

**FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION**

MEMORANDUM

TO: Warren Poplin, Bureau Chief
Florida Park Service

Through: Linda May, OMC II
Florida Park Service

FROM: Mebane E. Cory-Ogden
Topsail Hill Preserve State Park

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

DATE: May 26, 2017

Enclosed is the financial statement for the Friends of Topsail Hill Preserve State Park, Inc. Over the past year, it is abundantly clear, as evidenced by their list of accomplishments, that the CSO has provided many things for the park. Examples include: continued co-hosting the Earth Day Event, the First Day Hike, International Beach Clean-up, Breakfast With A Ranger program along with a multitude of park programs. The Friends sponsored new programs such as: Dirty Friday park beautification program, Moonlight paddles, and a myriad of kids programs. The Friends provided necessary funds for equipment to use for interpretation in and out of the park, equipment for visitor services as well as staff use. They raised funds for other park needs such as wi-fi hotspots. They filed all necessary documents with the State of Florida. The Friends have also increased membership and community awareness through social media and community outreach. The staff and Friends have worked hard throughout the year to accomplish their goals, the park goals and objectives which would not have been possible without their support. I look forward to working with the Friends to accomplish the new goals set for the upcoming year.

If you have any questions, please contact me at 850-267-8332.

Sincerely,

Mebane Cory-Ogden
Park Manager

MCO

Attachments: CSO President Cover Letter
Annual Financial Report

cc: Topsail Hill Preserve State Park, Inc.
7525 West County Highway 30A
Santa Rosa Beach, FL 32459

May 29, 2017

Friends of Topsail Hill Preserve State Park, Inc.
755 Grand Blvd Suite 105-194
Miramar Beach, FL 32550

Reference: CSO Annual Financial Report

Subject: CSO President's Cover Letter

The Friends of Topsail Hill Preserve State Park, Inc. (FOTHPSP) has undergone significant change since early 2016. While we have increased our support for special events and have assumed full responsibility for the Park Store, the CSO has experienced virtually zero growth in overall membership. In addition, it has proven extremely difficult to find CSO members and local residents who wish to become involved on the FOTHPSP Board or who will just volunteer occasionally. One of our must objectives for 2017 is to expand CSO "**active**" membership and to increase overall volunteer support for Park activities.

In the CSO's Statement on Value of Contributed Services for the fiscal (calendar) year 2016, we categorized the FOTHPSP's activities within seven general service areas. Within each service area, the CSO provided various levels of volunteer support, sponsorship and publicity, and funding. For the seven program services categories listed below, the FOTHPSP contributed a total of \$41,005.41 to the Park in direct funding or by funding activities encouraging Park attendance and increasing guest satisfaction.

1. Managing / Operating the Park Store
2. Monthly Park Programs
3. Weekly / Periodic Programs and In-Park Family Activities
4. Non-Fundraising Special Events
5. Specific Fundraising Events & Activities
6. Providing Wi-Fi service to Park guests
7. Providing Funding for Unbudgeted Park Purchases and Maintenance Expenses

In the **Summary of Accomplishments** section of the CSO's Statement of Accomplishments and Goals for the fiscal (calendar) years 2016 / 2017, we list many of the ways in which the FOTHPSP continued to expand the number and quality of events and activities within the Park in 2016. Two significant "non-business as usual" highlights were a complete revision of the CSO's Bylaws and the Friends' assumption of full responsibility for operating the Park Store. In the subsequent **Summary of Goals or Priorities for the Upcoming Fiscal Year** section, the CSO identifies a number of service areas for further development and expansion; a key highlight being the funding of an Internet café adjacent to the Park Store. Because it appears to be prohibitively expensive to expand WI-FI service to every site within the Park, we can make Internet access more convenient to Park guests and increase Park Store sales by the addition of an Internet café area.

