

Florida Department of Environmental Protection CITIZEN SUPPORT ORGANIZATION 2023 LEGISLATIVE REPORT

(pursuant to Section 20.058 Florida Statutes)

Friends of Anastasia State Park
Citizen Support Organization (CSO) Name:
1340A A1A South, St. Augsutine, FL 32080 Mailing Address:
Telephone Number:
Website Address (required if applicable): http://friendsofanastasia.org
Check to confirm your Code of Ethics is posted conspicuously on your website.

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.

YOUR MISSION AND LAST CALENDAR YEAR'S PROGRAM ACCOMPLISHMENTS:

CSO's Mission: (Consistent with your Articles and Bylaws)

To generate supplemental resources which will provide increased recreational opportunities and further enhance protectioon of the hatural and cultural resources of Anastasia State Park.

Describe Last Calendar Year's Results Obtained: <u>Brag!</u> (List or discuss the past calendar year's accomplishments and contributions. Cite specific support from last calendar year's Annual Program Plan.)

Friends of Anstasia continues to support the park. In 2022, the CSO successfully held our 19th annual fundraising event, Endless Summer Run. We had 587 participants. This Event has "sold out" the past several years. The Friends of Anastasia continue to assist the park with funding for equipment for use in park cleanups and we provided funding for several rangers for continuing educational programs. The CSO also contributed in repairing many golf carts, purchasing new washers and dryers for volunteer use, and purchasing fill material for multiple locations in the park. The Friends of Anastasia also started an ADA Playground Fundraising Committee to raise funds to replace the main playground in the park which had become a safety hazard. Two CSO board members attended the annual CSO/Park Managers meeting held in Orlando FL. The CSO also updated and purchased Liability and DNO Insurance for the Friends of Anastasia.

Describe the CSO's Plans for the Next Three Calendar Years:

Over the next three years, the CSO plans to continued the current successful fundraising programs, including our Endless Summer Run, sale of merchandise, the Adopt-a-nest program as we grow the fundraising program with The St. Augustine Amphitheater. We will also be continuing to raise funds for our new ADA Playground with help from our new Playground Fundraising Commitee. The CSO plans to focus on promoting and growing membership through community involvement and social media outreach.

CSO's LAST CALENDAR YEAR STATISTICS:
Total Number of CSO General Membership: 248
Total Number of Board of Directors: 9
Total Volunteer Hours for the Board of Directors (From VSys - Work with your parks' volunteer manager): 1755
PARK & CSO RELATIONSHIP:
Do not duplicate by describing accomplishments and contributions in the summary. <u>Brag</u> in the above Results Obtained. Below, describe the relationship.
Park Manager's Comments on the CSO & Park Relationship and Support:
Provide your perspective on
 Changing developments of the park provided by the CSO. Effectiveness of the organization in fulfilling their purpose to support the park(s).
• Effectiveness of the Board of Directors in completing their Annual Program Plan.
The relationship between the park and CSO. What went well? Are there areas of improvement?
The Friends of Anastasia continue to be an integral part of the park. The group's contributions to equipment has been essential to daily operations and their community support is substantial. They are always willing to purchase needed equipment and make repairs to lequipment. They are continuing fundraising efforts by selling merchandise and are developing a key partnership with the St. Augustine Amphitheater. In 2022, they also held a very successful event in November- the Endless Summer Run, which won an annual award from he Florida State Parks Foundation. In 2022 the Friends group partenered with the St. Augustine Amphitheater to put on two weekend concert events, raising over \$36K. The president of the CSO, Rich Gallik, is an excellent leader and goes above and beyond to ensure hat the organization runs smoothly. The Board of Directors, particularly Rich Gallik, works closely with the park to ensure that the Annual Program Plan, as well as all other documents, are completed on time. The relationship between the park and the Friends of Anastasia emains exceptionally strong. The group is dedicated and brings support to the park in many ways from financial contributions to valuable volunteer hours. They work closely with park staff to plan events and have made new connections to the community through the Endless Summer Run. One area of improvement for the group is to keep all board members engaged and to delegate tasks among the members. Overall, the Friends of Anastasia is an impressive group who helps the park immensely. I look forward to seeing their achievements in the future.
CSO President's Comments on the CSO & Park Relationship and Support:
Provide your perspective on the relationship between the park and CSO. What went well? Are there areas of
improvement?
Our CSO relationship and support from the Staff at Anastasia State Park is excellent. Our Park Manager Michael Watkins and Brandon Volbrecht Assistant Park Manager continue to support our CSO and were instrumental in developing our partnership with The Amp. As we move forward, we will continue to build on The Amp and CSO programs - our major goal is increase membership and build our Board and continue to support The Park.
In addition to the support of our Park Managers - we are very fortunate to have a Park Services Specialist, Michelle Schenck, who has helped our CSO immensely. Without our PSS we would not be able to reach our goals.
We have an excellent Team at Anastasia State Park!

