



Florida Department of Environmental Protection

**CITIZEN SUPPORT ORGANIZATION  
2017 REPORT  
(pursuant to Florida Statute 20.058)**

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

Mailing Address: 1000 Buffer Preserve Drive, Fellsmere, FL 32948

Telephone Number (772)663-2615 Website Address (if applicable): www.nbbd.com/npr/cpa

**Statutory Authority:**

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

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

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

To provide both financial and volunteer support to the Park.

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

The CSO's Annual Horse Back Poker Ride in November 2016 raised over \$800.00 for the Park.

The CSO helped purchase tools for the maintenance shop, helped supply funds for donated vehicle repairs and supplied funds for several volunteer appreciation meals.

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

The CSO's goals for the next three years will be to continue providing financial and volunteer support to the Park as needed.

- 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**

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

## **PREAMBLE**

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

## **STANDARDS**

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

### **1. Prohibition of Solicitation or Acceptance of Gifts**

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

### **2. Prohibition of Accepting Compensation Given to Influence a Vote**

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

### **3. Salary and Expenses**

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

#### **4. Prohibition of Misuse of Position**

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

#### **5. Prohibition of Misuse of Privileged Information**

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

#### **6. Post-Office/Employment Restrictions**

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

#### **7. Prohibition of Employees Holding Office**

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

#### **8. Requirements to Abstain From Voting**

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

#### **9. Failure to Observe CSO Code of Ethics**

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



## Florida Department of Environmental Protection

St. Sebastian River Preserve State Park  
1000 Buffer Preserve Drive  
Fellsmere, Florida 32948

Rick Scott  
Governor

Carlos Lopez-Cantera  
Lt. Governor

Ryan E. Matthews  
Interim Secretary

February 21, 2017

Mr. Larry Fooks  
Bureau Chief  
District 3 Administrative Offices  
1800 Wekiwa Circle  
Apopka, Florida 32712-2581

Dear Larry,

Please find the attached Annual Financial Statement Reports for January – December 2016. Citizens for the St. Sebastian River Preserve is the (CSO) Citizen Support Organization that supports St. Sebastian River Preserve State Park which is in Southern Brevard and Northern Indian River counties.

Our CSO has held its 12<sup>th</sup> Annual Poker Ride/Campout event in November 2016 and we had 42 riders! This fundraiser event raised a total of \$883.24 which will have a directly impact to fund special projects and needs at St Sebastian River Preserve.

The support of the CSO has helped us to provide better service to the public, educated the public about our work and our environment while providing recreational opportunities and supplementing our ever-tightening park budget.

The Citizen for the St. Sebastian Preserve have planned new projects for this year in addition to the annual event they already sponsor. We anticipate a very successful year this year! If you have any questions about the attached reports, please contact me.

Sincerely,

A handwritten signature in blue ink, appearing to read "Dylan Gavagni", is written over a circular stamp or seal.

Dylan Gavagni  
Park Manager  
St. Sebastian River Preserve State Park



February 27th, 2017

Mr. Dylan Gavagni, Park Manager  
St. Sebastian River Preserve S.P.  
1000 Buffer Preserve Drive  
Fellsmere, FL 32948-9611

Dear Dylan:

As President of the Citizens for the St Sebastian Preserve, your CSO, I'm pleased to report that the Citizens for the St Sebastian Preserve had another successful year (2016) supporting the St Sebastian River Preserve State Park.

Our 12th Annual Horseback Poker Ride held in November was very successful and made a profit. During 2016, our CSO funds paid for three volunteer appreciation meals, paid for one fire crew appreciation meal, paid for tools for the shop, paid for vehicle repairs, paid for gravel (for shop parking) and paid for sales tax to the Florida Department of Revenue.

Plans are already underway for next year's events. We will continue to support the Management, staff, burn crews and our Park Biologist in whatever they need to further advance their recreation, conservation and protection goals.

The members of the CSO and staff are all very excited about the progress the organization has made in its support of the Park and are looking forward to the future.

Sincerely, *Andrea R. Ash*

President, Andrea Ash

## **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:**   St. Sebastian Preserve State Park

**Park Address:**   1000 Buffer Preserve Drive Fellsmere, Florida 32948

**Name of the CSO:**   Citizens for the St. Sebastian Preserve

A summary of contributed services from the period of (January 1st) through (December 31<sup>st</sup>, 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 \$9,309.54 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 \$   0 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 \$   0 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).

