

FLORIDA DEPARTMENT OF Environmental Protection

St. Andrews State Park 4607 State Park Lane Panama City, FL 32408 Ron DeSantis Governor

Jeanette Nuñez Lt. Governor

Noah Valenstein Secretary

Memorandum

TO: Warren Poplin, Chief, Bureau of Parks, District 1

Through: Melissa Shoemaker, Park Programs Development Specialist

FROM: Scott D. Robinson, Park Manager, St. Andrews State Park

SUBJECT: Annual Financial Report for Friends of St. Andrews State Park

DATE: June 4, 2020

Attached you will find the Friends of St. Andrews (Friends) Annual Financial Report. The Friends continue to play a vital role in the support of St. Andrews State Park.

The friends have a membership of approximately 175, an active Board of Directors and a robust Annual Program Plan. In addition, the Friends contributed an estimated 1,400 volunteer hours.

I continue to enjoy working with the Board of Directors and look forward to the coming year to accomplish great things for St. Andrews State Park.

Attachments

cc: Parry Knauss, President, Friends of St. Andrews State Prk

To: Scott Robinson Park Manager, St Andrews State Park 4607 State Park Lane Panama City Beach, FL 32408

Subject: Annual Report for the Friends of St Andrews State Park, Inc. 2019

Friends of St Andrews State Park has continued and expanded their activities in support of the Park during the past year.

Friends has increased its presence on social media and in local publications. We partnered with the Beach Art Group to co-sponsor the Plein Air Paint in the Park fund raiser event. Friends purchased a new window air conditioner for the Friends building and additional donation boxes to place around the park, provided funds to purchase two new washing machines for the park volunteers, seven glass enclosed bulletin boards, a new tiller for use in the playground area, and contributed to the reptile display in the EIC. We also coordinated securing volunteers to support the Ironman Triathlon and Panama City Beach Marathon in the park.

Friends again partnered with Comcast for Comcast Cares Day to sponsor a spring beach cleanup. The event brought numerous volunteers to the park including divers from area dive clubs. Comcast provided T-shirts and made a donation to Friends based on the number of volunteers involved.

The annual Chili Cookout and Story Telling event drew about 50 members, volunteers, and staff. We had a booth again at the annual Earth Day Celebration in Panama City. Membership meetings continued to feature interesting presentations such as Sherri Kraeft who spoke about bees and Heather Moncrief from NOAA who spoke about sharks and shark research. The Annual Meeting was combined with the Christmas party.

We continued financial and volunteer support for interpretative materials and volunteer luncheons for campground hosts and other park volunteers.

Educational brochures are being updated.

Friends fund the large aquarium in the EIC and maintain a native plant nursery to provide plants for onsite landscaping and education on the benefits of native plant landscaping. Other ongoing activities include the aluminum can recycling program.

Friends continues to maintain a sound financial status with a cash balance of close to \$100,000 in the Hancock/Whitney Bank.

Friends received income from memberships, grants, cash contributions, and the aluminum can recycling program (see the attached financial statement).

Friends continue to add new members and new ideas and talent. Recruitment of new members remains a priority. Continue to seek new venues to promote the organization, and

the park by participating in local community events inside and outside the park and supporting more special events in the park. Continue to explore and apply for new grants and fund raising that support the park's Unit Management Plan, and continue to support the staff to upgrade or replace aging equipment.

The leadership of Friends and the park staff has established a good line of communication that allows both organizations to accomplish outcomes that support St. Andrews State Park as related to our core missions, park needs, park goals, and the Unit Management Plan for this park.

Respectfully Submitted,

e-signed

Parry Knauss, President Friends of St Andrews State Park



Florida Department of Environmental Protection

CITIZEN SUPPORT ORGANIZATION 2020 LEGISLATIVE REPORT

(pursuant to Section 20.058 Florida Statutes)

Citizen Support Organization (CSO) Name: Friends of St. Andrews State Park

Mailing Address (required): 5401 State Park Circle Panama City, FL 32408

Telephone Number (required): 850-708-6100

Website Address (required if applicable): www.friendsofstandrews.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.

CSO's Mission: Consistent with Articles and Bylaws

The mission of the Friends of St. Andrews State Park, Inc., is to support the park by volunteering, encouraging community engagement, providing interpretive and educational material/programs, hosting events, and offering financial support for specific park projects.

