "Yes," complet	e Schedule	Ε	48		1
		e organization make any transfers to					49a		1
	If "Yes," was the related organization a section 527 organization?								1
		plete this table for the organization's							ke
	emplo	oyees) who each received more than	\$100,000 of comper	nsation from the org			, enter "N	one."	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contributi benefit pla	alth benefits, ons to employee ans, and deferred appensation	(e) Estimate other com		
None									
51	Comp	number of other employees paid ov plete this table for the organization 000 of compensation from the orga	s five highest compe	ensated independe	nt contract	ors who each	received	more	thaı
		Name and business address of each independ		(b) Type of s	ervice	(c) (	Compensation	on	
None									
NOHE									
				_					
				_					
				1					
d	Total	number of other independent contra	actors each receiving	over \$100,000 .	.▶	-			
52	Did t	he organization complete Scheduleted Schedule A	<del>-</del>		ganizations		a ► ✓ Yes	Пи	0
		of perjury, I declare that I have examined this	eturn, including accompan	ying schedules and state	ements, and to				
		d complete. Declaration of preparer (other that				wledge		_	
		La TINK DV				7/12/	2015.		
Sign Here	Signature of officer Corey Determan, President							_	
		Type or print name and title							
Paid		Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN		
Paiu Prepa	arer					self-employe			
Use (		Firm's name	'			Firm's EIN ▶			
Joe (	Firm's address Phone r								
May th	e IRS	discuss this return with the prepare	shown above? See i	instructions			✓ Yes	□N	0

### **SCHEDULE 0** (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

Open to Public

Department of the Treasury Internal Revenue Service

► 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. Inspection Name of the organization **Employer identification number** 

No. 10: Grants and similiar
Staff professional development = \$1008.81
Special Park Projects, Repairs & Maintenance = \$1525
Equipment for Park = \$1517
Interpretive Signs & Displays for Park = \$3055.25
Park Volunteer Support & Appreciation = \$1392.14
General Park Support (e.g. special office supplies) = \$298.34
No. 16: Other Expenses
Membership Dues (Chamber of Commerce) = \$195
Bank Fees = \$52.85
Website (Domain & Hosting) = \$230
Software = \$453.95
Sales Tax = \$1148.33
Membership Development = \$516
No. 31: Other Program Services
Park Volunteer Support & Appreciation = \$1392.34
Park Staff Professional Development = \$1008.81
Membership Development = \$516
General Park Support (e.g. special office supplies) = \$298.34

chedule O (Form 990 or 990-EZ) (2014)	Page 2
ame of the organization	Employer identification number
No. 34: Significant changes to organizing or governing documents	
Changes were made to the bilaws that reflect new financial procedures, meeting structure and frequency, and bo	ard size recommendations
hese changes were amended to the organization's bilaws and financial policies, and copied to and discussed wi	th to park management