See also 990-EZ (schedule A and O), see AFR Treasurer's report and statement of Accomplishments and Goals (everything is already in these reports).

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**Program Service Description:** Volunteer appreciation meals (4)

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Total Expense \$211.27  
Total Revenue \$0.00

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**Program Service Description:** Maintenance and supplies for shop and vehicles

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Total Expense \$1,222.59  
Total Revenue \$0.00

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**Program Service Description:** Sale tax to Florida

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Total Expense \$21.91  
Total Revenue \$0.00

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**Program Service Description:** Fund Raiser 2016 Annual Horseback Poker Ride

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Total Expense \$0.00  
Total Revenue \$883.24

**Total Program Services**

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

CSO total program service expenses \$1,455.77  
CSO total program service revenues \$883.24

## 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** Citizens for the St. Sebastian Preserve, Inc

**CSO Address** 1000 Buffer Preserve Dr.

**City, State, Zip Code** Fellsmere, FL 32948

A summary of CSO accomplishments from the period of January 1<sup>st</sup> through December 31<sup>st</sup>, 2016 is as follows:

**Estimated Total Volunteer Hours** 183      **Total Membership** 15

**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.

See Attached

### 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.

The CSO conducted the 12<sup>th</sup> Annual Horse Back Poker Run/Ride (fund raiser).

The CSO provided the funds for (3) volunteer appreciation meals.

The CSO provided the funds for (1) volunteer Fire Crew meal.

The CSO provided the funds for tools for the shop.

The CSO provided the funds to repair a donated park vehicle.



The CSO provided the funds for gravel (for shop parking).

The CSO provided the funds to pay for sales tax to the Florida Dept. of Revenue.

**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.

The CSO will continue to support the Preserve by purchasing/repairing equipment and supplies.

The CSO will continue to support the Research Management Program including but not limited to: the prescribed fire and endangered & threatened species programs.

The CSO will help fund the rebuild of the bridge at Coyote Link.

## **Citizens for the St. Sebastian Preserve Board of Directors 2016**

Officers:

Andrea Ash - President

Ruth Hills - Vice President

Gayle Heath – Secretary

Jay Pruden – Treasurer

Board Members:

Total Board members=7/quorum=3

Rae Bolton

Linda Wiley

George Krug

George Krug 8455 99<sup>th</sup> Ave Vero Beach, FL 32967 Ph (772)918-8423, Expires end of 2018  
[georkrg@aol.com](mailto:georkrg@aol.com)

Linda Wiley 1000 Buffer Preserve Rd. Fellsmere, FL 32948 Ph (904)501-6397  
Expires end of 2018  
[wileylm@gmail.com](mailto:wileylm@gmail.com)

Rae Bolton 3875 Toby Ave. Grant/Valkaria, FL 32950 Ph (321)698-0542, Expires end of 18  
[Bolton233@aol.com](mailto: Bolton233@aol.com)

Ruth Hills 8536 102<sup>nd</sup> Ave. Vero Beach, Fl 32967 Ph (772)766-6760  
Vice President, Expires end of 2018  
[turtleruth@yahoo.com](mailto:turtleruth@yahoo.com)

Gayle Heath P.O. Box 1272 Roseland, FL 32957 Ph (772)538-6949  
Secretary seated 2014/2015, Expires end of 2017  
[heath.gayle@yahoo.com](mailto:heath.gayle@yahoo.com)

Jay Pruden 12850 81<sup>st</sup> Ave. Sebastian, FL 32958 Ph (321)961-1884  
Treasurer, Expires end of 2017  
[jdpruden@yahoo.com](mailto:jdpruden@yahoo.com)

Andrea Ash 1325 Clearbrook St. Sebastian, FL 32958 Ph (305)942-9659  
President, Expires end of 2018  
[Reefgal76@bellsouth.net](mailto:Reefgal76@bellsouth.net)