SUMMARIZE FINANCIAL ACTIVITY FOR LAST CALENDAR YEAR, DIRECT PARK(S) SUPPORT & REVENUES:

Program Services are costs related to providing your organizations' programs or services in accordance with your mission. Describe and provide expenses that <u>directly support the park(s)</u>. For established nonprofit organizations, program service expenses generally represent most of the overall expenses of the organization. For the last calendar year provide the total \$ for each that apply. Do not use commas.

Building improvement, construction, or renovations Cultural resources (e.g., historic structure restoration/ renovation)	•
Natural resources (e.g., native plants, natural lands restoration)	•
Maintenance equipment (e.g., mowers, chippers, blowers, chainsaws)	\$ 75
Other facilities and landscape maintenance	\$ 1140
Vehicles (e.g., trucks/cars, UTVs, golf carts, accessible devices, etc.)	\$ 1713
Amenities (e.g., water fountains, benches, picnic tables, recreational equipment, kiosks etc.)	\$
Park employees or volunteers support (e.g., interns, training, uniforms, awards, or recognition)	\$ 558
Big ticket visitor center exhibits or interpretation updates	\$
Park exhibits, displays, signage	\$
Park publications, brochures, maps, etc.	\$
Programing/interpretation support material purchases	\$ 3024
Other program services	\$ 33718
Total Program Service Expenses	\$ 40228

Visitor Services Revenue are revenues and the sources generated from fundraising on park property. Do not use commas.

Park gift shops, craft stores, and concession sales

Merchandise sales (e.g., plants, firewood, ice, t-shirts, hats, etc.) \$ 704

Programs and Special Events (e.g., fundraising workshops, seasonal events, concerts, etc.) \$ 57134

Vending (e.g., drink machines, penny press, laundry, Wifi, etc.) \$

Rentals (e.g., bikes, canoe, kayak, SUPs, etc.) \$

In-park donation boxes \$

Other visitor services revenue \$ 6825

Total Visitor Services Revenue \$ 64663

NET ASSETS: \$	106 292
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Organizations end of last year's <u>Total Assets minus Total Liabilities</u>. This is <u>not</u> the above's Visitor Service Revenue minus Program Service Expenses.

CSO AUDIT THRESHOLD: Last Calendar Year's Total Expenses (including grants) \$ [18,894]

Are the CSO's annual total expenses \$300,000 including grants? Then Section 215.981(2), Florida Statute requires an independent CPA audit using Government Audit Standards (U.S. GAO Yellow Book). The audit is **due by September 1** (9 months after the CSO's calendar year ends) to the Florida Auditor General and to the Department.

CONFIRM ATTACHMENTS:

Code of Ethics

The most recent Internal Revenue Service (IRS) Form 990, 990-EZ, or 990-N receipt. All IRS Form 990's must be complete with Part III Program Service and all appropriate Schedules (A, O, and others as appropriate). If filing an IRS extension, attach the IRS 8868 receipt and the most recent complete 990 and schedules.