Description of the CSO's Results Obtained: Brag! Expand section as necessary to be complete

- Hosted beach clean up events for Comcast Cares Day and National Public Lands Day
- Maintained the Environmental Interpretive Center to include the aquarium, displays, literature, and a video that highlights various aspects of the park. Greeted park visitors and interpreted the park history as well as the natural resources found in the park.
- Promoted park through Friends social media and website
- Hosted park volunteer lunches quarterly
- Hosted guest speakers at membership meetings
- Continued aluminum recycling program in the park and community
- Maintained native plant nursery within the park to support erosion control and park beautification projects
- Supported park interpretive programs by purchasing supplies and materials
- Increased social media presence through website and Facebook
- Partnered with Beach Art Group to present the Plein Air in the Park fundraising event
- Provided funds to purchase two new washers for the camp volunteers
- Provided funds to purchase seven new glass enclosed bulletin boards for use around the park
- Provided funds to replace the window air conditioner in the Friends building
- Provided funds to purchase new tiller
- Coordinated securing Friends volunteers for the Ironman Triathlon and Panama City Beach Marathon in the park

Description of the CSO's Plans for the Next Three Fiscal Years: Expand section as necessary to be complete

- Continue to support park and community efforts of maintaining public lands by participating in beach clean up days during the year (Earth Day, Comcast Cares Day, and National Public Lands Day)
- Continue to host Ironman Triathlon and Panama City Beach Marathon in the park
- Support quarterly lunches to recognize park volunteers
- Continue to develop and support interpretive activities
- Continue fundraising, grant, and membership drive activities and corporate sponsors
- Support the park's goals and objectives related to the current Unit Management Plan
- Support improvements to the park's infrastructure and maintenance activities by supplementing the park budget
- Continue to host speakers at program meetings to promote membership contact
- Continue outreach activities within the community to promote awareness of the mission of Friends and increase membership
- □ CSO's Code of Ethics is attached, and if the CSO has a website the code of ethics is posted conspicuously.
- ☑ CSO has attached the most recent Internal Revenue Service (IRS) Form 990, 990-EZ, or 990-N receipt. If filing the 990-N, the Department requires the 990 or 990-EZ as a worksheet. All IRS Form 990's must be *complete* with Part III Program Service and *all* appropriate Schedules (See attached instructions). If filing an IRS extension, attach the IRS 8868 receipt and most recent 990 and schedules.

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.



Manage Form 990-N (e-Postcard)

Home | Security Profile | Logout

EIN	Organization Name	Tax Year	End Date	Created On	Status	Submission ID	Action
59-3058058	FRIENDS OF ST ANDREWS STATE PARK INC	2019	12-31-2019	04-22-2020	Accepted	10065520201133662288	

««« Prev Page 1 ▼ Next »»»

CREATE NEW FILING

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2019

OMB No. 1545-0047

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.
 ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

