

Florida Department of Environmental Protection

CITIZEN SUPPORT ORGANIZATION 2016 REPORT (pursuant to Florida Statute 20.058)

Citizen Support Organization (CSO) Name: Friends of Sebastian Inlet State Park, Inc.

Mailing Address: 13180 North Highway A1A, Vero Beach, Florida 32963

Telephone Number: 772-388-2750 Website Address : Friends of Sebastian Inlet State Park. 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 Sebastian Inlet State Park, Inc. (FSISP) is a 501 (C) (3) organization dedicated to supporting the park and the park's two museums. The organization enhances the state's mission to provide and preserve resource-based recreation such as fishing, surfing and enjoying the outdoors (The Real Florida).

Brief Description of the CSO's Results Obtained:

In 2015 FSISP provided all funding for the Volunteer Park Watch and the SPARCies Construction programs, Repair parts and Equipment for Park Vehicles, Equipment and Training for Park Firefighters, New Security System and cabinet for the McLarty Treasure Museum, Contractual Electrical rewiring, new LED Lighting System and new flooring of the Fishing Museum, purchase of 6 Kayaks, Transplantation of 6 mature Palm Trees and financed Park Rangers attendance at Media Conference.

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

The Park Manager and FSISP jointly develop an Annual List of Proposed Projects that will enhance the natural and programmatic amenities. As additional needs become apparent, Funding Requests are generated by the Park Staff, approved by the Park Manager and submitted to the FSISP for funding. Any questions are discussed at the FSISP Board meetings, which are attended by the Park Manager and his Senior Staff Members. This process will continue in the future.

X Copy of the CSO's Code of Ethics attached (Model provided; see CSO 2014 instructions)

X Certify the CSO has completed and provided to the Department the organization's most recent Internal Revenue Service (IRS) Form 990 or 990-EZ.

FRIENDS OF SEBASTIAN INLET STATE PARK, INC. CODE OF ETHICS

PREAMBLE

- (1) It is essential to the proper conduct and operation of Friends of Sebastian Inlet 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 Sebastian Inlet State Park 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.

Approved September, 2014

Form 990-EZ Under section 501(c), 52, or 4947(a)(1) of the internal Revenue Code (except private foundations) 2015 Department of the Tresser Primal Revenue Service > Do not enter social security numbers on this form as it may be made public. > Department of the Tresser Primal Revenue Service > Do not enter social security numbers on this form as it may be made public. > Department of the Tresser Primal Revenue Service > 2015, and ending . 20 B Crock apactable: > Name of organization _ 2015, and ending . 20 B Crock apactable: > Name of organization _ 2015, and ending . 20 B Crock apactable: > Name of organization _ 2016 _ 2018(312) B Crock apactable: > Name of organization _ 2016(312) _ 2018(312) B Crock apactable: > Crock a			I	Short Form				OMB No. 1545-1150
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b Less: cost of goods sold 7b 31160.51 c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 27297.99 8 Other revenue (describe in Schedule O) 8 6021.36 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 42622.15 10 Grants and similar amounts paid (list in Schedule O) 10 500.00 11 9 42622.15 12 13 12 13 12 13 14 12 13 15 14 15 16 0 0 16 44163.92 17 18 17 44633.92						• •	-Analysider -	
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11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 16 44163.92 17 Total expenses. Add lines 10 through 16 17 18 Evense or (deficit) for the year (Subtract line 17 from line 9) 18							10	
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16 0ther expenses (describe in Schedule O) 16 44163.92 17 Total expenses. Add lines 10 through 16 17 44633.92 18 Control of the start of t	épe	1. 1. 1. 1. 1. 1.				• •		
17 Total expenses. Add lines 10 through 16 17 44633.92 18 5 years or (definit) for the year (Subtract line 17 from line 9) 18 (2041 77)	ĥ					• •		
17 Ford on point of the year (Subtract line 17 from line 9) 18 (2041 77)								
18 Excess or (deficit) for the year (Subtract line 1/ from line 9) 10 (2041.77) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 79778.22 20 Other changes in not assets or fund balances (explain in Schedule O) 20			Total expen	ses. Add lines 10 through 16	<u>· · ·</u>	. P	-	
end-of-year figure reported on prior year's return)	ţs		Excess or (d	efficit) for the year (Subtract line 1/ from line 9)	et anno	e with	10	(2041.77)
Control your ingeneration of processing in the second of processing i	SSe	19					19	70779 22
	t A	20					20	10110.22
20 Other changes in her assets of fund balances (explain in Schedule 0)	Ne	a section of						76729.27
For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 106421 Form 990-EZ (2015)	For						A	Form 990-EZ (2015)

