

Florida Department of Environmental Protection CITIZEN SUPPORT ORGANIZATION ANNUAL REPORT

Required Signatures: No Signatu	re
Year:	
Citizen Support Organization	on (CSO) Name:
Mailing Address:	
Telephone Number:	Website Address (if applicable):
summary, the statute specifies Department of Environmental property, audit requirements, managed by the Department. Section 258.015, F.S., Citizer requires authorization by the	



Florida Department of Environmental Protection CITIZEN SUPPORT ORGANIZATION ANNUAL REPORT

Brief Description of the CSO's Results Obtained:
Brief Description of the CSO's Plans for Next Three Fiscal Years:
☐ 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 ST. ANDREWS STATE PARK, INC. CODE OF ETHICS

PREAMBLE

- (1) It is essential to the proper conduct and operation of Friends of St. Andrews 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 St. Andrews 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.

Form 990-F7

Short Form Return of Organization Exempt From Income Tax

2016

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990. Internal Revenue Service A For the 2016 calendar year, or tax year beginning January 1 2016, and ending December 31 , 20 B Check if applicable: C Name of organization D Employer identification number Address change Friends of St. Andrews State Park, Inc. 59-3058058 Room/suite Name change Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Initial return 5401 State Park Circle 850-233-5140 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number > Panama City, Florida Application pending G Accounting Method: ✓ Cash ☐ Accrual Other (specify) ▶ H Check ▶ ✓ if the organization is not www.friendsofstandrews.org required to attach Schedule B (Form 990, 990-EZ, or 990-PF). J Tax-exempt status (check only one) —

501(c)(3)

501(c) (1)) ◀ (insert no.) ☐ 4947(a)(1) or 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 15818 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I . . . \checkmark 11,728 Program service revenue including government fees and contracts 2 2 706 3 3 3,307 4 77 5a Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than 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) . . . 6h Less: direct expenses from gaming and fundraising events . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 7a Gross sales of inventory, less returns and allowances . . . Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . 7c **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 15,818 10 Grants and similar amounts paid (list in Schedule O) 10 11 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 14 15 Printing, publications, postage, and shipping 15 376 16 16 9,403 17 17 9,779 18 6,039 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 99,754 20 20 Other changes in net assets or fund balances (explain in Schedule O)

