



Florida Department of Environmental Protection

CITIZEN SUPPORT ORGANIZATION 2015 REPORT (pursuant to Florida Statute 20.058)

Citizen Support Organization (CSO) Name: The Friends of Topsail Hill Preserve State Park, Inc.

Mailing Address: 7525 W County Hwy 30-A, Santa Rosa Beach, FL 32459

Telephone Number: 850-267-0756

Website Address (if applicable): NA

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 Topsail State Park, Inc. mission is to generate resources and support for the Topsail Hill Preserve State Park through volunteer projects, special programs and events, outreach programs, communication, exhibits and interpretive programs; and for fund raising to provide needs identified by the park. Also to maintain, enhance and expand areas of the park and visitor services, identified by the Division or the Park Manager.

Brief Description of the CSO's Results Obtained:

- Funding Kid's Club Materials
- Holding annual Fall Festival
- Holding monthly Breakfast With a Ranger
- Purchased and providing rentals for canoes, kayaks, paddleboards, and bikes
- Provided multiple vehicles, including golf carts, utility vehicles, and tram trailer
- Funding weekly concerts in the Park
- Completed Park amphitheater
- Funded Earth Day Events and 5K races
- Providing Wi-Fi to Park Users
- Funding multiple Interp programs and materials in the Park

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

- Fund interpretive pavilion for day use area as included in Park's Unit Management Plan
- Continue Fall Festival, Breakfast with a Ranger, and weekly concerts
- Continue funding interp programs
- Provide for additional Park needs as identified by the Park Manager

☒ **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**

THE FRIENDS OF TOPSAIL HILL PRESERVE STATE PARK, INC.

CODE OF ETHICS

PREAMBLE

- (1) It is essential to the proper conduct and operation of The Friends of Topsail Hill Preserve State Park, Inc. (herein “CSO”) that its board members, officers, and employees be independent and impartial and that their position not be used for private gain. Therefore, the Florida Legislature in Section 112.3251, Florida Statute (Fla. Stat.), requires that the law protect against any conflict of interest and establish standards for the conduct of CSO board members, officers, and employees in situations where conflicts may exist.
- (2) It is hereby declared to be the policy of the state that no CSO board member, officer, or employee shall have any interest, financial or otherwise, direct or indirect, or incur any obligation of any nature which is in substantial conflict with the proper discharge of his or her duties for the CSO. To implement this policy and strengthen the faith and confidence of the people in Citizen Support Organizations, there is enacted a code of ethics setting forth standards of conduct required of
- (3) The Friends of Topsail Hill Preserve State Park, Inc. board members, officers, and employees in the performance of their official duties.

STANDARDS

The following standards of conduct are enumerated in Chapter 112, Fla. Stat., and are required by Section 112.3251, Fla. Stat., to be observed by CSO board members, officers, and employees.

1. Prohibition of Solicitation or Acceptance of Gifts

No CSO board member, officer, or employee shall solicit or accept anything of value to the recipient, including a gift, loan, reward, promise of future employment, favor, or service, based upon any understanding that the vote, official action, or judgment of the CSO board member, officer, or employee would be influenced thereby.

2. Prohibition of Accepting Compensation Given to Influence a Vote

No CSO board member, officer, or employee shall accept any compensation, payment, or thing of value when the person knows, or, with reasonable care, should know that it was given to influence a vote or other action in which the CSO board member, officer, or employee was expected to participate in his or her official capacity.

3. Salary and Expenses

No CSO board member or officer shall be prohibited from voting on a matter affecting his or her salary, expenses, or other compensation as a CSO board member or officer, as provided by law.

4. Prohibition of Misuse of Position

A CSO board member, officer, or employee shall not corruptly use or attempt to use one's official position or any property or resource which may be within one's trust, or perform official duties, to secure a special privilege, benefit, or exemption.

5. Prohibition of Misuse of Privileged Information

No CSO board member, officer, or employee shall disclose or use information not available to members of the general public and gained by reason of one's official position for one's own personal gain or benefit or for the personal gain or benefit of any other person or business entity.

6. Post-Office/Employment Restrictions

A person who has been elected to any CSO board or office or who is employed by a CSO may not personally represent another person or entity for compensation before the governing body of the CSO of which he or she was a board member, officer, or employee for a period of two years after he or she vacates that office or employment position.