Submitted By:

Worth Green, President & Membership Chair
P.O. Box 1243, Santa Rosa Beach, FL 32459
850-267-4529
worthgreen@gmail.com

THE FRIENDS OF TOPSAIL HILL PRESERVE STA

59-3733849

	2016	2015	DIFF
FORM 990-EZ REVENUE			
CONTRIBUTIONS, GIFTS, AND GRANTS.....	3,191	8,199	-5,008
MEMBERSHIP DUES AND ASSESSMENTS.....	1,705	2,080	-375
INVESTMENT INCOME.....	156	120	36
NET GAIN (LOSS) - NONINV. ASSETS/DISP....	0	14,474	-14,474
GROSS PROFIT (LOSS) - INVENTORY SALES....	42,959	34,796	8,163
OTHER REVENUE.....	0	2,337	-2,337
TOTAL REVENUE.....	48,011	62,006	-13,995
EXPENSES			
GRANTS AND SIMILAR AMOUNTS PAID.....	24,003	0	24,003
OCCUPANCY/RENT/UTILITIES/MAINTENANCE.....	588	0	588
PRINTING, PUBLICATIONS, AND POSTAGE.....	2,670	1,531	1,139
OTHER EXPENSES.....	18,760	48,913	-30,153
TOTAL EXPENSES.....	46,021	50,444	-4,423
NET ASSETS OR FUND BALANCES			
EXCESS OR (DEFICIT) FOR THE YEAR.....	1,990	11,562	-9,572
NET ASSETS/FUND BAL. AT BEG. OF YEAR.....	107,215	95,653	11,562
NET ASSETS/FUND BAL. AT END OF YEAR.....	109,205	107,215	1,990

COMPUTATION OF COST OF GOODS SOLD (FORM 990-EZ)

1. INVENTORY AT START OF YEAR.....	0.
2. PURCHASES.....	81,973.
3. COST OF LABOR.....	0.
4. ADDITIONAL 263A COSTS.....	0.
5. OTHER COSTS.....	0.
6. TOTAL (ADD LINES 1 THROUGH 5).....	<u>81,973.</u>
7. INVENTORY AT END OF YEAR.....	<u>14,870.</u>
8. COST OF GOODS SOLD (SUBTRACT LINE 7 FROM LINE 6).....	<u><u>67,103.</u></u>

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except private foundations)

OMB No. 1545-1150

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning , 2016, and ending ,

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C THE FRIENDS OF TOPSAIL HILL PRESERVE STA 755 GRAND BLVD STE B105-194 MIRAMAR BEACH, FL 32550	D Employer identification number 59-3733849
		E Telephone number (850)-267-8330
		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 ▶ \$ 115,114.

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

R E V E N U E	1 Contributions, gifts, grants, and similar amounts received	1	3,191.
	2 Program service revenue including government fees and contracts.....	2	
	3 Membership dues and assessments.....	3	1,705.
	4 Investment income.....	4	156.
	5a Gross amount from sale of assets other than inventory.....	5a	
	b Less: cost or other basis and sales expenses.....	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).....	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)....	6a	
b 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		
c Less: direct expenses from gaming and fundraising events.....	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).....	6d		
7a Gross sales of inventory, less returns and allowances.....	7a	110,062.	
b Less: cost of goods sold.....	7b	67,103.	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).....	7c	42,959.	
8 Other revenue (describe in Schedule O).....	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8..... ▶	9	48,011.	
E X P E N S E S	10 Grants and similar amounts paid (list in Schedule O).....	10	24,003.
	11 Benefits paid to or for members.....	11	
	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	588.
	15 Printing, publications, postage, and shipping.....	15	2,670.
	16 Other expenses (describe in Schedule O).....	16	18,760.
	17 Total expenses. Add lines 10 through 16..... ▶	17	46,021.
A S S E T S	18 Excess or (deficit) for the year (Subtract line 17 from line 9).....	18	1,990.
	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	107,215.
	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	109,205.