This information is complete to the best of a	ny knowledge	e pursuant to Section 20.058 Florida Statutes
Printname: Rich Gallik		, CSO President
Friends of Anastasia State Park	, Inc.	The same beautiful and
Date: 5/4/2023		
Signature: Walkis		
Print name: Michael Watkins		, Park Manager
Date: 5/4/2023		

FRIENDS OF ANASTASIA CODE OF ETHICS

PREAMBLE

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

Model CSO Code of Ethics – June 2014

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-E7

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2022 calendar year, or tax year beginning , 2022, and ending . 20 C Name of organization D Employer identification number B Check if applicable: FRIENDS OF ANASTASIA STATE RECREATIONTAGE COPY 59-3654107 Address change Number and street (or P.O. box if mail is not delivered to street add E Telephone number Name change FROM City or town, state or province, country, and ZIP or foreign postal codes and a COUNTAINT Initial return 9545401390 CERTIFIED PUBLIC ACCOUNTANTS Final return/terminated F Group Exemption Amended return ST. AUGUSTINE, FLORIDA SAINT AUGUSTINE, FL 32080 Number Application pending H Check X if the organization is not G Accounting Method: X Cash Accrual Other (specify): required to attach Schedule B N/A (Form 990 J Tax-exempt status (check only one) - X 501(c)(3) 501(c) () (insert no.) 4947(a) 1e or 527 K Form of organization: X Corporation Association Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I X 1 1,e735.ee 2 Program service revenue including government fees and contracts 2 1,300. 3 3,776. 3 Membership dues and assessments 4 4 14. 5a 5a Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . C Gaming and fundraising events: 6 Gross income from gaming (attach Schedule G if greater than Revenue 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) . . . 6b 90,062. Less: direct expenses from gaming and fundraising events . . . Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 57,134. Gross sales of inventory, less returns and allowances 7a 1,864.ee 7a Less: cost of goods sold 7b 1,160 704. Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c C 8 8 9 64,663. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 10 11 11 Benefits paid to or for members 12 12 558. 13 13 Professional fees and other payments to independent contractors 11,073. 14 Occupancy, rent, utilities, and maintenance 14 15 15 Printing, publications, postage, and shipping 7,263. 16 16 18,894. 17 17 Excess or (deficit) for the year (subtract line 17 from line 9) 18 45,769. 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return) 60,523. 19 20 20

For Paperwork Reduction Act Notice, see the separate instructions.

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

21

106,292.

21

Part						
	Check if the organization used Sched	dule 0 to respond to ar				
			(.	A) Beginning of year	(B) End of year
22	Cash, savings, and investments			60,523.	22	106,292.
23	Land and buildings .		X X 20 0 0 0		23	
24	Other assets (describe in Schedule O)		V 9 V V V		24	
25	Total assets			60,523.	25	106,292.
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of col-			60,523.	27	106,292.
Part						
	Check if the organization used Sched	· · · · · · · · · · · · · · · · · · ·		art III	/Dam	Expenses
Vhat	is the organization's primary exempt purpose	? See Part III	Stmt			ired for section (3) and 501(c)(4)
s me	ibe the organization's program service accordanced by expenses. In a clear and concisins benefited, and other relevant information for	e manner, describe the			organ	izations, optional for i.)
-	THE ORGANIZATION PROVIDED PARK AS WELL AS RANGER TRAINING CLAS			***************************************		
-	Grants \$ 0.) If this amo	ount includes foreign gra	nts. check here		28a	7,337.
	JJ GREY CONCERT AND AMPITHEATER				1 -	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
_						
					1	
i	Grants \$ 0) If this amo	ount includes foreign gra	nts, check here		29a	1,825,
	ENDLESS SUMMER RUN		National Religions and Co.		1	2,0201
	ENDOCO GOTRION TON					
		(1-0)			1	
1	Grants \$ 0.) If this amo	ount includes foreign gra	nts, check here		30a	31,066.
4	Other program services (describe in Schedule					
	(Grants \$) If this amo	ount includes foreign gra			31a	
32	Total program service expenses (add lines a	28a through 31a)			32	40,228.
Part					enstruct	ions for Part (V)-
	Check if the organization used Sche	dule 0 to respond to a	ny question in this F	Part IV		
	(a) Name and little	(b) Average hours pay week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (If not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	U1	stimated amount of her compensation
RICH	- GALLIK	100 (10)				
PRES	SIDENT	12.00	0.	0		0.
ANDI	RIS DUFFY					
	PRESIDENT	10.00	0.	0	***	0.
LOU	ISE GALLIK	REAL PROPERTY.				
SEC	RETARY	4.00	0.	0		0.
KATI	RINA DENNY	William Tolland				
TRE	ASURER	3.00	0.	0		0.
		St				
		10.				
		No.				
		7				
					-	