7. Prohibition of Employees Holding Office

No person may be, at one time, both a CSO employee and a CSO board member at the same time.

8. Requirements to Abstain From Voting

A CSO board member or officer shall not vote in official capacity upon any measure which would affect his or her special private gain or loss, or which he or she knows would affect the special gain or any principal by whom the board member or officer is retained. When abstaining, the CSO board member or officer, prior to the vote being taken, shall make every reasonable effort to disclose the nature of his or her interest as a public record in a memorandum filed with the person responsible for recording the minutes of the meeting, who shall incorporate the memorandum in the minutes. If it is not possible for the CSO board member or officer to file a memorandum before the vote, the memorandum must be filed with the person responsible for recording the minutes of the meeting no later than 15 days after the vote.

9. Failure to Observe CSO Code of Ethics

Failure of a CSO board member, officer, or employee to observe the Code of Ethics may result in the removal of that person from their position. Further, failure of the CSO to observe the Code of Ethics may result in the Florida Department of Environmental Protection terminating its Agreement with the CSO.

Memorandum

Florida Department of Environmental Protection

June 18, 2015

TO: Daniel Jones, Bureau Chief
Florida Park Service

Tony Tindell, Assistant Bureau Chief
Florida Park Service

THROUGH: Carmen C. McDonald, PPDS
Florida Park Service

FROM: George Royal, Assistant Park Manager, Topsail
Hill Preserve State Park, Florida Park Service

SUBJECT: Annual Financial Report for
Friends of Topsail Hill Preserve State Park, Inc.

Please find the attached Financial Statement Disclosure and Financial Report for fiscal year 2014- 2015 from the Friends of Topsail Hill Preserve State Park.

During this fiscal year the Friends of Topsail Hill Preserve State Park have made significant contributions to the park. These include the following:

- Continued support of the excellent interpretive programs at the park.
- Continued funding of Kids Club summer program.
- Provided public outreach through multiple programs and events.
- Provided visitor support by providing sales of Ice, firewood, and other concession items.
- Provided visitors with more eco-tourism through rentals of bicycles, canoes, kayaks, and stand-up paddle boards.
- Continued funding Americana Under the Stars concert series.
- Purchased a Polaris UTV for Park.

It has been my pleasure as the Assistant Park Manager to have worked with such a dedicated group of people that support Topsail Hill Preserve State Park. Their appreciation of the park and willingness to contribute support for the park will ensure a successful partnership for many years to come.



George Royal
Assistant Park Manager

Friends of Topsail Hill Preserve State Park, Inc.

2015 Annual Financial Report

CSO President Report

The CSO, Friends of Topsail Hill Preserve State Park has actively worked with the Park Manager to ensure that all operations are in accordance with the Division of Recreation and Parks and the Department of Environmental Protection policies and goals.

According to the Park Unit Management Plan "public outdoor recreation is the single use of property." In keeping with this statement, preservation and enhancement of natural resources is all important. The CSO works toward this goal in direct support to the park, both monetarily and with volunteer manpower by funding equipment and infrastructure; interpretive materials; and by sponsoring special events and supplies to enhance universal access to the natural and cultural resources.

During the reporting year, the CSO has:

- Funded the completion of the amphitheater
- Purchased a multi-passenger van, a utility golf cart and a utility vehicle
- Purchased replacement kayaks
- Continued the park interpretive programs including Kids Camp and Surf Club, monthly Breakfast with the Ranger which served breakfast to an average of 50-75 campers
- Expanded Wi-Fi service to additional park camping areas
- Expanded the conducted the Annual Fall Festival
- Continued non-concession services with rentals of kayaks, bikes, canoes and paddle board
- Expanded resale merchandise in the camp store
- Offered a Music Under the Stars event each Thursday night

Respectfully submitted,

e-signed

B. David Brooks, PhD

CSO President

BDB/ccm

Form **990-EZ****Short Form**
Return of Organization Exempt From Income TaxUnder 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 they may be made public.

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

OMB No. 1545-1150

2014Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning , 2014, and ending ,

B Check if applicable:

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C The Friends of Topsail Hill Preserve
State Park Inc.
755 Grand Blvd, Ste B105-194
Miramar Beach, FL 32550

D Employer identification number
59-3733849

E Telephone number
(850) 267-8332

F Group Exemption Number ▶

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ N/A

J Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☐ Corporation ☐ Trust ☐ 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 (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 103,462.

