

Florida Department of Environmental Protection CITIZEN SUPPORT ORGANIZATION 2022 LEGISLATIVE REPORT (pursuant to Section 20.058 Florida Statutes)

Citizen Support Organization (CSO) Name:

Mailing Address:

Telephone Number:

Website Address (required if applicable):

Check to confirm your Code of Ethics is posted conspicuously on your website.

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.

YOUR MISSION AND LAST CALENDAR YEAR'S PROGRAM ACCOMPLISHMENTS:

CSO's Mission: (Consistent with your Articles and Bylaws)

Describe Last Calendar Year's Results Obtained: <u>Brag!</u> (List or discuss the past calendar year's accomplishments and contributions. Cite specific support from last calendar year's Annual Program Plan.)

Describe the CSO's Plans for the Next Three Calendar Years:

CSO's LAST CALENDAR YEAR STATISTICS:

Total Number of CSO General Membership:

Total Number of Board of Directors:

Total Volunteer Hours for the Board of Directors (Hours from VSys - Work with your parks' volunteer manager):

PARK & CSO RELATIONSHIP:

Do <u>not</u> duplicate by describing accomplishments and contributions in the summary (<u>Brag</u> in the above Results Obtained). Below, describes the <u>relationship</u>.

Park Manager's Comments on the CSO & Park Relationship and Support:

Provide your perspective on

- Changing developments of the park provided by the CSO.
- Effectiveness of the organization in fulfilling their purpose to support the park(s).
- Effectiveness of the Board of Directors in completing their Annual Program Plan.
- The relationship between the park and CSO. What went well? Are there areas of improvement?

CSO President's Comments on the CSO & Park Relationship and Support:

Provide your perspective on the relationship between the park and CSO. What went well? Are there areas of improvement?

SUMMARIZE FINANCIAL ACTIVITY FOR LAST CALENDAR YEAR, DIRECT PARK(S) SUPPORT & REVENUES:

Program Service Expenses are costs related to providing your organization's programs or services in accordance with your mission. Describe and provide <u>expenses that directly support the park(s)</u>. For established nonprofit organizations, program service expenses generally represent most of the overall expense of the organization. Provide description and total \$ for each that apply.

- Building improvement, construction, or renovations \$
- Cultural resources (e.g., historic structure restoration/ renovation) \$
 - Natural resources (e.g., native plants, natural lands restoration) \$
- Maintenance equipment (e.g., mowers, chippers, blowers, chainsaws) \$
 - Other facilities and landscape maintenance \$
 - Vehicles (e.g., trucks/cars, UTVs, golf carts, accessible devices, etc.) \$
- Amenities (e.g., water fountains, benches, picnic tables, recreational equipment, kiosks etc.) \$
- Park employees or volunteers support (e.g., interns, training, uniforms, awards, or recognition) \$
 - Big ticket visitor center exhibits or interpretation updates \$

- Park exhibits, displays, signage \$
- Park publications, brochures, maps, etc. \$
- Programing/interpretation support material purchases \$
 - Other program services \$

Total Program Service Expenses \$ 2000

Visitor Services Revenue

Describe revenues and the sources generated from fundraising on park property.

- Park gift shops, craft stores, and concession sales \$782
- Merchandise sales (e.g., plants, firewood, ice, t-shirts, hats, etc.) \$
- Programs and Special Events (e.g., fundraising workshops, seasonal events, concerts, etc.) \$4690
 - Vending (e.g., drink machines, penny press, laundry, Wifi, etc.) \$
 - Rentals (e.g., bikes, canoe, kayak, SUPs, etc.) \$
 - In-park donation boxes \$
 - Other visitor services revenue \$
 - Total Visitor Services Revenue \$5472

NET ASSETS: \$ 39,224

Organizations end of last year's <u>Total Liabilities minus Total Assets</u>. This is <u>not</u> the above's Visitor Service Revenue minus Program Service Expenses.

CSO AUDIT THRESHOLD:

Last Calendar Year's <u>Total Expenses</u> (including grants) \$ 15,179

Are the CSO's annual total expenses \$300,000 including grants? Then Section 215.981(2), Florida Statute requires an independent CPA audit using Government Audit Standards (<u>U.S. GAO Yellow Book</u>). The audit is **due by September 1** (9 months after the CSO's calendar year ends) to the Florida Auditor General and to the Department.

This information is complete to the best of my knowledge pursuant to Section 20.058 Florida Statutes						
CSO President	Richard A Sanchez Digitally signed by Richard A Sanchez Date: 2022.05.25 15:06:29 -04'00'	5/25/22				
Park Manager	Don Bergeron Digitally signed by Don Bergeron Date: 2022.06.10 11:13:09 -04'00'					

CSO's Code of Ethics is attached

CSO has attached the most recent Internal Revenue Service (IRS) Form 990, 990-EZ, or 990-N receipt. All IRS Form 990's must be *complete* with Part III Program Service and *all* appropriate Schedules (A, O and others as appropriate). If filing an IRS extension, attach the IRS 8868 receipt and the most recent complete 990 and schedules.