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements	in th	e	
_	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		×
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	-3		
	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	-	×
250	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
35a	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		×
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,		1 60	1
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		×
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		×
07-	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a		139	1
37a b	Did the organization file Form 1120-POL for this year?	37b		×
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		×
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved	170		
39	Section 501(c)(7) organizations. Enter:		426	
а	Initiation fees and capital contributions included on line 9	- 35		
b	Gross receipts, included on line 9, for public use of club facilities	The state of	1.0	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911: ; section 4912: ; section 4955:	13	10.11	
	Section 4958		1000	100
b	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		×
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed		1	13
	on organization managers or disqualified persons during the year under sections 4912,	200	1	1 8
	4955, and 4958		0	1
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	100		378
	the district the terror was the organization a party to a prohibited tay shelter	10		
е	transaction? If "Yes," complete Form 8886-T	40e		×
41	List the states with which a copy of this return is filed:	-		
42a	The organization's books are in care of: KATRINA DENNY Telephone no. (95)	4)54	0-1	390
	Located at: 1340A A1A SOUTH, SAINT AUGUSTINE FL ZIP + 4 320	80	T.,	1
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	406	Yes	_
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		×
	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	7		198
	Financial Accounts (FBAR).	6.36	1	
c	the state of the second did the experience maintain an office outside the United States?	420		×
	If "Yes," enter the name of the foreign country:			
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	-	Yes	No.
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	West.	168	NIC
448	completed instead of Form 990-EZ	448		×
ı	and the second second facilities during the year? If "Ves " Form 990 must be			100
	completed instead of Form 990-EZ	44t		×
(Did the organization receive any payments for indoor tanning services during the year?	440		×
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	1000	4	189
	explanation in Schedule O	440		
45	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45		×
	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		1	1
	Form 990-EZ. See instructions	451	0	>

							Yes	No
46		e organization engage, directly or in didates for public office? If "Yes," o						×
Part		Section 501(c)(3) Organization		,		10	1	
		All section 501(c)(3) organization		estions 47-49b and	52, and complete th	e tables f	or lin	es
		0 and 51.						
	(Check if the organization used Sc	hedule O to respond	to any question in t	this Part VI		Yes	No
47	Did th	e organization engage in lobbying	activities or have a	section 501(h) election	on in effect during the	tax	res	NO
7,		If "Yes," complete Schedule C, Par				47		×
48	Is the	organization a school as described in	n section 170(b)(1)(A)(ii)? If "Yes," complete	Schedule E	48		×
49a	Did th	e organization make any transfers t	o an exempt non-cha	aritable related organi	zation?	49a		×
b		s," was the related organization a se				49b		-1.1
50		lete this table for the organization's yees) who each received more than						
	emplo	yees) who each received more than		(c) Reportable	(d) Health benefits	ic, circoi i	10110,	
	(a) N	Name and title of each employee	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC/ 1099-NEC)	contributions to employee			
NONE	3			1				
	******	***************************************		- 70	1			
_				- 60				
		***************************************		523				
				-2-7				
				A COLUMN				
	Total	number of other employees paid or	(er \$100.000	-	1			
51		plete this table for the organization			t contractors who ead	h received	more	e tha
	\$100,	000 of compensation from the orga	inization. If there is no	one, enter "None."				
	(a)	Name and business address of each indepen	dent contractor	(b) Type of ser	vice (c) Compensat	ion	
NON								
NON								
_								
		***************************************	***********					
					117			
				1				
C	I Total	number of other independent contr	ractors each receiving	g over \$100,000 .				
52		the organization complete Sched	lule A? Note: All s	section 501(c)(3) org	anizations must attac			17.
	<u>.</u>	eleted Schedule A				× Ye		No
Under	penalties orrect, an	of perjury, I declare that I have examined this discomplete. Declaration of preparer (other this	s return, including accompa an officer) is based on all in	anying schedules and stater aformation of which prepares	nents, and to the best of my has any knowledge.	knowledge an	d belief	, it is
					01/30/202	3		
Sign	1	Signature of officer			Date		-	
Here		KATRINA DENNY, TREAS	URER					
		Type or print name and title						
Paid	d	Print/Type preparer's name	Preparer's signature		Date Check	if PTIN	3214	27
		Jill S Atwood	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	H375 0 33 /	02/13/2023 self-emp	InvedTP005	9214	3/
Pre	parer	ONT HOUSE & NOT		mas 1				
,	parer Only	Firm's name CALHOUN & ATW			Firm's EIN 2	0-47204 904) 797	88	4

SCHEDULE A (Form 990)

(D)

(E)

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.