Part I 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 ☒

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	787.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	1,700.
	4	Investment income	4	56.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
EXPENSES	6b	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	8,565.
	6c	Less: direct expenses from gaming and fundraising events	6c	6,317.
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	2,248.
	7a	Gross sales of inventory, less returns and allowances	7a	36,282.
	7b	Less: cost of goods sold	7b	18,076.
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	18,206.
	8	Other revenue (describe in Schedule O)	8	56,072.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	79,069.
	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
ASSETS	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	1,079.
	16	Other expenses (describe in Schedule O)	16	75,429.
	17	Total expenses. Add lines 10 through 16	17	76,508.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,561.
NET ASSETS	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	93,092.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	95,653.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2014)

Check if the organization used Schedule O to respond to any question in this Part II

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

32	Total program service expenses (add lines 28a through 31a).....	32	68,397.
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Check if the organization used Schedule O to respond to any question in this Part IV

Form 990-EZ (2014)

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in See Schedule O the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V. ☒ X

	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.		X
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).		X
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)?		X
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.		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III.		X
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.		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
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?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved. 38b N/A		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9. 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities. 39b N/A		
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.		X
c 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. ▶ 0.		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. ▶ 0.		
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.		X
41 List the states with which a copy of this return is filed ▶ None		

42a The organization's books are in care of ▶ Friends of Topsail Hill Preserve Telephone no. ▶ (850) 267-8332
Located at ▶ 755 Grand Blvd, Ste B105-194 Miramar Beach FL ZIP + 4 ▶ 32550

	Yes	No
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)?		X
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 U.S.?		X
If 'Yes,' enter the name of the foreign country: ▶		

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here. ☐ N/A
and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43 N/A

	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.		X
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.		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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).		X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI. ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.

	Yes	No
47		X
48		X
49a		X
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A.

☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

Date

B. David Brooks

President

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☒ if self-employed

PTIN

Carolyn K. Hyde

Carolyn K. Hyde

5/12/15

P00544144

Firm's name

C. Kay Hyde, CPA

Firm's address

71 Flamingo Drive

Santa Rosa Beach, FL 32450

Firm's EIN

Phone no. (850) 267-5661

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

☒ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization **The Friends of Topsail Hill Preserve
State Park Inc.**

Employer identification number

59-3733849

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations: _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2014

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

(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 Total. Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc (see instructions).					12	
13 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) organization, check this box and stop here.						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2013 Schedule A, Part II, line 14.	15	%
16a 33-1/3% support test – 2014. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b 33-1/3% support test – 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test – 2014. 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 organization.	<input type="checkbox"/>	
b 10%-facts-and-circumstances test – 2013. 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 supported organization.	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	<input type="checkbox"/>	

BAA

Schedule A (Form 990 or 990-EZ) 2014

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

(Complete only if you checked the box on line 9 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.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)	952.	2,162.	2,226.	5,053.	2,487.	12,880.
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.	18,903.	29,347.	28,900.	28,853.	36,282.	142,285.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
6 Total. Add lines 1 through 5.	19,855.	31,509.	31,126.	33,906.	38,769.	155,165.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.	0.	0.	0.	0.	0.	0.
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.	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
8 Public support. (Subtract line 7c from line 6.)						155,165.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6.	19,855.	31,509.	31,126.	33,906.	38,769.	155,165.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	17.	38.	58.	47.	56.	216.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b.	17.	38.	58.	47.	56.	216.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
13 Total support. (Add lines 9, 10c, 11 and 12.)	19,872.	31,547.	31,184.	33,953.	38,825.	155,381.
14 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) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)).	15	99.86 %
16 Public support percentage from 2013 Schedule A, Part III, line 15.	16	99.90 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)).	17	0.14 %
18 Investment income percentage from 2013 Schedule A, Part III, line 17.	18	0.10 %

19a **33-1/3% support tests – 2014.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶ ☒

b **33-1/3% support tests – 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section 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 Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain		
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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below		
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 Part VI when and how the organization made the determination		
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 Part VI what controls the organization put in place to ensure such use		
4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations		
c 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 Part VI 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		
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 Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)		
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)		
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 Part VI		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI		
c Did a disqualified person (as defined in line 9(a)) 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 Part VI		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below		
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.)		

Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?

a 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?