Egmont Key Alliance, Inc. CODE OF ETHICS

PREAMBLE

- (1) It is essential to the proper conduct and operation of Egmont Key Alliance, 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 Egmont Key Alliance, 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.

1. 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.

2. 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.

3. 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.

4. 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.

5. 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.

6. 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.

Short Form

OMB No. 1545-0047

Return of Organization Exempt From Income Tax

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 Internal Revenue Service ► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

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21 Net assets of fund balances at end of year. Combine lines to through 20	∋t ⊅	20	-								
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	For			· · · · · · · · · · · · · · · · · · ·	No. 10642						

Form	990-EZ (2021)					Page 2
Ра	rt II Balance Sheets (see the instructions f	or Part II)				
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		🗆
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[41857	22	37224
23	Land and buildings		[23	
24	Other assets (describe in Schedule O)		[2000	24	2000
25	Total assets		[43857	25	39224
26	Total liabilities (describe in Schedule O)		[26	
27	Net assets or fund balances (line 27 of column	(B) must agree wit	h line 21)	43857	27	39224
Par	t III Statement of Program Service Accomp	olishments (see th	ne instructions for I	Part III)	1	
	Check if the organization used Schedule	O to respond to a	ny question in this	Part III 🗌		Expenses
Wha	t is the organization's primary exempt purpose?	Restoring, preservir	ng and protecting Eg	mont Key State Pa		quired for section (c)(3) and 501(c)(4)
Desc	cribe the organization's program service accomplis	shments for each o	f its three largest n	rogram services	1	anizations; optional for
	neasured by expenses. In a clear and concise mathematical service accompliance ac				othe	
	ons benefited, and other relevant information for ea					
28	The Egmont Key Alliance provided for maintenance,		of park vehicles and	equipment		
?1	(Grants \$) If this amount	includes foreign ar	ants, check here .	▶ □	28a	9152
29	The Egmont Key Alliance organized a special fun rais				200	1 7102
23	public of the island's history and it's natural flora and	·				
				·····	00-	
~~			ants, check here .		29 a	2269
30	The Egmont Key Alliance hosted the USF students w		umented the historic	al buildings on		
	the island for promotion of the heritage and culture o	n the Island				
		includes foreign gra	ants, check here .	🕨 📋	30 a	a 2500
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount	includes foreign gra	ants, check here .	🕨 🗌	31a	
32	Total program service expenses (add lines 28a t				32	
Par	t IV List of Officers, Directors, Trustees, and Key				nstru	ctions for Part IV)
	Check if the organization used Schedule	O to respond to a	· · ·	Part IV		· · · · <u> </u>
	_	4 \ \ \	(c) Reportable	(d) Health benefits,		
	(a) Name and title	(b) Average compensation hours per week (Forms W-2/1099-MIS		contributions to employ		Estimated amount of
		devoted to position	1099-NEC)	benefit plans, and deferred compensatio		other compensation
			(if not paid, enter -0-)			
Rich	ard Sanchez					
Pres	ident	Hr/WK 2.00				
Ange	ela Montoya					
	surer	Hr/WK 2.00				
Melis	ssa Buhler					
	etary	Hr/WK 2.00				
	Hubbard					
Direc		Hr/WK 1.00				
					_	
	glas Bradley	Hr/WK 1.00				
Direc					_	
	Spangler	Hr/WK 1.00				
Dired						
Ange	ela Montoya	Hr/WK 1.00				
VP						
Davi	d Barker	Hr/WK 1.00				
Dired	ctor					
Bill J	Jordan					
Dired	ctor	Hr/WK 1.00				
Cind	i Para			1	\top	
Direc		Hr/WK 1.00				
	ard Powell			+	+	
Direc		Hr/WK 1.00				
Dile	5101					

	Form 99	90-EZ (2021)		P	age 3	6
	Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this		ν.		_
	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No	-
?1	34	detailed description of each activity in Schedule O	33		<u> </u>	?
	35a	change on Schedule O. See instructions	34 35a		<u> </u>	-
	b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 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 b	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a Did the organization file Form 1120-POL for this year?	37b		V	
	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 39 a b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b Section 501(c)(7) organizations. Enter: 39a Initiation fees and capital contributions included on line 9	-			
	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		~	?
	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				
	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 \blacktriangleright				_
		The organization's books are in care of ▶ Telephone no. ▶ Located at ▶ ZIP + 4 ▶				
	b	Located at \blacktriangleright $ZIP + 4 \blacktriangleright$ At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country \blacktriangleright	42b	Yes	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 United States? . If "Yes," enter the name of the foreign country ►	42c		~	-
	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	•••	. 1	► □	-
	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	Yes	No V	
	b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a 44b		• •	
	c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		· · · · ·	
	45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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	45a		 ✓ 	
		Form 990-EZ. See instructions	45b		~	