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

Form 990-EZ (2016)

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
22 Cash, savings, and investments	78,755.	65,875.
23 Land and buildings		
24 Other assets (describe in Schedule O) SEE SCHEDULE O	28,460.	43,330.
25 Total assets	107,215.	109,205.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	107,215.	109,205.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

28 <u>ENHANCED VISITOR SERVICES AND INTERPRETIVE PROGRAMS AT THE PARK.</u>		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	46,021.
29 _____		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30 _____		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31 Other program services (describe in Schedule O) _____		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32 Total program service expenses (add lines 28a through 31a)	32	46,021.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
BRUCE DAVID BROOK PRESIDENT	0	0.	0.	0.
HELEN A PERRY TREASURER	0	0.	0.	0.
JANICE GAULTNEY SECRETARY	0	0.	0.	0.
VICTORIA HUNT DIRECTOR	0	0.	0.	0.
PATRICK KERSHAW DIRECTOR	0	0.	0.	0.
LAURA LUNDBLOM DIRECTOR	0	0.	0.	0.
SHELLEY REIFSCHNEIDER DIRECTOR	0	0.	0.	0.
ROBYN KEIFER DIRECTOR	0	0.	0.	0.

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]

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 33 through 41 regarding organizational activities, financials, and state filings.

42a The organization's books are in care of ANN PERRY Telephone no. (850)-267-8330 Located at POB 1288 SANTA ROSA BEACH FL ZIP + 4 32459

Table for questions 42b and 42c regarding foreign financial accounts and offices. Includes a 'See the instructions for exceptions and filing requirements for FinCEN Form 114...' note.

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

Table for questions 44a through 45b regarding donor advised funds, hospital facilities, tanning services, and controlled entities.

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. 46 Yes No 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. 47 Yes No X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 48 Yes No X

49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 a Yes No X

b If 'Yes,' was the related organization a section 527 organization? 49 b Yes No

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.'

Table with 5 columns: (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. Row 1 contains '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.'

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1 contains '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. [X] 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: WORTH GREEN, Date: PRESIDENT, Type or print name and title.

Paid Preparer Use Only: Print/Type preparer's name: JOHN L. SMITH, CPA; Preparer's signature: JOHN L. SMITH, CPA; Date; Check [] if self-employed; PTIN: P01352462; Firm's name: BLUEPOINT FINANCIAL, LLC; Firm's address: 151 REGIONS WAY STE. 6B, DESTIN, FL 32541; Firm's EIN: 81-3618663; Phone no.: 850-460-2222.

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

2016

Open to Public Inspection

Name of the organization THE FRIENDS OF TOPSAIL HILL PRESERVE STA	Employer identification number 59-3733849
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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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - 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 it 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 1-10 above (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						

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 2016 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2015 Schedule A, Part II, line 14.	15	%
16a 33-1/3% support test—2016. If the organization did not check the box on line 13, and 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—2015. 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—2016. 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—2015. 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"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	2,226.	5,053.	2,487.	8,108.	4,896.	22,770.
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.	28,900.	28,853.	36,282.	37,503.	110,062.	241,600.
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.	31,126.	33,906.	38,769.	45,611.	114,958.	264,370.
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.)						264,370.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6.	31,126.	33,906.	38,769.	45,611.	114,958.	264,370.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						0.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b.	0.	0.	0.	0.	0.	0.
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.)	31,126.	33,906.	38,769.	45,611.	114,958.	264,370.

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**. ▶

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)).	15	100.00 %
16 Public support percentage from 2015 Schedule A, Part III, line 15.	16	0.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)).	17	0.00 %
18 Investment income percentage from 2015 Schedule A, Part III, line 17.	18	0.00 %

19a 33-1/3% support tests—2016. 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—2015. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer (b) and (c) below.</i>		
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)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If 'Yes,' provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If 'Yes,' provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If 'Yes,' answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
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?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? <i>If 'Yes' to a, b, or c, provide detail in Part VI.</i>	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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.</i>	1	
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? <i>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.</i>	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
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? <i>If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

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 activities.*
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If 'Yes,' explain in 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 Nov. 20, 1970 (explain in Part VI). **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 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

2016

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

THE FRIENDS OF TOPSAIL HILL PRESERVE STA

59-3733849

FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID IN EXCESS OF \$5,000

CASH AMOUNT GIVEN: \$ 24,003.

FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADVERTISING AND PROMOTION.....	\$ 516.
BANK FEES.....	41.
CONTRACT LABOR.....	6,300.
CONVENTION EXPENSE.....	376.
DUES.....	225.
EQUIPMENT RENTAL.....	65.
INSURANCE.....	3,996.
INTERNET.....	839.
MEETING EXPENSES.....	139.
OFFICE EXPENSES.....	3,921.
PARK PROGRAMS.....	575.
PROFESSIONAL SERVICES.....	375.
SUPPLIES AND MATERIALS.....	215.
TECH SUPPORT.....	170.
TRAINING AND WORKSHOPS.....	870.
VOLUNTEER EXPENSES.....	137.
TOTAL	\$ 18,760.

FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
BICYCLE SHED.....	\$ 1,100.	\$ 1,100.
BUILDINGS.....	9,775.	9,775.
INVENTORIES.....	0.	14,870.
PADDLEBOARDS.....	17,585.	17,585.
TOTAL	\$ 28,460.	\$ 43,330.

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

ENHANCED VISITOR SERVICES

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

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. Scenic Hwy 30A, Santa Rosa Beach, FL 32459
Name of the CSO: Friends of Topsail Hill Preserve State Park, Inc.

A summary of contributed services from the period of (1/1/2016) through (12/31/2016) 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 \$ 7,523.54 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 approximately \$ 9,035.51 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 less than \$ 500.00 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: Managing / Operating the Park Store

- Remodeled the store interior
- Expanded merchandise and local crafts offerings
- Rentals of canoes, kayaks, paddleboards, bicycles

Total Expense \$79,527.10 (includes all CSO administrative expenses)

Total Revenue \$110,095.23

Program Service Description: Monthly Park Programs including:

- Reading with a Ranger
- Breakfast With A Ranger
- Dirty Friday Park Beautification Projects
- Began Sunrise and Moonlight Paddle Tours

Total Expense \$919.71

Total Revenue \$2,131.57

Program Service Description: Weekly / Periodic Programs and In-Park Family Activities

- Park Ranger Interpretive Programs
- Funded Weekly Kids Club and Family Challenge Activities
- Art in the Park
- Topsail Under the Stars
- Community Campfires
- Wednesdays & Saturdays Geocache Around Topsail
- Photo Scavenger Hunt
- Family Challenge Saturdays

Total Expense \$2,825.78

Total Revenue \$260.01

Program Service Description: Non-Fundraising Special Events, including:

- First Day Hike
- Beach Clean Up Day
- Earth Day Festival
- Kids to Parks Day

- International Coastal Clean Up Day
- National Public Lands Day
- Veterans Day Event

Total Expense \$7,937.35

Total Revenue \$188.00

Program Service Description: Specific Fundraising Events & Activities

- Miscellaneous Donation Activities
- CSO Membership Fees
- Music Concerts in the Park

Total Expense \$4,342.98

Total Revenue \$9,192.17

Program Service Description: Provided Wi-Fi service to Park guests

Total Expense \$839.40

Total Revenue \$0.00

Program Service Description: Provided funding for unbudgeted Park purchases and maintenance expenses

Total Expense \$24,140.19

Total Revenue \$0.00

Total Program Services

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

CSO total program service expenses \$119,693.11

CSO total program service revenues \$121,866.98

Within the seven program services categories detailed above, in 2016, the Friends of Topsail Hill Preserve State Park, Inc. contributed a total of \$41,005.41 to the Park in direct funding or by sponsoring activities encouraging Park attendance and increasing guest satisfaction.

Citizen Support Organization Statement of Accomplishments and Goals

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

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

CSO Address: 755 Grand Blvd Suite 105-194

City, State, Zip Code: Miramar Beach, FL 32550

A summary of CSO accomplishments from the period of (beginning fiscal year) through (end fiscal year) is as follows:

Estimated Total Volunteer Hours 3,830

Total Membership: 92

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

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

List of CSO Board Members

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

Worth Green, President & Membership Chair, P.O. Box 1243, Santa Rosa Beach, FL 32459, 850-267-4529, worthfgreen@gmail.com

Faith Whalen, Vice President & Communications Director, 850-270-7193, 213 Matties Way, Destin, FL 32541 fossilwoman@gmail.com