	Yes	No
11a		
11b		
11c		

b A family member of a person described in (a) above?

c 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****Section B. Type I Supporting Organizations**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 **Part VI** 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.

	Yes	No
1		
2		

2 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 **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.**Section C. Type II Supporting Organizations**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)

	Yes	No
1		

Section D. All Type III Supporting Organizations

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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

	Yes	No
1		
2		
3		

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 **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s)3 By reason of the relationship described in (2), did the organization's supported organizations have a 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 **Part VI** the role the organization's supported organizations played in this regard.**Section 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 instructions):

a ☐ 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 instructions).

2 Activities Test. Answer (a) and (b) below.

a 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 activitiesb 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 **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.

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? Provide details in **Part VI**b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on November 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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	
6	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	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	
4	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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

BAA

Schedule A (Form 990 or 990-EZ) 2014

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**Section D – Distributions**

	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes.....	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity.....	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations.....	
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 which the organization is responsive (provide details in Part VI). See instructions.....	
9 Distributable amount for 2014 from Section C, line 6.....	
10 Line 8 amount divided by Line 9 amount.....	

Section E – Distribution Allocations (see instructions)

	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6.....			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required – see instructions).....			
3 Excess distributions carryover, if any, to 2014:			
a.....			
b.....			
c.....			
d.....			
e From 2013.....			
f Total of lines 3a through e.....			
g Applied to underdistributions of prior years.....			
h Applied to 2014 distributable amount.....			
i Carryover from 2009 not applied (see instructions).....			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.....			
4 Distributions for 2014 from Section D, line 7: \$.....			
a Applied to underdistributions of prior years.....			
b Applied to 2014 distributable amount.....			
c Remainder. Subtract lines 4a and 4b from 4.....			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).....			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).....			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.....			
8 Breakdown of line 7:			
a.....			
b.....			
c.....			
d Excess from 2013.....			
e Excess from 2014.....			

BAA

Schedule A (Form 990 or 990-EZ) 2014

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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.
▶ 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.

OMB No. 1545-0047

2014

Open to Public
Inspection

Employer identification number

59-3733849

Form 990-EZ, Part I, Line 8
Other Revenue

Bicycle Rentals.....	\$	37,698.
Kayak/Canoe Rentals.....		7,725.
Music Concerts.....		5,868.
Paddleboard Rentals.....		4,200.
Soft Drink Sales.....		319.
Refunds.....		156.
Tent laundry.....		106.
Total	\$	56,072.

Form 990-EZ, Part I, Line 16
Other Expenses

Bicycle Rental Expenses.....	\$	23,420.
Credit Card Fees.....		533.
Depreciation.....		1,326.
Donations to Park.....		35,819.
Dues.....		286.
Information Technology.....		842.
Insurance.....		3,021.
Interpretive Materials.....		903.
Kids Club Supplies.....		205.
Meeting Expenses.....		117.
Miscellaneous Expenses.....		316.
Music Concert Misc Expenses.....		58.
Musician Expenses.....		5,400.
Office Supplies.....		82.
Repairs.....		202.
Supplies.....		519.
Training & Workshops.....		163.
Travel.....		855.
Utilities.....		131.
Volunteer Expenses.....		1,231.
Total	\$	75,429.

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

To enhance Visitor Services and Interpretive Programs at the park.

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... No

2014 Federal Book Depreciation Schedule

The Friends of Topsail Hill Preserve
State Park Inc.

12/31/14

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Dep. Allow.	Prior 179/ Bonus/ Sp. Dep.	Prior Dec. Bal. Dep.	Salvage /Basis Reductn.	Dep. Basis	Prior Dep.	Method	Lifa	Rate	Current Dep.
21	Shelving	10/31/14		303							303		S/L	7		7
22	4 Kayaks, 8 Paddles	12/15/14		2,400							2,400		S/L	7		29
Total Machinery and Equipment																
				13,133		0	0	0	0	0	13,133	2,714				1,129
Total Depreciation																
				19,319		0	0	0	0	0	19,319	3,158				1,326
Grand Total Depreciation																
				19,319		0	0	0	0	0	19,319	3,158				1,326

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 Name: Topsail Hill Preserve State Park

Park Address: 7525 W County Hwy 30A, Santa Rosa Beach, FL 32459

Name of the CSO: The Friends of Topsail Hill Preserve State Park, Inc.