-			ar year, or tax year beginning January 1 , 2019, and ending	L	ecembi	er 31 , 20 19				
	heck if ap		C Name of organization	D En	nployer i	dentification number				
	Address cl	- 77	Friends of St. Andrews State Park, Inc.			593058058				
	Name chai Initial retur		Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Te	lephone					
		n/terminated	5401 State Park Circle		850 890-8645					
	Amended		City or town, state or province, country, and ZIP or foreign postal code	FG	roup Ex	emption				
	Application	n pending	Panama City, Florida 32408		umber					
G A	Account	ing Method:	✓ Cash	- Checl	< ▶ ✓	if the organization is not				
	Vebsite		friendsofstandrews.org	requir	red to a	ttach Schedule B				
			ck only one) — ☑ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	(Form	990, 9	90-EZ, or 990-PF).				
KF	orm of	organization:	✓ Corporation ☐ Trust ☐ Association ☐ Other		- Lumba Lucia					
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to		ts					
(Pai	rt II, coli	umn (B)) are \$	500,000 or more, file Form 990 instead of Form 990-EZ		>	\$ 0				
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see th	e instr	uction	s for Part I)				
17-300000		Check if	the organization used Schedule O to respond to any question in this Part	1						
	1		ons, gifts, grants, and similar amounts received			820				
	2	Program s	ervice revenue including government fees and contracts		2	7,342				
	3		ip dues and assessments		3	2,910				
	4	Investment	income		4	1,086				
	5a	Gross amo	unt from sale of assets other than inventory 5a		O					
	b	Less: cost	0							
	C		5c	0						
en	6		ss) from sale of assets other than inventory (subtract line 5b from line 5a) . d fundraising events:							
	a	Gross inc	ome from gaming (attach Schedule G if greater than							
			6a		0					
Revenue	b	Gross inco	me from fundraising events (not including \$ Oof contribution)	ons						
3è			aising events reported on line 1) (attach Schedule G if the							
-			h gross income and contributions exceeds \$15,000) 6b		0					
	C	Less: direc	t expenses from gaming and fundraising events 6c		0					
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and s	ubtrac	t					
		line 6c)			6d	0				
	7a	Gross sale	s of inventory, less returns and allowances		0					
	b		of goods sold		0					
	C		it or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	0				
	8		nue (describe in Schedule O)		-	0				
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			12,160				
	10		I similar amounts paid (list in Schedule 0)		10	0				
	11		aid to or for members		11	0				
S	12		ther compensation, and employee benefits		12	0				
nses	13		al fees and other payments to independent contractors		13	0				
	14		y, rent, utilities, and maintenance			 				
Expe	15		ublications, postage, and shipping							
	16		enses (describe in Schedule O)		-					
	17		enses. Add lines 10 through 16							
	18	Excess or	(deficit) for the year (subtract line 17 from line 9)	• • •	18					
ets	19		or fund balances at beginning of year (from line 27, column (A)) (must agr			4020				
155			ir figure reported on prior year's return)			92,705				
Net Assets	20		nges in net assets or fund balances (explain in Schedule O)			 				
Ne	21		or fund balances at end of year. Combine lines 18 through 20							
		233013	or rand balances at end of year. Combine lines to tirrogrizo		1 21	1 20				

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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			ir year, or tax year beginning January 1 , 2019, and ending		Dec	ember	31 , 20 19		
	heck if ap		C Name of organization	DE	mplo		entification number		
	Address cl		Friends of St. Andrews State Park, Inc.				93058058		
	Name cha Initial retur		Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E	elepi	none n			
		n/terminated	5401 State Park Circle			85	0 890-8645		
	Amended	return	City or town, state or province, country, and ZIP or foreign postal code		Group Exemption				
	Application	n pending	Panama City, Florida 32408			ber			
G	Account	ing Method:	✓ Cash Accrual Other (specify) ►	H Che	ck D	· Vi	f the organization is not		
	Vebsite		friendsofstandrews.org	requ	iired	to att	ach Schedule B		
JT	ax-exen	npt status (che	ck only one) — ✓ 501(c)(3)	(For	m 99	90, 990	0-EZ, or 990-PF).		
			✓ Corporation ☐ Trust ☐ Association ☐ Other						
LA	dd lines	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to	tal ass	ets				
(Pa	rt II, col	umn (B)) are S	500,000 or more, file Form 990 instead of Form 990-EZ			▶ \$	0		
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the	ne ins	truc	tions	for Part I)		
3,430,130		Check if	the organization used Schedule O to respond to any question in this Par	tl.					
1777	1		ns, gifts, grants, and similar amounts received			1	820		
	2		ervice revenue including government fees and contracts			2	7,342		
	3		ip dues and assessments		. [3	2,910		
	4	Investment			.	4	1,086		
	5a	Gross amo	unt from sale of assets other than inventory 5a		0				
ne	b	Less: cost	0						
	C	Gain or (los		5c	0				
	6		d fundraising events:						
	а		ome from gaming (attach Schedule G if greater than						
					0				
Revenue	b	Gross inco	me from fundraising events (not including \$ 0of contributi	ons					
š			aising events reported on line 1) (attach Schedule G if the						
hin			h gross income and contributions exceeds \$15,000) 6b		0				
	C	Less: direc	t expenses from gaming and fundraising events 6c		0				
			e or (loss) from gaming and fundraising events (add lines 6a and 6b and	subtra	ct				
		line 6c) .			.	6d	n		
	7a	Gross sale	s of inventory, less returns and allowances 7a		0				
	b		of goods sold		n				
	C		it or (loss) from sales of inventory (subtract line 7b from line 7a)			7c	0		
	8		nue (describe in Schedule O)		-	8	0		
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	12,160		
-	10		similar amounts paid (list in Schedule O)	•		10	0		
	11		aid to or for members			11	0		
w	12		ther compensation, and employee benefits		. !	12	0		
enses	13		al fees and other payments to independent contractors			13	0		
Ser	14		/, rent, utilities, and maintenance			14	0		
Expe	15		ublications, postage, and shipping			15	315		
	16		enses (describe in Schedule O)			16	7825		
	17					17	8140		
SITURES IN NOVE	18	Fycess or	enses. Add lines 10 through 16	• • •		18	4020		
ets	19		or fund balances at beginning of year (from line 27, column (A)) (must ag			10	4020		
55			r figure reported on prior year's return)			19	92,705		
Net Assets	20		ages in net assets or fund balances (explain in Schedule O)		-	20	92,703		
Se	21		or fund balances at end of year. Combine lines 18 through 20			21			
	121	ועכו מסטפוט	or rund balances at end or year. Combine lines to through 20			41	96,725		

