

Florida Department of Environmental Protection CITIZEN SUPPORT ORGANIZATION ANNUAL REPORT

Required Signatures:	No Signature	
Year: 2016		
Citizen Support O	rganization (CSO) N	ame: Friends of Oleta River State Park
Mailing Address:	3400 NE 163rd Stree	et, N Miami Beach, FL 33160
Telephone Numbe	786-529-5012 er:	Website Address (if applicable): FriendsofOletaRiverStatePark.org

Statutory Authority:

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

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

Brief Description of the CSO's Mission:

The Friends of Oleta River State Park (Friends) is a dedicated 501(c)(3) nonprofit citizen support organization that sponsors events, raises funds and advances the goals and missions of Oleta River State Park. The Friends actively lead events, programs and initiatives to bolster community involvement - individual and corporate - through volunteering and the investment of time and money in order to better protect and conserve the Park's natural resources, while also working to improve and maintain Oleta's recreational components.

Oleta River State Park (OLETA) is the largest urban State Park in Florida, which brings great benefits to a highly urbanized area, yet also presents many challenges, especially in the financial realm, where funding is critical for conservation, restoration and maintenance/improvement of the natural and/or recreational areas. The Friends work to strategically plan and implement programs to support the park broadly and improve: 1. the ecological health of the conserved parklands and 2. provision of vibrant and well-maintained recreational spaces.

Department of the state of the

Florida Department of Environmental Protection CITIZEN SUPPORT ORGANIZATION ANNUAL REPORT

Brief Description of the CSO's Results Obtained:

- Increase from one fundraising event in prior year to more than 10 official native planting and/or litter cleanup events, which has boosted biodiversity, removed hundreds of invasive species, reduced harmful litter and/or contaminants released (into lands and waters) and built up a core group of Friends volunteers committed to the Park and its goals.
- Led the yearly Baynanza County cleanup event for the Park, which drew many hundreds of volunteers and the Ocean Conservancy's International Coast Cleanup with over 125 volunteers
- Increased official Friends-led Oleta Mountain Bike Trail maintenance/improvement events from 0 to monthly events, commenced in March of 2015
- Creation of Friends Membership options by adding the Family membership and a 6-tiered Corporate Membership program, resulting in more than doubling of membership donations
- Planting of more than 250 new native plants and trees in 2015 to replace invasive (Category II) species previously planted
- Trail improvements and newly purchased materials in wood, clay and pavers
- Financed vital Park vehicle and equipment repairs

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

Completion of Oleta's Butterfly Garden to include outdoor-museum educational elements, including a green infrastructure/water-management component

- To lead 3-6 annual major fundraising events to promote ecological missions and mountain bike trail development/improvement goals
- Develop a strong Young Friends of Oleta membership and activities AND optimal ties with local-partner schools
- Increased and new board members, whom would have the capacity and will to dedicate time monthly to the Friends programs and/or willing to provide resources or other support towards our mission and goals
- Significant increase in Corporate Memberships in all tiers and in-kind gifts from community leaders/business interests
- Discernible and measurable biodiversity, restoration and conservation goals achieved
- Significant and measurable improvements to Oleta Mountain Bike Trails and in connections with the local South Florida bike community
- Increased in donated funds to the Friends to augment Park support in equipment and supplies, along with strategies to sustainably maximize staff and resource efficiencies.
- 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

FRIENDS OF OLETA RIVER STATE PARK, INC. CODE OF ETHICS

PREAMBLE

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

STANDARDS

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

1. Prohibition of Solicitation or Acceptance of Gifts

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

2. Prohibition of Accepting Compensation Given to Influence a Vote

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

3. Salary and Expenses

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

4. Prohibition of Misuse of Position

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

5. Prohibition of Misuse of Privileged Information

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

6. Post-Office/Employment Restrictions

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

7. Prohibition of Employees Holding Office

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

8. Requirements to Abstain From Voting

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

9. Failure to Observe CSO Code of Ethics

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

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)

2015

OMB No. 1545-1150

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.