A summary of contributed services from the period of 1/1/2014 through 12/31/2014 is as follows:

Park Staff Support

The total number of hours contributed in staff support services converted to a monetary amount.

The park contributed a total of \$17,500.00 in staff support services to the CSO.

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 \$370.00 in park facilities support.

In-Kind Support

The CSO receives additional services outside of the park staff contributed hours called in-kind services. In-kind services are a type of charitable giving in which, instead of money, a person contributes some kind of service, good, or commodity. Examples are professional services of a lawyer, accountant, or any professional or the estimated value of a good or commodity.

The CSO received a total of \$700.00 in in-kind support services.

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: Music Concerts

Total Expense \$5,482.00

Total Revenue \$6,187.00

Program Service Description: Non-concessions (bicycle, kayak, canoe, paddle board rentals)

Total Expense \$23,420.00

Total Revenue \$51,291.00

Program Service Description: Interpretive Programs

Total Expense \$1,108.00

Total Revenue \$0.00

Program Service Description: Breakfast with the Ranger

Total Expense \$1,036.00

Total Revenue \$1,078.00

Program Service Description: Fall Festival

Total Expense \$5,291.00

Total Revenue \$7,486.00

Total Program Services

Provide a total amount for all program expenses and a total amount for all program revenue.

CSO total program service expenses \$36,337

CSO total program service revenues \$66,042

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 The Friends of Topsail Hill Preserved State Park, Inc.

CSO Address 7525 W County Hwy 30A

City, State, Zip Code Santa Rosa Beach, FL 32459

A summary of CSO accomplishments from the period of 1/1/2014 through 12/31/2014 is as follows:

Estimated Total Volunteer Hours 1,481.00 **Total Membership** 41

List of CSO Board Members

See attached

Summary of Accomplishments

See attached

Summary of Goals or Priorities for the Upcoming Fiscal Year

See attached

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 The Friends of Topsail Hill Preserved State Park, Inc.

CSO Address 7525 W County Hwy 30A

City, State, Zip Code Santa Rosa Beach, FL 32459

A summary of CSO accomplishments from the period of 1/1/2014 through 12/31/2014 is as follows:

Estimated Total Volunteer Hours 1,481.00 **Total Membership** 41

List of CSO Board Members

See membership list attached

Summary of Accomplishments

See list on president's letter and 2014 Annual Program Plan

Summary of Goals or Priorities for the Upcoming Fiscal Year

See 2015 Annual Program Plan attached

2014 MEMBERSHIP LIST – TOPSAIL CSO

Revised 06/04/2014

Last Name	First Name	Mailing Address	E-Mail Address	Phone	Member Since	Renewal Date	2012 Dues	2013 Dues	2014 Dues
Adams	Billie & Family	714 Vintage Circle Destin, FL 32541	billielag@yahoo.com	850-830-8862	2011	06/01	Paid		Sent
Bekkers	Family	456 Cypress Dunes Santa Rosa Beach, FL 32550	joe.bekkers@yahoo.com	229-894-2110	2014	02/01	--	--	Paid \$30.00
Burbach	Marianne	786 Bay Grove Rd. Freeport, FL 32439	mabur@cox.net	850-835-4728	2014	06/01			Paid \$100.00
Carlen	Margaret	96 Azure Pl. Emerald Bay Miramar Beach, FL 32550	margaretcarlen@gmail.com	850-654-5008	2014	02/01	--	--	Paid \$20.00
Duran	Patsy A.	214 Kensington Circle Panama City Beach, FL 32413			2014	05/01	--	--	Paid \$25.00
Dwyre	Mike & Virginia <i>President</i>	8034 Legend Creek Drive Miramar Beach, FL 32550	dwyrrev@cox.net	850-267-0756	2004	10/07	Paid	Paid	Paid \$30.00
Eich	Elizabeth	7525 West Hwy 30A Santa Rosa Beach, FL 32459	eichea@yahoo.com		2104		--	--	
Gaultney	Janice & Hal	187 Cypress Dr. Santa Rosa Beach, FL 32459	haljanice@gmail.com	256-214-2221	2011	03/01	Paid	Paid	Sent
Graham	Emris & Sharon	3749 Montevallo Rd. Birmingham, AL 35213	egraham@egsinc.com		2013	11/01		Paid	
Healy	Edward & Frankie	8003 Legend Creek Miramar Beach, FL 32550	Frankie.h@cox.net	850-460-7022	2007	08/01	Paid	Paid	
Heath	Sidney & Ann <i>Director</i>	244 Sandstone Street Santa Rosa Beach, FL 32459	sandaheath@mchsi.com	850-622-4710	2003	05/01	Paid	Paid	Paid \$75.00
Hyde	Pete & Kay <i>Director</i>	71 Flamingo Drive Santa Rosa Beach, FL 32459	Kayh55@embarqmail.com	850-267-5661	2004	05/01	Paid	Paid	Paid \$100.00
Kelley	James & Family	481 NE Rootman Rd. Madison, FL 32340	ickdbk@embarqmail.com	850-929-6951	2013	11/01	--	Paid	
Landwehr	Barb	2515 Vineyard Lane Miramar Beach, FL 32550	barblandwehr@gmail.com	850-622-5666	2013	11/01	--	Paid	
Lloyd	Ken and Robin	3270 Burnt Pine Lane Miramar Beach, FL 32550	mslaps@aol.com	850-267-2451	2014	02/01	--	--	Paid \$30.00
MacCollum	Marilyn	6327 Augusta Cove Destin, FL 32541	mmaccollum@destinationmanagementfl.com	850-269-2242	2014	06/14	--	--	Paid \$30.00