Pai	Check if the expenientian year				David III		
	Check if the organization used	Schedule	o to respond to a	ny question in this	Part II		(B) End of year
22	Cash, savings, and investments .				92,705	22	96,725
23	Land and buildings					23	1
24	Other assets (describe in Schedule C					-	
25	Total assets				92,705	25	96,727
26	Total liabilities (describe in Schedule	e O)		[C	26	4
27	Net assets or fund balances (line 2)				92,705	27	96,72
Par		And the second s	· · · · · · · · · · · · · · · · · · ·				_
\ A.II	Check if the organization used						Expenses juired for section
	t is the organization's primary exempt p					501(c)(3) and 501(c)(4)
as m	ribe the organization's program servic neasured by expenses. In a clear and	concise m	anner, describe the	of its three largest per services provide	orogram services, d, the number of	orga	inizations; optional for ers.)
	ons benefited, and other relevant inform			the second second	No. 1	-	1
28	Park Support - purchased glass enclosed b plus promotional items to publicize Friends			tiller and window air c	onditioner,		
	pus promotional items to publicize rriends	and the park					
	(Grants \$) If t	his amount	includes foreign gra	ants check here	П	28a	3,56
29	Environmental Interpretive Center - The Fri					200	3,50
	equipment, feed for the animals, and educa				-3-1		
	(Grants \$) If t	his amount	includes foreign gra	ants, check here .	▶ □	29a	2,759
30							
	772777777727777777777777777777777777777						
			includes foreign gra		▶ 📙	30a	
31	Other program services (describe in So					l	
20	(Grants \$) If t	nis amount	includes foreign gra	ants, check here .	🕨 📙	31a	
Par						32	ctions for Part IVA
	Check if the organization used						
			(b) Average	(c) Reportable	(d) Health benefits,	T	
	(a) Name and title		hours per week	compensation (Forms W-2/1099-MIS)	contributions to employ benefit plans, and		Estimated amount of other compensation
			devoted to position	(if not paid, enter -0-			
Pam	/ Knauss President		4				
					0	0	
Anne	Ake Past President		2				
	10.1.17				0	0	
Lave	d Brooks Vice President		4			-	
C	nen McDonald Treasurer				0	0	
Centra	ien wcDonaid Heastrei		4		0	0	0
Dehr	orah Fable Secretary				9	4	
			2		0	0	4
Mary	Jo Capra Membership Secretary					1	
			4		0	0	
Caro	line Davis Director		_				***************************************
			4		0	0	
Abby	Biggers Director		-4				
			1		0	0	(
Dapl	nne Clark Director		2				4.1177.007.472.272
			4		0	0	
						-	
-						-	