А	For the	2015 calendar year, or tax year beginning 01/01 , 2015, and ending	12/31		
В	Check if a	pplicable: C Name of organization	mployer i	dentification number	
\vdash	Address of			65-0987371	
H	Name cha		E Telephone number		
H	Initial retu	3400 NE 163RD STREET	7	86-529-5012	
Ħ	Amended	return City or town, state or province, country, and ZIP or foreign postal code	Group Exe		
	Application	NORTH WARRENCH EL COCCO	Number	>	
G	Account	ting Method: Cash	ck ▶ 🗸	if the organization is not	
1	Website	: www.friendsofoletariverstatepark.org requ	ired to at	tach Schedule B	
J 1	ax-exen	npt status (check only one) — 501(c)(3) □ 501(c) () (insert no.) □ 4947(a)(1) or □ 527 (Form	m 990, 99	0-EZ, or 990-PF).	
K	Form of	organization: 🗹 Corporation 🔲 Trust 🔲 Association 🔲 Other			
L,	Add line	s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass	ets		
(Pa	ırt II, col	umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	. •	24,157	
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the inst	truction	s for Part I)	
		Check if the organization used Schedule O to respond to any question in this Part I.			
-	1	Contributions, gifts, grants, and similar amounts received		21,302	
	2	Program service revenue including government fees and contracts	. 2	0	
	3	Membership dues and assessments	. 3	2,855	
	4	Investment income	. 4	0	
	5a	Gross amount from sale of assets other than inventory 5a	0		
	b	Less: cost or other basis and sales expenses	0		
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5c	0	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than	-		
<u>e</u>	, a	\$15,000)	0		
Revenue	h	Gross income from fundraising events (not including \$ 0 of contributions	-		
ě	Ь	from fundraising events reported on line 1) (attach Schedule G if the			
Œ		sum of such gross income and contributions exceeds \$15,000) 6b	0		
		Less: direct expenses from gaming and fundraising events 6c	0		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	\tag{\text{-1}}		
	u	line 6c)	. 6d		
	7-		ou	0	
	7a	The state of the s	0		
	b	Less: cost of goods sold	. 7c		
	C			0	
	8	Other revenue (describe in Schedule O)	9		
0 8	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. 10	24,157	
	10	NAME OF THE OWNER OF THE PROPERTY OF THE PROPE	. 11	0	
	11	Benefits paid to or for members	12	0	
ses	12	Salaries, other compensation, and employee benefits	. 13		
en	13	Professional fees and other payments to independent contractors	- C - C	0	
Expens	14	Occupancy, rent, utilities, and maintenance	. 14	1,777	
ш	0.70	Printing, publications, postage, and shipping		1,101	
	16	Other expenses (describe in Schedule O)	. 16	11,394	
	17	Total expenses. Add lines 10 through 16	17	14,272	
ts	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		9,885	
se	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)	-	33,387	
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)		0	
-	21	Net assets or fund balances at end of year. Combine lines 18 through 20	▶ 21	43,272	

Form 990-EZ (2015) Page 2 Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II . . . (A) Beginning of year (B) End of year Cash, savings, and investments 22 33,387 22 43,272 0 23 23 0 0 24 24 0 33,387 25 25 43,272 Total liabilities (describe in Schedule O) _ . . 26 0 26 0 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . 27 33,387 27 43,272 Part III Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? See Schedule O, Statement 1 501(c)(3) and 501(c)(4) Describe the organization's program service accomplishments for each of its three largest program services, organizations; optional for others.) as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. Oleta River State Park support in vital equipment repair and material/supplies/equipment purchases. 0) If this amount includes foreign grants, check here . . . 28a 4,736 (Grants \$ 29 Maintenance and improvement of the mountain bike trails at Oleta River State Park, purchase and delivery of pavers, wood, clay and signs, along with hosted trail maintenance/improvement events. (Grants \$ 0) If this amount includes foreign grants, check here . . . 29a 3,604 30 Oleta River State Park butterfly garden native plantings to include removal of invasive species, organic soil improvement, mulching and weeding plus design and education. Regularly (at least monthly) events are (Continued on Schedule O, Statement 2) (Grants \$ 0) If this amount includes foreign grants, check here 30a 1,242 (Grants \$ 0) If this amount includes foreign grants, check here 31a 0 32 9,582 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 (c) Reportable (d) Health benefits. (b) Average compensation contributions to employee (e) Estimated amount of (a) Name and title hours per week (Forms W-2/1099-MISC benefit plans, and other compensation devoted to position (if not paid, enter -0-) deferred compensation Kimberly Lewis 65 00 0 0 0 President Jane Reilly 11.00 0 0 0 **Vice President** Olga Martynov 2 0 0 0 Treasurer Nina Jackson 5 0 0 0 Secretary Allan McHenry 10 0 0 0 **Board Member** Gloria Kay 1.5 0 0 0 **Board Member** David Kay 0 0 0 **Board Member** Giovanna Garay 2 0 0 0 **Board Member** 2.00 0 0 Paco Nagaro **Board Member**

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Pan	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		103	140
	detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		<u> </u>
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	1000	1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			12.5
b	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	30a	100	V
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958		- 60	
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	400	-	V
C	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			Tel F
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶ FL			
42a		786-52		2
h	Located at ► 3400 NE 163rd Street, North Miami Beach, FL 33160 ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	331	Yes	No
D	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	42b	162	√
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			FER
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	* *	. !	▶ □
30			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	12/21	1
c d	Did the organization receive any payments for indoor tanning services during the year?	44c	181-y	1
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
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)	45h		1