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	990-EZ (2015) rt II Balance Sheets (see the instructions for	or Dort II)				Page 2
Pa	Till Balance Sheets (see the instructions for Check if the organization used Schedule		ny question in this	Part II		[7]
-	Check II the organization used Schedule	O to respond to a	second	(A) Beginning of year	· ·	(B) End of year
22	Cash, savings, and investments		[45460.22	22	37809.33
23	Land and buildings.		[23	0
24	Other assets (describe in Schedule O)		[34318.00		38919.94
25	Total assets		[25	
26	Total liabilities (describe in Schedule O)		[26	
27	Net assets or fund balances (line 27 of column			79778.22	27	76729.27
Par Wha	t III Statement of Program Service Accomp Check if the organization used Schedule t is the organization's primary exempt purpose?					Expenses quired for section (c)(3) and 501(c)(4)
Deso as n	cribe the organization's program service accomplis neasured by expenses. In a clear and concise ma ons benefited, and other relevant information for ea	anner, describe th	of its three largest pagest page services provided	ogram services, , the number of		inizations; optional for
28	Maintains & repairs Park equipment, purchases volun					
	picnics & dinners, purchased electrical upgrades and	replacement for the	Fishing Museum.			
				·····	00-	
	and the second	and	ants, check here .		28a	40018.79
29	Hired bands to provide Saturday night concerts					
	Awarded scholarship			*****************		
	(Grants \$) If this amount i	includes foreign gr	ante check here	► 🗆	29a	1300.00
30	(Grants \$) If this amount i	includes totelight gra	anto, check here		200	1300.00
30		*******************	***************************************	**************		

	(Grants \$) If this amount	includes foreign gra	ants, check here .	► 🗆	30a	500.00
31	Other program services (describe in Schedule O)					
			ants, check here .		31a	
32	Total program service expenses (add lines 28a t				32	11010110
Par	t IV List of Officers, Directors, Trustees, and Key	Employees (list eac	h one even if not com	pensated-see the i		
	Check if the organization used Schedule	O to respond to a		Part IV	· · ·	<u></u>
	(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 employ benefit plans, and deferred compensatio		Estimated amount of other compensation
Jam	es Bennett - President				1	
	Grey Falcon Circle	10+	0		0	0
Vero	Beach, FL 32962					
				and the second	+	
	ry Hunter - VP	10+	0		0	0
	South Easy Street	10+			-	
Seb	astian, FL 32958					
San	dy Marino - Secretary					The second s
	lue Island St.	10+	C		0	0
	astian, FL 32958					
					_	10. A balance in a second state of the second st
Mich	nael G. Jones - Treasurer					
PO	NON TRADOT	10+			0	0
Seb	BOX 780007		0			
	astian, FL 32978-0007		U			
-					_	
					-	aray.dilana.es.ananarati 6 kananasiya

Form 990-EZ (2015)

Form 99	0-EZ (2015)		P	age 3
Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements)	s in th	ie	
	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	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		
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	35c		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			Q. IN
b	Did the organization file Form 1120-POL for this year?	37b	100.000	N NORTH
38a	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 38b	1 de	and the second	
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	1		
b	Gross receipts, included on line 9, for public use of club facilities			
40a	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		~
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			
Θ	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			
42a	The organization of books are in the or of the		4-789	9
	Located at ▶ PO BOX 780007 Sebastian, FL 32978 Mailing Address ZIP + 4 ▶ At any time during the calendar year, did the organization have an interest in or a signature or other authority over	32978	3-0007 Yes	No
D	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	103	1
	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		10-10	
	Financial Accounts (FBAR).	10		
C	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	• •		
44-	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	131500	Yes	No
44a	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		1
c d	Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44c 44d		1
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	AFL		
	Form 990-EZ (see instructions)	45b	1	1