## CITIZENS FOR THE ST. SEBASTIAN PRESERVE (CSSP) 2016 Members

	Name	Address	Phone Number(s)	Email Address	2016 members	Ind/Fam
1	George Krug	8455 99 <sup>th</sup> Ave. Vero Beach, 32967	(772)918-8423	<a href="mailto:georkrg@aol.com">georkrg@aol.com</a>	Yes	Individual
2	Gayle Heath	P.O. Box 1272 Roseland, FL 32957	(772)538-6949	<a href="mailto:heath.gayle@yahoo.com">heath.gayle@yahoo.com</a>	Yes	Individual
3	Rae Bolton	3875 Toby Ave. Grant-Valkaria, FL 32950	(321)698-0542	<a href="mailto:bolton233@aol.com">bolton233@aol.com</a>	Yes	Individual
4	Fran Adams			<a href="mailto:fbadams@aol.com">fbadams@aol.com</a>	Yes	Honorary Board Member
5	Ruth Hills	8536 102 <sup>nd</sup> Ave Vero Beach, FL 32967	(772)766-6760	<a href="mailto:turtleruth@yahoo.com">turtleruth@yahoo.com</a>	Yes	Individual
6	Linda Wiley	1000 Buffer Preserve Dr. Fellsmere, FL 32948	(904)501-6397	<a href="mailto:wileylm@gmail.com">wileylm@gmail.com</a>	Yes	Individual
7	Jay Pruden	P.O. Box 1272 Roseland, FL 32957	(321)961-1884	<a href="mailto:jdpruden@yahoo.com">jdpruden@yahoo.com</a>	Yes	Individual
8	Tracy Wright	1681 Emerson Dr. SE Palm Bay, FL 32909	(321)243-2411	<a href="mailto:ladypro@aol.com">ladypro@aol.com</a>	Yes	Individual
9	Andrea Ash	1325 Clearbrook Sebastian, FL 32958	(305)942-9659	<a href="mailto:Reefgal76@bellsouth.net">Reefgal76@bellsouth.net</a>	Yes	Individual
10	Donna Winter	POB 362 Port Hope Ontario L1A3Z3/Canada	(772)766-5250		Yes	Patron Winter only
11	Brystal D. Burdick	4824 Lark Dr. Saint Cloud, FL 34772			Yes	Business
12	Pam Hiler	339 Lobster Terr. Sebastian, FL 32958	(772)766-5250	<a href="mailto:Hiler3@gmail.com">Hiler3@gmail.com</a>	Yes	Individual
13	Jodi Gregg	349 Fitness Circle #3 Melbourne, FL 32901	(321)480-8089	<a href="mailto:jodijilm@att.net">jodijilm@att.net</a>	Yes	Individual
14	David Cox	9495 Periwinkle Dr. Vero Beach, FL 32963	(772)766-2074	<a href="mailto:coxecology@gmail.com">coxecology@gmail.com</a>	Yes	Family 16/17
	Ruth Hills Northern Address	20 Avalon Circle St. Albans, WV 25177				

# CITIZENS FOR THE ST. SEBASTIAN PRESERVE (CSSP) 2016 Members

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**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)

**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](http://www.irs.gov/form990).

**A For the 2016 calendar year, or tax year beginning** January 1, 2016, and ending December 31, 20 16

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
**Citizens for the St. Sebastian Preserve, Inc**  
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
**1000 Buffer Preserve Drive**  
 City or town, state or province, country, and ZIP or foreign postal code  
**Fellsmere, FL 32948**

**D** Employer identification number  
**20-0910984**

**E** Telephone number  
**(321)951-5004**

**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: ▶ [www.nbbd.com/npr/cpa](http://www.nbbd.com/npr/cpa)

**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 . . . . . ▶ \$ **5,257.29**

<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I)		Check if the organization used Schedule O to respond to any question in this Part I . . . . . <input checked="" type="checkbox"/>	
Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	<b>2,988</b>
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	<b>785</b>
	<b>4</b> Investment income . . . . .	<b>4</b>	
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	<b>1,249</b>
<b>b</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) . . . . .	<b>6b</b>		
<b>c</b> Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>	<b>366</b>	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>	<b>883</b>	
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	<b>236</b>	
<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>	<b>-26</b>	
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	<b>209</b>	
<b>8</b> Other revenue (describe in Schedule O) . . . . .	<b>8</b>		
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	<b>9</b>	<b>4,865</b>	
Expenses	<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	
	<b>16</b> Other expenses (describe in Schedule O) . . . . .	<b>16</b>	<b>1,456</b>
<b>17 Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>	<b>1,456</b>	
Net Assets	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	<b>3,409</b>
	<b>19</b> 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) . . . . .	<b>19</b>	<b>15,442</b>
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	<b>622</b>
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶	<b>21</b>	<b>19,473</b>



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 [X]

Table with 4 columns: Description, (A) Beginning of year, (B) End of year, and a second (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

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? Support St. Sebastian River Preserve State Park

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.)