Ann Perry, Treasurer, P.O. Box 1288, Santa Rosa Beach, FL 32459, 850-267-2018 / 850-685-4008, Perrya19@mchsi.com

Janice Gaultney, Secretary, 187 Cypress Dr., Santa Rosa Beach, FL 32459, 256-214-2221, haljanice@gmail.com

Victoria Hunt, Ranger Breakfast Chair / Budget Chair, 229 N. Brookwood Dr. Santa Rosa Beach, FL 32459, 850-685-7345 / 850-231-0677, viciah@embarqmail.com

Tom & Susan Wissler, Park Store Co-Chairs, 2645 Eagles Crest Court, Holiday, FL 34691
Tom 727 534-8535 tomwissler01@yahoo.com; Susan 727 534-8536 wisslsu@msn.com

Margo Yourick, Dirty Friday Chair, 101 Olympus Road, Santa Rosa Beach, FL 32459, 850-582-2404, plantsbymargo@yahoo.com

Summary of Accomplishments (Attach additional pages as needed)

Provide a report of the CSO's short term and long term accomplishments for the past year, according to the Annual Program Plan. These accomplishments will support the CSO's mission statement and will illustrate support of the park's expressed needs.

1. Revised the CSO's Bylaws which were adopted by the membership in January 2017 (attached)
2. Assumed Full Responsibility for Managing / Operating the Park Store
 - a. Remodeled the store interior
 - b. Expanded merchandise and local crafts offerings
 - c. Rentals of canoes, kayaks, paddleboards, bicycles
3. Sponsored / publicized and funded (partially or wholly) the following Park activities:
 - a. Weekly and Periodic Programs
 - i. Park Ranger Interpretive Programs
 - ii. Kids Club and Family Challenge Activities
 - iii. Music Concerts in the Park
 - iv. Art in the Park
 - v. Topsail Under the Stars
 - vi. Community Campfires
 - b. Monthly Park Programs
 - i. Reading with a Ranger
 - ii. Breakfast With A Ranger
 - iii. Dirty Friday Park Beautification Projects
 - iv. Began Sunrise and Moonlight Paddle Tours
 - c. Special Events
 - i. First Day Hike
 - ii. Beach Clean Up Day
 - iii. Earth Day Festival
 - iv. Kids to Parks Day
 - v. International Coastal Clean Up Day
 - vi. National Public Lands Day
 - vii. Veterans Day Event
4. Developed / Enhanced In-Park Family Activities
 - a. Wednesdays & Saturdays Geocache Around Topsail
 - b. Photo Scavenger Hunt
 - c. Family Challenge Saturdays
5. Provided and expanded Wi-Fi service to Park guests
6. Provided event / informational flyers and Park program schedules to each vehicle or person entering the Park.
7. Provided funding for unbudgeted Park equipment purchases and maintenance expenses

Summary of Goals or Priorities for the Upcoming Fiscal Year (Attach additional pages as needed)

Build on the accomplishments from the CSO's past reporting year and include new goals voted on by the board and approved by the Park Manager for the upcoming year. Projected time frames for multiple year projects, like Partnership in Parks projects, will be provided. The CSO should attach the CSO's signed Annual Program Plan for the upcoming year to this statement.

1. Continue to increase / enhance the quantity and quality of Park Store merchandise
2. Fund the development of an Internet Cafe adjacent to the Park Store

3. Resume Park Music Concerts (at least three in 2017)
4. Evaluate the feasibility, and if appropriate, resume Movies in the Park evenings
5. Sponsor and prepare for a "first day of the year" 5K race in January 2018
6. Expand the number and quality of special events and activities to encourage the local community to visit the Park more frequently
7. Evaluate the CSO's inventory of canoes, kayaks, paddleboards and related equipment to determine the need for additional or replacement equipment
8. Evaluate the need for and add, as necessary, stadium lockers to the CSO equipment shed at Campbell Lake to facilitate guest self-access to life jackets and paddles
9. Evaluate the need for and add, as necessary, the appropriate racks and lockable storage to the Beach access area to facilitate guest self-access to kayaks / paddleboards, life jackets, and paddles