Form 990-EZ (2015)

Form 990-EZ (2	2015)						P	age 4
46 Did t	he organization engage, directly or ir andidates for public office? If "Yes," o	ndirectly, in political c complete Schedule C.	ampaign activities on	behalf of or i	n oppositio	in 46	Yes	No
Part VI	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51. Check if the organization used Scl	s only s must answer que	stions 47–49b and	52, and com			or line	ys
year 48 Is the 49a Did t 50 Com	the organization engage in lobbying ? If "Yes," complete Schedule C, Par e organization a school as described in he organization make any transfers to es," was the related organization a se plete this table for the organization's loyees) who each received more than	t II	i)? If "Yes," complete s ritable related organiz on? sated employees (oth	Schedule E zation? . ner than office nization. If the	rs, director	47 48 49a 49b 5, trustee		No ✓ ✓ d key
(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 be contributions to benefit plans, an compensa	employee (e) Estimate other com		
51 Com	I number of other employees paid ov	s five highest compe	ensated independent	contractors	who each r	received	more	than
	0,000 of compensation from the orga		(b) Type of serv	ice	(c) C	ompensatio	on 	
52 Did com	I number of other independent contra the organization complete Schedu pleted Schedule A	ule A? Note: All se	ection 501(c)(3) orga	nizations mu	<u></u>	► X Yes		and in the local division of the
Under penaltie true, correct, a Sign Here	er 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 correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. I 3-07-2016 Signature of officer Pate Michael G. Jones Treasurer Type or print name and title							it is
Paid Preparer Use Only May the IRS		Preparer's signature		Firm's	h			No

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Form 990-EZ (2015)

SCHEDULE A	Pu	blic Charit	y Status and I	Public	Supp	ort	OMB No. 1545-0047			
(Form 990 or 990-EZ)	7	te if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.					2015			
Department of the Treasury		0.070	h to Form 990 or Form				Open to Public			
Internal Revenue Service	Information about	t Schedule A (Form	n 990 or 990-EZ) and its	instruction	ns is at ww		Inspection			
Name of the organization						Employer identificatio				
Friends of Sebsastian Part Reason			organizations must	complet	te this pa		64754 DNS.			
The organization is no	the second se	the second state of the se	the second s			State of the second state				
The second s			on of churches descri							
Care a construction of the second sec		CONTRACTOR AND ADDRESS OF AD	Attach Schedule E (F							
4 A medical re hospital's na	 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: 									
section 170	(b)(1)(A)(iv). (Comp	olete Part II.)	college or university				tal unit described in			
7 An organizat described in	tion that normally section 170(b)(1)	receives a subst (A)(vi). (Complete		port from			n the general public			
			(1)(A)(vi). (Complete I							
receipts fror support fror acquired by	n activities related n gross investme the organization at	I to its exempt to nt income and fter June 30, 197	re than 331/3% of its functions—subject to unrelated business '5. See section 509(a	certain taxable ir i)(2). (Con	exception ncome (le nplete Pa	ns, and (2) no more ess section 511 ta rt III.)	e than 331/3% of its			
			sively to test for public							
one or more	publicly supported	l organizations de	vely for the benefit of, escribed in section 50 the type of supporting	09(a)(1) or	section	509(a)(2). See sect	tion 509(a)(3). Check			
the suppor	upporting organization(s) ted organization(s) on. You must com) the power to re	supervised, or control gularly appoint or ele ections A and B.	led by its ct a majo	supporte rity of the	d organization(s), t directors or truste	ypically by giving es of the supporting			
control or	management of the	e supporting org	d or controlled in controlled in controlled in the anization vested in the Sections A and C.	nection w le same p	ith its sup ersons th	ported organizatio at control or mana	n(s), by having ge the supported			
its support	ed organization(s)	(see instructions	g organization operation b). You must comple	te Part IV	, Section	ns A, D, and E.				
that is not	functionally integra	ated. The organiz	oorting organization o zation generally must nplete Part IV, Secti	satisfy a	distributi	on requirement and	ted organization(s) I an attentiveness			
e Check this functional	box if the organiz y integrated, or Ty	ation received a pe III non-function	written determination onally integrated supp	from the	IRS that	it is a Type I, Type	II, Type III			
	ber of supported of	organizations .	orted organization(s).							
g Provide the to (i) Name of support	and the second sec	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	(iv) is the o listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
				Yes	No					
(A)										
(B)										
(C)				utilities but the or						
(D)				ļ						
(E) 	ora.e.				e.					
Total		S. Com	North Marine							