							Yes	No
6	Did the organization engage, directly or in	ndirectly, in political c	ampaign activities on	behalf of o	r in opposit	tion 📃		
	to candidates for public office? If "Yes," of		, Part I			· 46		v
art			ations 17 10h and 1	-0				
	All section 501(c)(3) organization 50 and 51.	is must answer que	estions 47-49b and s	52, and co	mplete th	e tables t	or IIn	es
	Check if the organization used Sc	hedule () to respond	to any question in th	nie Part VI				Г
						<u></u>	Yes	No
7	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par	activities or have a t II	section 501(h) electio	n in effect	during the	tax . 47		~
}	Is the organization a school as described i							V
)a	Did the organization make any transfers t							V
b	If "Yes," was the related organization a se							
)	Complete this table for the organization's							
	employees) who each received more than	n \$100,000 of compe	1			e, enter "N	lone."	
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health contributions benefit plans, compe	to employee and deferred	(e) Estimate other con		
ne								
	Total number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the orga	's five highest comp	ensated independent	contractors	s who each	n received	more	tha
	Complete this table for the organization	's five highest comp nization. If there is no	ensated independent			received		tha
	Complete this table for the organization \$100,000 of compensation from the orga	's five highest comp nization. If there is no	ensated independent one, enter "None."					tha
	Complete this table for the organization \$100,000 of compensation from the orga	's five highest comp nization. If there is no	ensated independent one, enter "None."					tha
	Complete this table for the organization \$100,000 of compensation from the orga	's five highest comp nization. If there is no	ensated independent one, enter "None."					tha
	Complete this table for the organization \$100,000 of compensation from the orga	's five highest comp nization. If there is no	ensated independent one, enter "None."					• tha
	Complete this table for the organization \$100,000 of compensation from the orga	's five highest comp nization. If there is no	ensated independent one, enter "None."					• tha
	Complete this table for the organization \$100,000 of compensation from the orga	's five highest comp nization. If there is no	ensated independent one, enter "None."					• tha
I	Complete this table for the organization \$100,000 of compensation from the orga	's five highest comp nization. If there is no dent contractor	ensated independent ine, enter "None." (b) Type of servi					tha
d	Complete this table for the organization \$100,000 of compensation from the orga (a) Name and business address of each independ Total number of other independent contra Did the organization complete Schedu	's five highest comp nization. If there is no dent contractor	ensated independent ine, enter "None." (b) Type of servi	nizations n	(c)) Compensati	ion	• tha
d 2	Complete this table for the organization \$100,000 of compensation from the orga (a) Name and business address of each independ Total number of other independent contra Did the organization complete Schedu	's five highest comp nization. If there is no dent contractor actors each receiving ule A? Note: All se 	ensated independent ine, enter "None." (b) Type of servi-	nizations n	(c)) Compensati	ion	
d 2	Complete this table for the organization \$100,000 of compensation from the orga (a) Name and business address of each independent Total number of other independent contra Did the organization complete Schedu completed Schedule A	's five highest comp nization. If there is no dent contractor actors each receiving ule A? Note: All se 	ensated independent ine, enter "None." (b) Type of servi-	nizations n	(c)) Compensati	ion	
l d 2	Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each independent (a) Name and business address of each independent (a) Name and business address of each independent Total number of other independent contra Did the organization complete Schedu completed Schedule A	's five highest comp nization. If there is no dent contractor actors each receiving ule A? Note: All se 	ensated independent ine, enter "None." (b) Type of servi-	nizations n	(c)) Compensati	ion	No

Paid Preparer	Print/Type preparer's name	Preparer's signature	Date		Check if if self-employed	PTIN	
Use Only	Firm's name				Firm's EIN ►		
	Firm's address ► Phone no.						
May the IRS	May the IRS discuss this return with the preparer shown above? See instructions 🛛 🕨 🗌 Yes 🗌 N						

SCHEDULE O (Form 990)

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 Form 990-EZ.



Department of the Treasury Internal Revenue Service	 Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. 	Open to Public Inspection
Name of the organization EGMONT KEY ALLIANCE INC		Employer identification number 59-3083224
Form 990-EZ, Part I, Line 8, C	Other Revenue: Passport Stamp: 8	
Form 990-EZ, Part I, Line 8, C	Other Revenue: Nature Guide: 175	
Form 990-EZ, Part I, Line 8, C	Other Revenue: Turtle Interns reimbursement from Hillsborough County, 5	5000
Form 990-EZ, Part I Line 16, 0	Other Expenses: Turtle Interns, 6400	
Form 990-EZ, Part I, Line 16,	Other Expenses: Annual Dinner and pot luck expenses 227	
Form 990-EZ, Part I, Line 16,	Other Expenses: USF Workshop 2550	
Form 990-EZ, Part I, Line 16,	Other Expenses: Special Projects 996	
Form 990-EZ, Part I, Line 16,	Other Expense: Office supplies & phone 1139	
	Other Expesnes: Advertising & Promotion-outreach 2480	
	Other Expenses: Dues & Subscriptions 697	
	Other Expenses: Credit card processing 901	
	Other Expenses: Bank Fees 120 , Other Assets: Inventory: Beginning of year: 2000, End of year 2000	
	, other Assets. Inventory. Beginning of year. 2000, End of year 2000	