Open to Public Go to www.irs.gov/Form990 for instructions and the latest information. Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization 59-3654107 FRIENDS OF ANASTASIA STATE RECREATION AREA 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.) 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).) 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 5 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). X 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.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross 10 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). 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 on 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 II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . Provide the following information about the supported organization(s). (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported organization (ii) EIN listed in your governing support (see other support (see (described on lines 1-10 document? instructions) instructions) above (see instructions)) Yes No (A) (B) (C)

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 47,105. 29,692. 98,737. 242,640. 39,962. 27,144. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the 27,144 39.962. 47,105. 29,692. 98,737. 242,640. The portion of total contributions by 5 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) . . . 242,640. Public support. Subtract line 5 from line 4 Section B. Total Support (f) Total (a) 2018 (d) 2021 (e) 2022 **(b)** 2019 (c) 2020 Calendar year (or fiscal year beginning in) 242,640. 98,737. Amounts from line 4 27,144. 39,962. 47,105. 29,692. 7 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 17. 13. 14. 79. 12. 23. Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 242,719. 11 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage 99.97% Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) Public support percentage from 2021 Schedule A, Part II, line 14 15 15 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 10%-facts-and-circumstances test-2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test -- 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					7	
5	The value of services or facilities furnished by a governmental unit to the organization without charge			400			
6	Total. Add lines 1 through 5				- 497		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ь	Amounts included on lines 2 and 3			100	6		
	received from other than disqualified				3		
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			100			
С	Add lines 7a and 7b			20 - 17			
8	Public support. (Subtract line 7c from						
	line 6.)			362 034			
	on B. Total Support			1 () 0000	1.0004	4-1-0000	(0.T-1-1
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6			1			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b		250				
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or		_	<u> </u>	-		
12	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the organization, check this box and stop he					ear as a section	
Sect	ion C. Computation of Public Suppo						
15	Public support percentage for 2022 (line			13, column (f))	. 15	%
16	Public support percentage from 2021 Sc						%
Sect	ion D. Computation of Investment Ir						
17	Investment income percentage for 2022						%_
18	Investment income percentage from 202	11 Schedule A	, Part III, line 17	7		. 18	%
19a	331/3% support tests - 2022. If the organ	nization did no	ot check the bo	ox on line 14, a	and line 15 is	more than 331/3	%, and line
	17 is not more than 331/3%, check this box						
b	line 18 is not more than 331/3%, check this	box and stop	here. The orga	nization qualifie	s as a publicly	supported orga	nization .
20	Private foundation. If the organization of	lid not check a	a box on line 1	<u>4, 19a, or 19b,</u>	check this bo	x and see instru	uctions . L

Part IV	Supporting	Organ	izatione
Partiv	Supporting	Organ	IZAUUI15

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

	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete	Part	V.)	
Secti	on A. All Supporting Organizations	T	24	
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		(Lette
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	200	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	The state of the s	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		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
t	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		1000
	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		323
	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 line 10b below.	10a		
ŀ	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	1000	100	100

10b

determine whether the organization had excess business holdings.)

Part	V 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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c	5.0	
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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 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			
0	the supported organization(s).	1		C. Second
Secu	on D. All Type III Supporting Organizations		Voc	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		140
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 on line 2, above, 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		
Sact	ion E. Type III Functionally Integrated Supporting Organizations	10	1	
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see 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.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see ii		
2	Activities Test. Answer lines 2a and 2b 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 on line 2a, above, 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		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI</i> .	3a		
b		3h		

Part				
1 [Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	trust or	on Nov. 20, 1970 (expi is must complete Sec	tions A through E.
Secti	on 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	A &	
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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):			
а	Average monthly value of securities	1a	34 - 1	
b	Average monthly cash balances	1b	.07	
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d	9	
е	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C-Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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	- Variation in the	
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-function (see instructions).	ally in	tegrated Type III supp	orting organization