2014 MEMBERSHIP LIST – TOPSAIL CSO

Revised 06/04/2014

Last Name	First Name	Mailing Address	E-Mail Address	Phone	Member Since	Renewal Date	2012 Dues	2013 Dues	2014 Dues
Marasia	Jim & Barbara	5440 Tivoli Terrace Drive Miramar Beach, FL 32550	Jim.barb.marasia@cox.net	850-269-2656	2005	01/01	Paid		Sent
Markulin	Sandi & Derek	187 Monarch Drive Santa Rosa Beach, FL 32459	Sandmark@Hotmail.com	850-585-0499	2012	05/01	Paid		Sent
McGovern	Alicia	515 S. 1000 E #402 Salt Lake City, UT 84102	ajmtravlin@yahoo.com	518-332-7533	2014	04/01	--	--	Paid \$20.00
Naramore	Alexa & Jim	9366 Bluewing Terrace Cincinnati, OH 45236	alexanaramore@gmail.com	513-793-2407	2013	04/01	--	Paid	Paid ???
Nichols	Bob & Gretchen	222 Grand Flora Way Santa Rosa Beach, FL 32459	Robert.Nichols@Juno.com	314-954-0211	2011	06/01	Paid		Sent
Oalde	Julian	7525 West Hwy 30A Santa Rosa Beach, FL 32459	Oaldes@gmail.com		2014	03/01	--	--	Paid \$5.00
Pence	James	1223 Poppy Ave. Pensacola, FL 32507	jpence65@cox.net	850-456-0032	2014	02/01	--	--	Paid \$30.00
Reifschneider	Shelley	585 Loblolly Bay Drive	Rblessed1031@hotmail.com	850-737-0906	2013	11/01	--	Paid	Paid (\$20.00 2013)
Rhodes	Hal	8833 St. Andrews Dr. Miramar Beach, FL 32550	rhodes1@yahoo.com	850-267-1689	2003	05/01	Paid	Paid	Paid \$50.00
Rhodes	Myra	8833 St. Andrews Dr. Miramar Beach, FL 32550		850-267-1689	2003	05/01	Paid	Paid	Paid \$50.00
Richmond	Craig & Sue	785 Windings Lane Cincinnati, OH 45220-1087		513-961-3372	2013	04/01	--	Paid	Sent
Schaeffer	Ruth & Frank	1833 Edgewood Dr. Navarre, FL 32566	ruth@sebellsouth.net	850-910-3476	2013	12/01	--	Paid (Corp)	
Schmidt	Jerry & Margaret	1258 Deerwood Drive Miramar Beach, FL 32550	ourcove@aol.com	850-267-1186	2005	10/01	Paid	Paid	Paid \$100.00
Shuttleworth	Bill & Jan <i>Secretary</i>	2530 Vineyard Lane Miramar Beach, FL 32550	jan.shuttleworth@cox.net	850-424-3280	2008	04/01	Paid	Paid	Paid \$30.00
Sloan	Anita	377 Ridge Rd. Santa Rosa Beach, FL 32459	casagato@earthlink.net	850-267-3714	2012	09/01	Paid	Paid	
Stephens	Judy	1498 Island Green Lane, E Miramar Beach, FL 32550		850-608-6050	2013	11/01	--	Paid	