								Yes	No
46		he organization engage, directly or in							
D	-	ndidates for public office? If "Yes," o		, Part I		· · · · ·	. 40	6	1
Part	VI	Section 501(c)(3) organizations		-1: 17 10h	-150	l a carrellata de			No.
		All section 501(c)(3) organization 50 and 51.	s must answer que	stions 47–49b ar	na 52, and	a complete th	e tables	tor III	ies
			andula O to roonana	I to any avestion i	n thin Dad				
		Check if the organization used Sch	ledule O to respond	to any question	n this Pan	(VI	* * *	126	<u>. L</u>
47	Did +	he organization engage in lobbying	activities or have a	naction EO1/b) also	ation in off	oot during the	tov [Yes	No
47		If "Yes," complete Schedule C, Part		section 501(ii) elec			******	-	1
48	200	e organization a school as described in					. 4	-	1
49a		he organization make any transfers to					-		1
b		es," was the related organization a se							V
50		plete this table for the organization's							nd kov
50		oyees) who each received more than							
	op.	oyees, who each received more than				lealth benefits,	C, Critor	140110.	
	(a)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contribu	tions to employee	(e) Estim		
	,-,		devoted to position	(Forms W-2/1099-MIS		lans, and deferred	other c	ompensa	ation
Mana		****	21943870			inperioation			
None									

	-								
	Total	number of other employees paid as	\$100 000						_
		number of other employees paid over		100		_		and analysis	
51		plete this table for the organization' ,000 of compensation from the orga			ent contrac	ctors who each	1 receive	d mor	e than
	φ100	,000 or compensation from the orga	mzadon. Il there is no	The, efficient Notice.					
	(a)	Name and business address of each independ	ent contractor	(b) Type of	service	(c) Compens	ation	
None									
None									
	_								
							-		
	_		- M						
	Tatal							- 1100-10	
		number of other independent contra	<u> </u>						
52		the organization complete Schedu pleted Schedule A		COMMENSATION COMMENSATION COM		s must attacl		[N1-
		Control and the Control of Contro					.▶ ∀ Y		No
		of perjury, I declare that I have examined this r d complete. Declaration of preparer (other than					nowledge a	and belief	f, it is
	T			податальной разра	To had any m				
Sign		Signature of officer				Date			
Here		The Committee of the Co				Date			
Here		Kimberly Lewis, President Type or print name and title				industria en la compani			_
		In the second se	Preparer's signature		Date		ı PTIN	J	
Paid		Print/Type preparer's name	reparer s signature		Date	Check	l if		
Prep		Personal Accompanies of the Control				self-emplo	yeu		
Use	Only	Firm's name				Firm's EIN ▶			
May +	a IDC	Firm's address discuse this return with the propagar	chown about Co-	netruotiona		Phone no.	▶ □		NI.
iviay (ie iuo	discuss this return with the preparer	PHOMIL SPOKE & 266	instructions	* * *		► □ Ye	as 🔲	No

SCHEDULE A (Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service

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

2015
Open to Public

Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number** FRIENDS OF OLETA RIVER STATE PARK INC 65-0987371 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33½% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. 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. 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. 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. 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. Enter the number of supported organizations . . Provide the following information about the supported organization(s). (iii) Type of organization (iv) Is the organization (v) Amount of monetary (i) Name of supported organization (vi) Amount of listed in your governing (described on lines 1-9 support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D)

(E)

Part II

(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 **(b)** 2012 Calendar year (or fiscal year beginning in) ▶ (a) 2011 (c) 2013 (d) 2014 (e) 2015 (f) Total Gifts, grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . 6,846 28,729 13,248 22,706 24,157 95,686 levied 2 Tax revenues for organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . 4 6,846 13,248 28,729 22,706 24,157 95,686 5 The portion of total contributions by each person (other governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 0 Public support. Subtract line 5 from line 4. 95,686 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Amounts from line 4 7 28,729 13,248 6,846 22,706 24,157 95,686 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 95,686 Gross receipts from related activities, etc. (see instructions) 12 0 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) Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) % 100 Public support percentage from 2014 Schedule A, Part II, line 14 15 331/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 16a 1 331/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2015. 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 b 10%-facts-and-circumstances test - 2014. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.) If the organization fails to qualify under the tests listed below, please complete Part II.)