Table with 4 columns: Description, (A) Beginning of year, (B) End of year, and a second (B) End of year. Rows include Provided funds for gravel to provide a stabilized rock bed for parking vehicles and equipment; Provided funds for four volunteer appreciation meals; Provided funds to repair a donated vehicle (jeep); Other program services; Total program service expenses.

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 [ ]

Table with 5 columns: (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. Rows include George Krugg, Ruth Hills, Jay Pruden, Gayle Heath, Linda Wiley, and Andrea Ash.

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

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		✓
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) . . . . .		✓
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)? . . . . .		✓
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 . . . . .		✓
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 . . . . .		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> _____		
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		✓
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? . . . . .		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b> _____		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> _____		
b	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> _____		
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 . . . . .		✓
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 . . . . . ▶ _____		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
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 . . . . .		✓
40e			
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ _____ Telephone no. ▶ _____ Located at ▶ _____ ZIP + 4 ▶ _____		
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)? 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).	Yes	No
42b			✓
c	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 <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> _____		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓
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 . . . . .		✓
c	Did the organization receive any payments for indoor tanning services during the year? . . . . .		✓
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 . . . . .		
44d			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		✓
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) . . . . .		✓
45b			



**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

**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

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

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

**b** If "Yes," was the related organization a section 527 organization? . . . . . **49b**  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."

(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

**f** Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

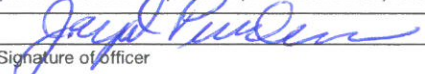
**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

**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 5/9/2017  
 **Jay Pruden, Treasurer for CSSP**  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶			
Firm's address ▶	Phone no.			

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  Yes  No

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization

Citizens for the St. Sebastian River Preserve, Inc.

Employer identification number

20-0910984

Supplemental to Form 990-EZ:

Line #16: Four volunteer appreciation meals \$ 211.27

Purchased tools for maintenance shop \$ 60.98

Maintenance on a donated vehicle \$ 161.61

Florida Dept. of Revenue (sales tax) \$ 21.91

Purchased Gravel Rock for shop \$1,000.00

Total \$1455.77

(note: three of the above expenses were also listed in Part III (\$211.27, \$161.61 and \$1,000.00).)

Line #20: 2015 to 2016 Inventory Asset difference (not rounded up or down) \$586.72

2015, 2016 and 2017 PNC Bank Acct. differences/AFR \$ 8.54

Inventory at cost difference AFR and IRS \$ 26.42

Savings Acct. difference AFR 2015/2016 \$ .64

Difference between 2015/2016 Total Assets AFR/IRS \$ -.28

Total \$621.91/\$622 Rounded



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2016**

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public Inspection**

Name of the organization

Employer identification number

Citizens for the St. Sebastian Preserve, Inc.

20-0910984

**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<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% 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)						
<b>Total</b>						



**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	4183	1042	565	1127	2988	9905
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0	0	0	0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	1772	1235	303	302	9310	12922
<b>4 Total.</b> Add lines 1 through 3 . . . . .	5955	2277	868	1429	12298	22827
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> 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
<b>7</b> Amounts from line 4 . . . . .	5955	2277	868	1429	12298	22827
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	0	0	0	0	0	0
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	0	0	0	0	0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	2002	2100	1604	1830	883	8419
<b>11 Total support.</b> Add lines 7 through 10						31246
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	871
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	78 %
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 . . . . .	<b>15</b>	58 %
<b>16a 33 1/3% support test—2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2015.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2016.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test—2015.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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 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.)

Part 11, Section B, Line 10:

a) 2012. Income generated from special fund raiser event

b) 2013. Income generated from special fund raiser event

c) 2014. Income generated from special fund raiser event

d) 2015. Income generated from special fund raiser event

e) 2016. Income generated from special fund raiser event

Multiple horizontal dashed lines for providing supplemental information.