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Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015

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Part						999 804 C	
	(Complete only if you checked the If the organization fails to qualify						er Part II.
Secti	on A. Public Support						
Calen	dar 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.")	8794	12554	15887	6842	9280	53357
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	27508	56075	53247	51647	58459	246936
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						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	36302	68629	69134	58489	67739	300293
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b Public support. (Subtract line 7c from 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 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		-				
с 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether 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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	re		d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3) · · ▶ □
	ion C. Computation of Public Support	rt Percentage	B	0 (0)		1461	20
15	Public support percentage for 2015 (line	8, column (f) di	vided by line 1	3, column (f))		15	%
16	Public support percentage from 2014 Sc ion D. Computation of Investment In	come Percei	ntage	<u></u>	<u></u> .		/0
Sect 17	Investment income percentage for 2015	line 10c. colum	n (f) divided b	y line 13, colur	пп (f))	17	%
18	Investment income percentage from 201-	4 Schedule A. I	Part III, line 17			18	%
19a	331/3% support tests - 2015. If the organ 17 is not more than 331/3%, check this box	and stop here.	check the box The organization	on line 14, ar on qualifies as a	nd line 15 is m a publicly supp	orted organizati	on . 🕨 🗋
b	33 ¹ /3% support tests-2014. If the organization of the second states and the second states and the second states and sta	zation did not c box and stop h	heck a box on ere. The organ	line 14 or line 1 ization qualifies	19a, and line 16 as a publicly s	is more than 3 upported organ	3¹/₃%, and ization ▶ []

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

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (F	Form 990 or 990-EZ) 2015 Page 8
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.)
We are a vo	olunteer organization that manages two (2) gift shops in the Sebastian Inlet State Park to support the Sebastian Inlet State Park.
We have no	other income except for donations, interest dividends and recycle of aluminum cans and scrap metal.

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Schedule A (Form 990 or 990-EZ) 2015

SCHEDULE O (Form 990 or 990-EZ)	OMB No. 1545-0047									
Department of the Treasury Internal Revenue Service	Open to Public Inspection									
Name of the organization		Employer identifica								
Friends of Sebsastian	Inlet State Park, Inc.	59-	316754							
Part I - Revenues, Exp	enses Etc.									
Line 8 Other Revenue - Recycle Cans - \$377.78, Auction - \$1543.38, Sales Tax Collected \$3845.88, Total \$5767.04										
Line 10 Grant Scholars	hip Total \$500									
Line 16 Other Expense	es: Sales Taxes Paid: \$3845.88, CSO Expenses \$1889.78, Park Support \$36172.9	1, Park Concerts	1300							
Credit card fees 955.35	i, Total: \$44163.92									
Part II Balance Sheets										
Line 24 other assets										
Gift Shop inventory: \$	38519.94, Gift shop register seed money \$400 Total \$38915.94									

		19. AT 15. 10, 12 (19. 10) 12 (19. 10) 14 (19. 10, 19. 10) 14 (19. 10) 14 (19. 10) 14 (19. 10) 14 (19. 10) 14								

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NOT THE OWNER OF THE OWNER OF THE OWNER										

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Cat. No. 51056K Schedule O (Form 990 or 990-EZ) (2015)