Net assets or fund balances at end of year. Combine lines 18 through 20

105,794

Pai	t II Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		🗆
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[99,754	22	105,794
23	Land and buildings				23	
24	Other assets (describe in Schedule O)			17	24	
25	Total assets			99,754	25	105,794
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column			99,754	27	105,794
Par						-
	Check if the organization used Schedule				(Rec	Expenses juired for section
What	is the organization's primary exempt purpose?	Assisting and support	orting St. Andrews S	tate Park		(c)(3) and 501(c)(4)
as m	ribe the organization's program service accompli- leasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe thach program title.	e services provide	d, the number of	orga othe	anizations; optional for
28	Park Maintenance/Facility Repair- FSASP assisted the					
	Friends also supported facility repairs by providing a	sphalt patch for the	park drive and purch	nased a new golf		
	cart for park staff and volunteers to use.					
		includes foreign gra			28a	5,957
29	Environmental Interpretive Center- FSASP maintain t	he aquarium, display	ys, educational litera	ture, and loop		
	video player.					
	(Cronto \$	includes foreign gra	anta abaak bara		29a	
20					29a	2,683
30	Events- FSASP held a new educational and members	snip building event c	alled Walk Into the W	viid.		
	(Grants \$) If this amount	includes foreign gra	ants check here	▶ □	30a	104
31	Other program services (describe in Schedule O)				000	104
•		includes foreign gra		▶ □	31a	
32	Total program service expenses (add lines 28a	through 31a)			32	8.744
32 Par	Total program service expenses (add lines 28a to LIV List of Officers, Directors, Trustees, and Key				32 nstruc	8,744
	List of Officers, Directors, Trustees, and Key	Employees (list eac	h one even if not com	pensated-see the in	nstru	ctions for Part IV)
		Employees (list eac	h one even if not com	pensated—see the ir Part IV	ee (e)	ctions for Part IV)
	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	O to respond to a (b) Average hours per week	h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the ir Part IV	ee (e)	etions for Part IV)
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Ake	O to respond to a (b) Average hours per week	h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-)	pensated—see the ir Part IV	ee (e)	etions for Part IV)
Pari Anne Presi	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Ake	O to respond to a (b) Average hours per week devoted to position	h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-)	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	ee (e)	Estimated amount of other compensation
Anne Presi Vivia	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Ake dent	O to respond to a (b) Average hours per week devoted to position	h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	ee (e)	Estimated amount of other compensation
Anne Presi Vivia	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Ake dent n Steele President	O to respond to a (b) Average hours per week devoted to position	h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	ee (e)	Estimated amount of other compensation
Anne Presi Vivia Past	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Ake dent n Steele President Fable	O to respond to a (b) Average hours per week devoted to position	h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	ee (e)	Estimated amount of other compensation
Anne Presi Vivia Past Deb I	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Ake dent n Steele President Fable	(b) Average hours per week devoted to position	h one even if not comny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0	Estimated amount of other compensation
Anne Presi Vivia Past Deb I Secre	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Ake dent n Steele President Fable	(b) Average hours per week devoted to position	h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0	Estimated amount of other compensation
Anne Presi Vivia Past Deb I Secre Parry Meml	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Ake dent n Steele President Fable etary Knauss	(b) Average hours per week devoted to position	h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0	Estimated amount of other compensation
Anne Presi Vivia Past Deb I Secre Parry Memi Ann I	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Ake dent n Steele President Fable etary Knauss Der at Large Ruple Surrer	(b) Average hours per week devoted to position	h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0	Estimated amount of other compensation
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Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	Г	Yes	No
00	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		✓
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		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			
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	Joa		
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 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			
	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			
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 ▶	400		
	The organization's books are in care of ▶ Telephone no. ▶			
	Located at ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over			
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)?	$\overline{}$	Yes	No
	If "Yes," enter the name of the foreign country:	42b	5.52	V
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country: ▶	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year		Vaa	NIa
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	E E	Yes	No
	completed instead of Form 990-EZ	44a	70023788	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
С	Did the organization receive any payments for indoor tanning services during the year?	44c		√
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
- <u> </u>	explanation in Schedule O	44d		√
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	0.555274	✓
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	1	1

							-	Yes	S NO
46	Did t	he organization engage, directly or in	ndirectly, in political of	campaign activities on	behalf of o	in opposi	tion		
Dout		andidates for public office? If "Yes," o		, Part I			. 4	6	✓
Part	VI	Section 501(c)(3) organizations			50				
		All section 501(c)(3) organization 50 and 51.	s must answer que	estions 47–49b and	52, and co	mpiete th	e tables	s for III	nes
			hadula O ta manana		L'- D - 11/1				
		Check if the organization used Sc	nequie O to respond	to any question in t	nis Part VI				<u> </u>
47	Did +	he organization engage in John inc	potivities or bous s					Yes	s No
47	Vear	the organization engage in lobbying? If "Yes," complete Schedule C, Par		section 501(n) election			1000	_	,
40		TO DESCRIPTION OF THE PROPERTY					-		1
48 49a		e organization a school as described in						8	1
49a b	If "V	he organization make any transfers t es," was the related organization a se	o an exempt non-cha	antable related organia	zation?			9a	1
50	Com	plete this table for the organization's	five highest compen	ested employees (oth	or than office	ore direct	. 49		nd ko
00	empl	oyees) who each received more than	\$100,000 of compe	nsation from the orga	nization If the	ers, ullecti	o enter	"None	ina key ."
	0111,01	ayeas, mie easii receivea mere mai	10.00		(d) Health		o, critor	None	
	(a)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contributions	to employee	(e) Estim		
			devoted to position	(Forms W-2/1099-MISC)	benefit plans, comper		other o	compens	ation
					Compe	Sation			
			11 1 1 1 2						
_									
					1 - 2				
				2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
		number of other employees paid ov							
51	Com	plete this table for the organization	s five highest comp	ensated independent	contractors	who each	receive	ed mor	e than
	\$100	,000 of compensation from the orga	nization. If there is no	one, enter "None."					
	(a)	Name and business address of each independ	lent contractor	(b) Type of serv	ice	(c)	Compens	sation	
			-					_	
				_					
-									
11									
	- 1440								
		number of other independent contra							
52		the organization complete Schedu	le A? Note: All se	ection 501(c)(3) orga	nizations m				
		bleted Schedule A					.▶ ∨ Y		No
Under p	enalties	of perjury, I declare that I have examined this r	eturn, including accompan	ying schedules and stateme	nts, and to the	best of my kn	owledge a	and belie	f, it is
ue, cor	rect, an	d complete. Deglaration of preparer (other than	onicer) is based on all info	ormation of which preparer h	as any knowled	ige.		- (97)	
01		Inne ble	/		12	4 Ma	429	0/1	
Sign		Signature of officer	TOACO O	21011 +	Date		/	1	
Here		HNNE MKE,	FOMON P.	RESIDENT					
		Type or print name and title							
Paid		Print/Type preparer's name	Preparer's signature	Da	te	Check	if PTIN	1	
Prep	arer					self-employ	/ed		
Use (Firm's name ▶			Firm	's EIN ▶			
	Oniv					O LIII			
	_	Firm's address ▶ discuss this return with the preparer				ne 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.