Part	e A (Form 990) 2022 V Type III Non-Functionally Integrated 509(a)(3	Supporting Organi	zations (continue	ed)	Page
	on D-Distributions	, ouppoining organi			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity		rted	2	
3	Administrative expenses paid to accomplish exempt purp				
4	Amounts paid to acquire exempt-use assets	3 4			
5	Qualified set-aside amounts (prior IRS approval required-	provide details in Part	VII	5	
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.			6	1 1000
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	8	
9	Distributable amount for 2022 from Section C, line 6		7	9	
10	Line 8 amount divided by line 9 amount		AN THE	10	
	on E-Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022		A CONTRACT		
а	From 2017			0	
b	From 2018				
С	From 2019				
d	From 2020			200	
е	From 2021			7.	
f	Total of lines 3a through 3e	A. Toronto			
9	Applied to underdistributions of prior years	AT A SECOND			
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D, line 7: \$				
а	Applied to underdistributions of prior years		·		Art Control
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:	West later to	Contract of the second	0.5	
a	Excess from 2018		Park I and I will	UUL	
b	Excess from 2019		Version of the Allendar	-(-)	
С	Excess from 2020				EFE BEST
d	Excess from 2021		Water Sales		RELEASE TO THE REAL PROPERTY.
е	Excess from 2022	A STATE OF THE			

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.)

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SCHEDULE G (Form 990)

Supplemental. .ormation Regarding Fundraising or Ga. .ng Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

me of the organization					Employer identific	
IENDS OF ANASTASIA STAT					59-3654107	
art I Fundraising Activities Form 990-EZ filers are	not required to	complete	this part.			line 17.
Indicate whether the organiza	tion raised funds th	hrough any	of the follo	owing activities. C	heck all that apply.	
a Mail solicitations		e [] Solicitat	on of non-govern	ment grants	
b Internet and email solicitat	ions	f [Solicitat	on of government	grants	
c Phone solicitations		g [Special	fundraising events		
d n person solicitations				· ·		
la Did the organization have a workey employees listed in Fo	ritten or oral agree	ement with	any individ	dual (including offi- with professional f	cers, directors, trust	ees, ? Yes No
b If "Yes," list the 10 highest pa compensated at least \$5,000	aid individuals or e	ntities (fund				
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No	100		
}			1			
5						
S						
7						
3						
D						
A_1						
tal	rganization is regis	stered or lic	ensed to	Solicit contribution	ns or has been notif	ied it is exempt fro
registration or licensing.						

					******	***************************************
					******************	***************************************

Part II	Fundraising	Events. Complete if t	he organizatio	n answered "Ye	s" on Form 9	90, Part IV,	line 18, d	or reported	more
	than \$15,000	of fundraising event (contributions a	nd gross income	e on Form 99	0-EZ, lines 1	and 6b	. List events	s with
	gross receipt	ts greater than \$5,000.							