**CITIZENS FOR THE ST. SEBASTIAN PRESERVE, INC.**  
**TREASURER'S REPORT**  
 (Period 17 November to 31 December 2016 and Year Ending)  
 \*REVISED 13 March 2017

			FY2016	
<b>INCOME:</b>	<b>FORECAST</b>	<b>FY START to LAST RPT</b>	<b>THIS PERIOD</b>	<b>FY TOTAL</b>
<b>Transactions for 2015 Deposited in 2016</b>		\$ 59.00	\$ -	\$ 59.00
Contributions/Donations	\$ 200.00	\$ 184.45	\$ 47.50	\$ 231.95
Contributions (Restricted)*		\$ 2,755.65	\$ -	\$ 2,755.65
Gift Shop Sales	\$ 100.00	\$ 232.00	\$ 4.00	\$ 236.00
Gift Shop Sales Shortage or Overage (+ or -)		\$ (0.31)		\$ (0.31)
Membership Dues	\$ 300.00	\$ 785.00	\$ -	\$ 785.00
Poker Ride (Equestrian, Fall)	\$ 1,500.00	\$ 1,249.00	\$ -	\$ 1,249.00
Poker Ride Sponsorships	\$ 400.00	\$ -	\$ -	\$ -
Miscellaneous/Interest	\$ 50.00	\$ -	\$ -	\$ -
<b>Total Income:</b>	<b>\$ 2,550.00</b>	<b>\$ 5,264.79</b>	<b>\$ 51.50</b>	<b>\$ 5,316.29</b>
<b>Total Income, FY To Date:</b>				<b>\$ 5,316.29</b>

<b>EXPENSES:</b>	<b>FORECAST</b>	<b>FY START TO LAST RPT</b>	<b>THIS PERIOD</b>	<b>FY TOTAL</b>
Inventory (Less Cost of Goods Sold)	\$ 50.00	\$ 25.86	\$ 0.56	\$ 26.42
Advertising, Signs, Posters, Brochures	\$ 100.00	\$ -	\$ -	\$ -
Volunteer Appreciation/Vol. Misc.	\$ 300.00	\$ 211.27	\$ -	\$ 211.27
Poker Ride (Equestrian, Fall)	\$ 400.00	\$ 365.76	\$ -	\$ 365.76
Miscellaneous - Refunds, Fees, Maint.	\$ 50.00	\$ 161.61	\$ -	\$ 161.61
Postage, Office Supplies	\$ 25.00	\$ -	\$ -	\$ -
Sales Taxes Collected and Paid	\$ 15.00	\$ 20.87	\$ 1.04	\$ 21.91
<b>Transactions for 2015 Expensed out of 2016</b>		\$ -	\$ 59.00	\$ 59.00
Special Project Expenses (See Below)		\$ 1,060.98	\$ -	\$ 1,060.98
<b>Total Expenses</b>	<b>\$ 890.00</b>	<b>\$ 1,846.35</b>	<b>\$ 60.60</b>	<b>\$ 1,906.95</b>

<b>Income Less Expenses</b>		<b>\$ 3,418.44</b>	<b>\$ (9.10)</b>	<b>\$ 3,409.34</b>
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<b>SPECIAL PROJECTS EXPENSES:</b>	<b>FORECASTS</b>	<b>FY START TO LAST RPT</b>	<b>THIS PERIOD</b>	<b>FY TOTAL</b>
Prescribed Fire	\$ 400.00	\$ -	\$ -	\$ -
Red-Cockaded Woodpecker/Scrub Jay	\$ 525.00		\$ -	\$ -
State Park Equipment/Supplies/Repairs	\$ 500.00		\$ -	\$ -
Restricted* (Purchase Tools/S. Boyd Fund)	\$ 500.00	\$ 60.98	\$ -	\$ 60.98
Eagle Camp Repairs	\$ 900.00		\$ -	\$ -
Bridge at Coyote Link	\$ 3,000.00	\$ -	\$ -	\$ -
Resource Management		\$ -	\$ 1,000.00	\$ 1,000.00
<b>TOTAL SPECIAL PROJECT EXPENSE:</b>	<b>\$ 5,825.00</b>	<b>\$ 60.98</b>	<b>\$ 1,000.00</b>	<b>\$ 1,060.98</b>

Note: Fiscal Year is now January 1 to December 31

**CITIZENS FOR THE ST. SEBASTIAN PRESERVE, INC.**  
**Report Period 17 Nov to 31 Dec Year Ending (Revised 13 March 2017)**  
**STATEMENT OF ASSETS AND LIABILITIES RESULTING FROM CASH TRANSACTIONS**