2014 MEMBERSHIP LIST – TOPSAIL CSO

Revised 06/04/2014

Last Name	First Name	Mailing Address	E-Mail Address	Phone	Member Since	Renewal Date	2012 Dues	2013 Dues	2014 Dues
Sumpter	Marlon	24 Bald Eagle Court Santa Rosa Beach, FL 32459	marionsumpster@gmail.com	814-233-0014	2014	04/01	--	--	Paid \$20.00
Toloso	Wylie M.	9585 S. Williams St. Denver, CO 80209		303-698-9354	2013	02/01	--	Paid	Sent
Williams	Larry and Dawn	6625 Yellow Knife Ct. Battleground, IN 47920		765-567-4321	2013	04/01	--	Paid	Sent
Wisen	Don <i>Vice-Pres.</i>	4444 Hwy 98 W Santa Rosa Beach, FL 32459	wisen805@yahoo.com	850-267-1159	2014	02/01	--	--	Paid \$100.00
Wright	Tom A.	2948 Pine Valley Dr. Miramar Beach, FL 32550	tomlovesdestin@ yahoo.com		2012	08/01	Paid		Sent

2014 Corporate Donations – Topsail CSO

Schaeffer, Ruth and Frank	1833 Edgewood Drive Miramar Beach, FL 32550	<u>ruth@sebellsouth.net</u> 850-910-3476	Received 11/06/13	\$100.00
Cypress Dunes HOA	c/o Janice Gaultney 187 Cypress Dr. Santa Rosa Beach, FL 32459	haljanice@gmail.com	Received 04/16/13	\$1000.00



Florida Department of Environmental Protection

CSO ANNUAL PROGRAM PLAN

Required Signatures: Adobe Signature

Name of CSO: Friends of Topsail Hill Preserve State Park

For CSO Fiscal Year: 2014-

	Description of Annual Projects	Resources Needed	Sources of Resources	Agency Approval Needed Y/N
1	Funding Kids Club	volunteer and supplies	CSO	
2	Fall Festival	Park staff and volunteers	CSO	
3	Monthly Breakfast with a Ranger	Ranger and Volunteers	CSO	
4	Rental Canoes and Kayaks	volunteers	CSO	
5	Purchase of volunteer tshirts	volunteers	CSO	
6	Amphitheater Construction	funding \$12,500	CSO	
7	Weekly music concerts	funding \$4800	CSO	
8	Wifi for park visitors		CSO	
9	funding for interp programs	rangers	CSO	
10	funding for golf carts and UTV	funds \$22,319		

Submitted by CSO President: *[Signature]*

Date: 6/18/15

Park Manager Approval: Royal_G

Digitally signed by Royal_G
DN: o=Florida Dept of Environmental Protection,
email=George.Royal@dep.state.fl.us, cn=Royal_G
Date: 2015.06.18 14:24:32 -0500

Date: _____



Florida Department of Environmental Protection

CSO ANNUAL PROGRAM PLAN

Required Signatures: Adobe Signature

Name of CSO: Friends of Topsail Hill Preserve State Park

For CSO Fiscal Year: 2015

	Description of Annual Projects	Resources Needed	Sources of Resources	Agency Approval Needed Y/N
1	Funding Kids Club	volunteer and supplies	CSO	
2	Fall Festival	Park staff and volunteers	CSO	
3	Monthly Breakfast with a Ranger	Ranger and Volunteers	CSO	
4	Rental Canoes and Kayaks	volunteers	CSO	
5	Purchase of volunteer tshirts	volunteers	CSO	
6	Amphitheater Upgrade	funding lighting, fan, etc.	CSO	
7	Weekly music concerts	funding	CSO	
8	Wifi for park visitors	funding	CSO	
9	funding for interp programs	rangers	CSO	
10				

Submitted by CSO President: *Bloch*

Date: 6/18/15

Park Manager Approval: Royal_G

Digitally signed by Royal_G
DN: o=Florida Dept of Environmental Protection,
email=George.Royal@dep.state.fl.us, cn=Royal_G
Date: 2015.06.18 14:29:27 -0500

Date: _____