Sect	ion A. Public Support	G.700. 170 to	,010 110100 1001	o, p. o d o o o		,	
Caler	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
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						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf					50	
5	The value of services or facilities		i.				
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						•
7a	Amounts included on lines 1, 2, and 3		1				
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified		į.				
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from					APP TO PATRICE	
	line 6.)						
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	<u> </u>					
10a	Gross income from interest, dividends,	Ų.					
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	1					
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business		\\				
	activities not included in line 10b, whether						
40	or not the business is regularly carried on				-		
12	Other income. Do not include gain or			-			
	loss from the sale of capital assets (Explain in Part VI.)						
12	Total support. (Add lines 9, 10c, 11,						
13	and 12.)						
14	First five years. If the Form 990 is for th						and the second second
	organization, check this box and stop her		82 (M) (M) (M) (M)		* * * * *	3 4 34 34 34	<u> </u>
	on C. Computation of Public Suppor					T-:	
15	Public support percentage for 2015 (line 8					15	%
16	Public support percentage from 2014 Sch			97 (81 187 187 187		16	%
	on D. Computation of Investment Inc			1: 40 1	(0)	T4=1	
17	Investment income percentage for 2015 (I		There are all the first our many little		CONTRACTOR OF THE CO.	17	<u>%</u>
18	Investment income percentage from 2014					18	% / and line
19a	331/3% support tests—2015. If the organi						
	17 is not more than 33½%, check this box a					65	
b	331/3% support tests—2014. If the organization 18 is not more than 331/2% check this h						
00	line 18 is not more than 331/3%, check this b					4 8	
20	Private foundation. If the organization did	a not check a f	DUX OII IIIIE 14,	19a, 01 19b, 0	HECK THIS DOX	and see mstruc	tions

Part IV **Supporting Organizations**

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

Section A. All Supporting Organ	izations
---------------------------------	----------

CCL	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	GP	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	the first that the contract of	4a	255	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		B
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
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?	5b	7/6	
6 6	Substitutions only. Was the substitution the result of an event beyond the organization's control? 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? If "Yes," provide detail in Part VI.	5c		
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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
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? If "Yes," provide detail in Part VI .	9b		
С	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? If "Yes," provide detail in Part VI.	9c	1387	
10a	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	Lai S		1

determine whether the organization had excess business holdings.)

10b

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	133		101
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			-112
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations	1		
			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? 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.	-		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	Yes	No
Section	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Section	on E. Type III Functionally-Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in Part VI).			
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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.	2a		
	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.	2b		
а	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> 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? <i>Provide details in Part VI.</i>	3a		
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.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	janiz	ations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the containing of the containing organization.			
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	100,000,000	
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		161 K
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		32
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	mak, one being for Jehre	
 7 Check here if the current year is the organization's first as a non-functional instructions). 	y-inte	grated Type III support	ting organization (see

Page 7

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Secti	ion D - Distributions		1////	Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		Aller 4
2	Amounts paid to perform activity that directly furthers exe	rted		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	poses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets	NAME OF THE PERSON OF THE PERS		
5_	Qualified set-aside amounts (prior IRS approval required)			Harman Maria
6_	Other distributions (describe in Part VI). See instructions.			4 44 44
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	th the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015
_ 1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
<u>a</u>				
b				
<u>c</u>				
d	From 2013			
e	From 2014			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years Applied to 2015 distributable amount			
<u>h</u> i	Carryover from 2010 not applied (see instructions)			
-	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section			
4	D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
C	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2016. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
С	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			
			Schodulo /	(Form 990 or 990-F7) 2015

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

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

Open to Public Inspection

Employer identification number

FRIENDS OF OLETA RIVER STATE PARK INC	65-0987371
Form 990-EZ, Part I, Line 16 - 16. State park vehicle and/or equipment repairs plus materials, supplies,	& equipment \$4735.80 16. Mt.
biking trails maintenance and improvement materials, supplies & event/volunteer support \$3604.01 16	Native planting and litter cleanup
materials, supplies & event/volunteer support \$1242.09 16. Website &social media related fixed fees \$	
memberships \$215.00 16. Delivery costs, travel & conferences \$588.49 16. Volunteer and Park appreci	ation \$265.84

Schedule O, Statement 1

FRIENDS OF OLETA RIVER STATE PARK INC 65-0987371

Form: 990-EZ

Page: 2

Line Number: Part III

Primary Exempt Purpose

Primary Exempt Purpose

Nonprofit citizen support organization that sponsors events and fundraising efforts to advance the goals and missions of Oleta River State Park.

Schedule O, Statement 2

FRIENDS OF OLETA RIVER STATE PARK INC

65-0987371

Form: 990-EZ

Page: 2

Line Number: Part III Line 30

Third Program Service Accomplishments Description

Description

hosted and led for volunteer work days to improve park ecological health and biodiversity, along with litter cleanup events.