OMB No. 1545-0047

2016

Open to Public Department of the Treasury ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service Inspection Employer identification number Name of the organization 593058058 Friends of St. Andrews State Park, Inc 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). 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 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 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 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.) 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. 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) d 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. Provide the following information about the supported organization(s). (v) Amount of monetary (i) Name of supported organization (iii) Type of organization (iv) Is the organization (vi) Amount of listed in your governing (described on lines 1-10 support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

Part	Support Schedule for Organiza							
	(Complete only if you checked the Part III. If the organization fails to						ally under	
Secti	on A. Public Support	quality und	er the tests he	sted below, p	icase comple	ito i dit iii.j		-
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	_
1	Gifts, grants, contributions, and	(0,7 = 0	(-7	(1)				
	membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge	2						
4	Total. Add lines 1 through 3							_
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
	on B. Total Support		T					
	dar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	_
7	Amounts from line 4		-					_
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3					T .	
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc					12	n F01/a)/2)	_
13	First five years. If the Form 990 is for the organization, check this box and stop he							
Section	on C. Computation of Public Suppor			<u> </u>				_
14	Public support percentage for 2016 (line			1, column (f))		14	9,	%
15	Public support percentage from 2015 Sch	nedule A, Part	II, line 14 .			15		%
16a	331/3% support test-2016. If the organi	zation did not	check the box	k on line 13, a	nd line 14 is 33	31/3% or more,	check this	
	box and stop here. The organization qua						🕨 [
	331/3% support test—2015. If the organithis box and stop here. The organization	qualifies as a	publicly suppo	rted organizat	ion		🕨 [
	10%-facts-and-circumstances test—2010% or more, and if the organization means the "organization in the organization organization".	ets the "facts facts-and-circ	s-and-circumst cumstances" te	ances" test, clest. The organi	heck this box a zation qualifies	and stop here s as a publicly	Explain in supported	
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization of Explain in Part VI how the organization of supported organization of the control of the c	ation meets th neets the "fac	ne "facts-and- ts-and-circum	circumstances stances" test.	" test, check The organizati	this box and	stop here. s a publicly	
18	Private foundation. If the organization di				a, or 17b, chec	k this box and	see	