	This Period FY2016	Fiscal Year End FY2015
<b>ASSETS:</b>		
Cash & Gift Shop Sales Cash Drawer	\$ 100.00	\$ 100.00
Checking Account (As o 12/31/16)	\$ 11,240.57	\$ 7,796.27
Savings Account (As of 12/31/16)	\$ 6,564.72	\$ 6,564.08
Petty Cash Box	\$ 57.52	\$ 57.52
Additional Deposits/Reconciliation	\$ 59.00	\$ 59.00
<b>Total Cash:</b>	<b>\$ 18,021.81</b>	<b>\$ 14,576.87</b>
<b>* INVENTORIES (AT COST, WHOLESALE)</b>		
Purchased: Tags, Posters, Pins, Patches, etc.	\$ 1,451.44	\$ 864.72
<b>Total Inventories:</b>	<b>\$ 1,451.44</b>	<b>\$ 864.72</b>
	\$ -	
<b>Total Inventories, Adjusted:</b>	<b>\$ 1,451.44</b>	
<b>TOTAL ASSETS:</b>	<b>\$ 19,473.25</b>	<b>\$ 15,441.59</b>
<b>Less Restricted Assets Amount:</b>	<b>\$ 2,680.60</b>	
<b>LIABILITIES AND NET ASSETS:</b>		
Debt	\$ -	\$ -
<b>Total Liabilities</b>	\$ -	\$ -
<b>NET ASSETS</b>		
Unrestricted	\$ -	\$ -
<b>Available for Operations</b>	<b>\$ 16,792.65</b>	<b>\$ 15,441.59</b>
Designated for Long Term Investment		
<b>Total Unrestricted:</b>	<b>\$ 16,792.65</b>	<b>\$ 15,441.59</b>
<b>Total Net Assets</b>		
<b>Total Liabilities and Net Assets</b>	<b>\$ 19,473.25</b>	<b>\$ 15,441.59</b>

<b>RESTRICTED PROJECT:</b>	<b>Contributed/Start</b>	<b>Spent</b>	<b>Balance</b>
Park Scrap Metal (Hog Removal)	\$ 910.00		
2/1/2013		\$ 81.00	\$ 829.00
2/6/2013		\$ 146.00	\$ 683.00
3/29/2013		\$ 444.00	\$ 239.00
10/27/2013		\$ 50.00	\$ 189.00
Scrap Metal Sales 9/18/2014	\$ 371.30	\$ -	\$ 598.81

\*Based on actual inventory completed 31 December 2015

\*\*See separate spreadsheet for restricted contributions.



**CITIZENS FOR THE ST. SEBASTIAN PRESERVE, INC.**

**TREASURER'S REPORT**

**(Period 17 November to 31 December 2016 and Year Ending)**

**\*REVISED 13 March 2017**

			\$ -
<b>Total Park Scrap Metal (Hog Res)</b>	<b>\$ 1,281.30</b>	<b>\$ 721.00</b>	<b>\$ 560.30</b>
<b>Horse Fund</b>			
11/13/2013	\$ 678.49	\$ -	\$ 678.49
Lumber & Matls Stepups 4/21/2		\$ 329.86	
<b>Total Horse Fund</b>	<b>\$ 678.49</b>	<b>\$ 329.86</b>	<b>\$ 348.63</b>
<b>Tools (Steve Boyd Fund)</b>			
2/1/2013	\$ 1,000.00		
3/20/2013		\$ 317.00	\$ 683.00
4/15/2013		\$ 215.00	\$ 468.00
6/18/2013		\$ 391.00	\$ 77.00
5/21/2014	\$ -	\$ -	\$ -
2016		\$ 60.98	\$ 16.02
<b>Total Tools (Steve Boyd Fund)</b>	<b>\$ 1,000.00</b>	<b>\$ 983.98</b>	<b>\$ 16.02</b>
<b>Resource Management Fund</b>			
Sale of Confiscated Berries	\$ 2,755.65		\$ 2,755.65
Gravel Purch for Veh Shed 9/22		\$ 1,000.00	
<b>Total Rsc Mgmt Fund</b>			<b>\$ 1,755.65</b>
<b>TOTAL RESTRICTED:</b>	<b>\$ 2,959.79</b>	<b>\$ 2,034.84</b>	<b>\$ 2,680.60</b>

Note: Fiscal Year is now January 1 to December 31