Part '				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part		
33	Did the organization engage in any cignificant activity not provide the analysis to the IDC2 if #Vee " provide a		Yes	No
00	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			
35a	change on Schedule O. See instructions	34		1
000	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
	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,			
36	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	35c		1
30	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 38a	Did the organization file Form 1120-POL for this year?	37b	600000	1
000	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			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
b 40a	Gross receipts, included on line 9, for public use of club facilities			
100	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
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			
С	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	40b		1
·	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			
е	40c reimbursed by the organization			
	transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶ N/A			
42a	<u> </u>	850 89	0-864	5
	Located at ▶ 5401 State Park Circle Panama City, FL ZIP + 4 ▶	32	408	
D	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)?	42b	Yes	No
	If "Yes," enter the name of the foreign country ▶	420		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		1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			▶ □
- AST	and enter the amount of tax-exempt interest received or accrued during the tax year			NIA
			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		1
d	Did the organization receive any payments for indoor tanning services during the year?	44c	0.9255	1
u	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	451		
	1 OHI 000 E2, 000 Hati 001010	45b	1	1

46	Did the organization engage, directly or to candidates for public office? If "Yes,"	indirectly, in political c	ampaign activities on	behalf of or	in oppositio	on 46		,
Part	VI Section 501(c)(3) Organization All section 501(c)(3) organization 50 and 51.	is Only ns must answer que	stions 47–49b and	52, and con		1 ==	for lin	es
	Check if the organization used So	chedule O to respond	I to any question in t	his Part VI				<u>. </u>
47	Did II		55.40				Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Pa							
40			201640/ 7			47	-	1
48 49a	Is the organization a school as described					48	-	1
49a b	Did the organization make any transfers If "Yes," was the related organization as					49a	-	1
50	Complete this table for the organization'							nd key
	employees) who each received more that							
	(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 b contributions to benefit plans, a compens	nenefits, o employee and deferred	(e) Estimate other co	ed amo	ount of
None								
-								
							 	
		-						
51	Total number of other employees paid of Complete this table for the organization \$100,000 of compensation from the organization statement (a) Name and business address of each independent of the compensation of the compensatio	n's five highest companization. If there is no	ensated independent			received		than
							1	
			-					
d	Total number of other independent cont	ractors each receiving	over \$100.000	>	•			
52	Did the organization complete Sched		ection 501(c)(3) orga	nizations mu			s 🗌	No
	penalties of perjury, I declare that I have examined this percet, and complete. Declaration of preparer (other the					wledge ar	d belief	, it is
Sign Here	Signature of officer Daphne Clark Treasurer (Digitally	signed) 6/10/2020		Date				
	Type or print name and title							
Paid		Preparer's signature	Da	ite	Check Self-employe			
Prep		1		Firm'	's EIN ▶			
USE	Only Firm's name ► Firm's address ►				ne no.			
May t								No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 59-3058058

Friend	ds of S	St. Andrews State Park, Inc.					59-30	58058
Par	Maria Carlo	Reason for Public Char						ns.
The c	-	zation is not a private founda						
1		church, convention of church						
2		school described in section						
3		hospital or a cooperative hos						
4		medical research organization ospital's name, city, and state		onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)((iii). Enter the
5		n organization operated for a ection 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in
6 7	□ A	federal, state, or local govern n organization that normally escribed in section 170(b)(1)	receives a subs	tantial part of its sup				the general public
8	\square A	community trust described in	n section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9	□ A 0	n agricultural research organi r university or a non-land-gra niversity:	zation described	in section 170(b)(1)	(A)(ix) op	erated in r the nan	conjunction with a lane, city, and state of	and-grant college 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.)							
11	□ A	n organization organized and	operated exclus	sively to test for public	safety.	See sect i	ion 509(a)(4).	
12		n organization organized and						
	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 12q.							
а	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.							
b								
С		Type III functionally integ its supported organization(rated. A suppor	ting organization oper	ated in c			ally integrated with,
d		Type III non-functionally it that is not functionally integrequirement (see instructionally integred in the instructional in the instructional in the instructional integral in the instructional integral in the instruction	ntegrated. A su grated. The orga	pporting organization nization generally mu	operated st satisfy	l in conne a distribu	ection with its suppo ution requirement an	
е		Check this box if the organ functionally integrated, or	ization received	a written determination	on from th	ne IRS th	at it is a Type I, Type	e II, Type III
f	Ent	er the number of supported of		10 miles 10				
g	Pro	vide the following information	about the supp	orted organization(s).				·
	(i) Na	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ir governing nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)	700000000							
(D)								
(E)								