Section A. Public Support

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

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

Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")		14300.29	16113.62	16168.96	15035.80	61618.38
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the					u*	
	organization's tax-exempt purpose					705.67	705.67
3	Gross receipts from activities that are not an					i	
	unrelated trade or business under section 513						12 40 20 20
4	Tax revenues levied for the						
	organization's benefit and either paid					i.e.	
_	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		14000 00	10110 00	10100 00	45005.00	21212.00
6 7a	Amounts included on lines 1, 2, and 3		14300.29	1611362	16168.96	15035.80	61618.38
74	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
Б	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	Add lines 7a and 7b						61618.38
8	Public support. (Subtract line 7c from			1000		111111111	
	line 6.)						61618.38
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6		14300.29	16113.62	16168.96	15035.80	61618.38
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .		75.60	71.66	71.58	77.31	296.15
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						
_			77.00	74.00			
C	Add lines 10a and 10b		75.60	71.66	71.58	77.31	296.15
11	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets	-					
	(Explain in Part VI.)		14375.89	16185.28	16240.54	15113.11	61914.82
13	Total support. (Add lines 9, 10c, 11,		14373.03	10100.20	10240.04	13113.11	01014.02
	and 12.)				ľ		
14	First five years. If the Form 990 is for the	ne organization	n's first, second	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop he	re					▶ 🗆
Secti	on C. Computation of Public Suppor	t Percentag	е				
15	Public support percentage for 2016 (line 8					15	99.5 %
16	Public support percentage from 2015 Sch					16	99.5 %
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2016 (17	%
18	Investment income percentage from 2015					18	%
19a	331/3% support tests—2016. If the organ						
-	17 is not more than 331/3%, check this box						
b	331/3% support tests—2015. If the organiz						
00	line 18 is not more than 331/3%, check this l	Properties and the second section of					
_20	Private foundation. If the organization di	a not check a	box on line 14,	19a, or 19b, c	HECK THIS DOX 8	and see instruc	tions 🕨 🗌

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section	A.	All	Supporting	Orgai	nizations
---------	----	-----	------------	-------	-----------

- Yes No 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 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 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a 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 c 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. Зс Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a 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 c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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 5a 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 c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c
- c 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.
- 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).
- 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).
- 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**.
- **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.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

6

7

8

9a

9b

9c

10a

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b	-	
	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		
Secu	on B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
	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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			180
	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		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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		
Secti	on D. All Type III Supporting Organizations			
<u> </u>	on 217 in Type in Supporting Significant		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		3	
	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			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	netru	ction	e)
1		iisti ui	CHOIR	3).
a	☐ 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.			
b	The organization is the parent of each of its supported organizations. Complete in Part VI how you supported a government entity (see in	structi	ions)
С				-
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	(E.S.20)	
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Za		
b	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		
3	Parent of Supported Organizations. Answer (a) and (b) below.		1999	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
355)	trustees of each of the supported organizations? Provide details in Part VI.	За		
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	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trus	st on Nov. 20, 1970 (expl	ain in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	izat	ions must complete Sect	ions A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		u .
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	A:	
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	y int	tegrated Type III support	ng organization (see

	Type III Non-Functionally Integrated 509(a)(3	s) Supporting Organi	zations (continuea)	
-	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.	Luba anna la bara la ara		
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	n the organization is res	ponsive	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
10	Line o amount divided by Line 9 amount	T	(ii)	(iii)
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			***
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
1817.50	Applied to 2016 distributable amount			
i_	Carryover from 2011 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
-	
10.700.000	

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

Employer identification number

Open to Public Inspection

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.

Part I. Line 16- Other Expenses	
Volunteer Support 497.10	
Aquascapes Aquariums 2380.62	
Postage/Stamps 376.43	
Vacuum Cleaner- EIC 198.02	
Feeder Mice- Snake Food 40.00	
Doormats/Solar Lights/EIC Supplies 64.80	
Masonry Bits 26.18	
Trailer Tags 25.55	
Membership- Native Plant Society 35.00	
Membership- Friends of Florida State Parks 100.00	
Golf Cart & Signage 4595.00	
WITW Signage 104.40	
Asphalt Patch/ Ironman Expenses 303.94	
Picnic Table Materials 1032.23	
Total Expenditures 9779.27	
Part V. Line 34.	
0.1	
Bylaws were amended on 11/2016.	