	(Complete only if you checked the Part III. If the organization fails to						alify under
Secti	on A. Public Support	1					
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	-					(7)
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Secti	on B. Total Support		.L.				
Caler	dar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the				· · · · · · · · · · · · · · · · · · ·		
-	organization, check this box and stop he					· · · · ·	▶ 🗸
	on C. Computation of Public Suppor						
14	Public support percentage for 2019 (line 6					14	%
15 16a	Public support percentage from 2018 Sch 331/3% support test—2019. If the organi					15 31/2% or more	check this
IOa	box and stop here. The organization qual					· · · · · · · · · · · · · · · · · · ·	
b	331/3% support test—2018. If the organithis box and stop here. The organization	zation did not	check a box of	on line 13 or 16	a, and line 15	is 331/3% or m	ore, check
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts facts-and-circ	s-and-circumst cumstances" te	ances" test, c est. The organ	heck this box ization qualifie	and stop here s as a publicly	Explain in supported
b	10%-facts-and-circumstances test—26 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	ntion meets the	ne "facts-and- cts-and-circum	circumstances stances" test.	" test, check The organizat	this box and it	stop here. a publicly
18	Private foundation. If the organization di						
10	instructions						

Part II 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees				35:		
2	received. (Do not include any "unusual grants.") 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.	16,169	15,036	10,012	11,460	11,072	63,749
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	0	0	883	3,000	1,373	5,256
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	16,169	15,036	10,895	14,460	12,445	69,005
	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			2			
8 8	Add lines 7a and 7b						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	16,619	15,036	10,895	14,460	12,445	69,005
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	72	78	142	1,092	1,086	2,470
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	72	78	142	1,092	1,086	2,470
11	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.)	16,241	15,114	11,037	15,552	13,531	71,475
14	First five years. If the Form 990 is for the organization, check this box and stop he	re				ar as a section	The second secon
	on C. Computation of Public Suppor						
15	Public support percentage for 2019 (line 8		A STATE OF THE PARTY OF THE PAR			15	%
16	Public support percentage from 2018 Sch					16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2019 (17	%
18	Investment income percentage from 2018 331/3% support tests—2019. If the organi					18 ore than 331,00	% and line
19a	17 is not more than 331/3%, check this box						
b	331/x% support tests—2018. If the organiz line 18 is not more than 331/x%, check this l	ation did not ch	neck a box on l	ine 14 or line 1	9a, and line 16	is more than 3	31/3%, and
20	Private foundation. If the organization di						

Yes No

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

- 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 if class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of statu 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) an satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- 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 discretic despite being controlled or supervised by or in connection with its supported organizations.
- 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 use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(l purposes.
- 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 El 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 actio was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class alread designated in the organization's organizing document?
- 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) anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contribute (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entiwith regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 describe 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 bene 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 integrate 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, determine whether the organization had excess business holdings.)

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(B)	3b 3c		
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efit	9c		
on ed	10a		
to	10b		
orm !	990 or	990-EZ	2019

Part	IV Supporting Organizations (continued)			age o
			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		
Secti	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. on B. Type I Supporting Organizations	11c		
0000	on b. Type i dupporting dryamzations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	INO
	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.			
0		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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	ion 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).			
Conti		1		
Secti	ion D. All Type III Supporting Organizations		W	A.
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
	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			
_	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		
Secti	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ction	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in		
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		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
•		2b	4555E50	
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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		Ja		
-	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 instructions. All other Type III non-functionally integrated supporting organ	trus izati	st on Nov. 20, 1970 (exp ons must complete Sect	lain in Part VI). See tions A through E.
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	v int	egrated Type III support	ing organization (see
instructions).	2	3Jp pp	3 3

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Sect	Current Year			
1	Amounts paid to supported organizations to accomplish a			
2	Amounts paid to perform activity that directly furthers exe 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.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e	A-14-14-14-14-14-14-14-14-14-14-14-14-14-		
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b				
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			
Control of the Contro				

	16	æ

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)

Department of the Treasury

Name of the organization

Friends of St. Andrews State Park, Inc.

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

59-3058058

Part 1 Line 16 Other Expenses: 930 Park Events Membership Meetings 36 254 Miscellaneous Supplies Cost of Doing Business 278 2,759 Environmental Interpretive Center 3,568 Park Support