			1-3 Command 41	(b) Event #2	(c) Other events	
			(a) Event #1	' '	· · ·	(d) Total events
			JJ GREY CONCERT	ENDLESS SUMMER SUN	None (total number)	(add col. (a) through col. (c))
15			(event type)	(event type)	(total number)	
ממוסים ביי	4	Gross receipts		25,693.		25,693.
2	1	Gross receipts		23,093.		20,000.
_	2	Less: Contributions	36,282.	53,780.		90,062.
	3	Gross income (line 1 minus				
\perp		line 2)	-36,282.	-28,087.		-64,369.
	4	Cash prizes				
	5	Noncash prizes		4,873.	1	4,873.
	9	Noncasti prizes		7,075.		1,0,0,
3	6	Rent/facility costs		500.		500.
5		,				
	7	Food and beverages				<u> </u>
<u> </u>						
5	8	Entertainment				
	_	Other disease assesses	1 006	25,693.	100	27,519.
	9	Other direct expenses .	1,826.	25,093.		2.,017.
4	0	Direct expense summary. Ac	dd lines 4 through 9 in c	olumn (d)		32,892.
- 1	11	Net income summary. Subtr	act line 10 from line 3, o	column (d)		-97,261.
		O	a arranization annu	1.037 - 11 - 17	990, Part IV, line 19, c	or reported more that
	ш			ered "Yes" on Form	330, 1 art 14, mic 15, c	or roportou more than
		\$15,000 on Form 990-E		ered "Yes" on Form	990, 1 art 10, mile 10, c	or reported more than
art				(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
art			Z, line 6a.	A		
art		\$15,000 on Form 990-E	Z, line 6a.	(b) Pull tabs/instant		(d) Total gaming (add
art	1		Z, line 6a.	(b) Pull tabs/instant		(d) Total gaming (add
art	1	\$15,000 on Form 990-E	Z, line 6a.	(b) Pull tabs/instant		(d) Total gaming (add
Part		\$15,000 on Form 990-E	Z, line 6a.	(b) Pull tabs/instant		(d) Total gaming (add
Part	1	\$15,000 on Form 990-E	Z, line 6a.	(b) Pull tabs/instant		(d) Total gaming (add
art	1 2	\$15,000 on Form 990-E Gross revenue Cash prizes Noncash prizes	Z, line 6a.	(b) Pull tabs/instant		(d) Total gaming (add
Part	1 2	\$15,000 on Form 990-E Gross revenue Cash prizes	Z, line 6a.	(b) Pull tabs/instant		(d) Total gaming (add
Part	1 2 3 4	\$15,000 on Form 990-E Gross revenue	Z, line 6a.	(b) Pull tabs/instant		(d) Total gaming (add
Part	1 2 3	\$15,000 on Form 990-E Gross revenue Cash prizes Noncash prizes	Z, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
art	1 2 3 4 5	\$15,000 on Form 990-E Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Z, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
Part	1 2 3 4	\$15,000 on Form 990-E Gross revenue	Z, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo Yes %	(c) Other gaming	(d) Total gaming (add
Part	1 2 3 4 5	\$15,000 on Form 990-E Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses .	Z, line 6a. (a) Bingo Yes%	(b) Pull tabs/instant bingo/progressive bingo Yes % No	(c) Other gaming	(d) Total gaming (add
Part	1 2 3 4 5 6	\$15,000 on Form 990-E Gross revenue	Z, line 6a. (a) Bingo Yes % No dd lines 2 through 5 in 6	(b) Pull tabs/instant bingo/progressive bingo Yes % No column (d)	(c) Other gaming Yes % No	(d) Total gaming (add
Part	1 2 3 4 5 6	\$15,000 on Form 990-E Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses .	Z, line 6a. (a) Bingo Yes % No dd lines 2 through 5 in 6	(b) Pull tabs/instant bingo/progressive bingo Yes % No column (d)	(c) Other gaming Yes % No	(d) Total gaming (add
Direct Expenses Revenue	1 2 3 4 5 6 7 8	\$15,000 on Form 990-E Gross revenue	Z, line 6a. (a) Bingo Yes % No No dd lines 2 through 5 in cary. Subtract line 7 from	(b) Pull tabs/instant bingo/progressive bingo Yes % No column (d)	(c) Other gaming Yes % No	(d) Total gaming (add col. (a) through col. (c))
Part Expenses	1 2 3 4 5 6 7 8 E	\$15,000 on Form 990-E Gross revenue	Z, line 6a. (a) Bingo Yes % No No dd lines 2 through 5 in control organization conducts g	(b) Pull tabs/instant bingo/progressive bingo Yes % No column (d)	(c) Other gaming Yes % No	(d) Total gaming (add col. (a) through col. (c))
Orrect Expenses	1 2 3 4 5 6 7 8 E I Is	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. A Net gaming income summary. A the organization licensed to a	Z, line 6a. (a) Bingo Yes % No No dd lines 2 through 5 in control organization conducts ground activities	(b) Pull tabs/instant bingo/progressive bingo Yes % No column (d)	(c) Other gaming Yes % No No	(d) Total gaming (add col. (a) through col. (c))
Orrect Expenses	1 2 3 4 5 6 7 8 E I Is	Gross revenue	Z, line 6a. (a) Bingo Yes% No Idd lines 2 through 5 in one or subtract line 7 from the program activities are conducted as a subtract gaming activities.	(b) Pull tabs/instant bingo/progressive bingo Yes % No column (d)	(c) Other gaming Yes % No	(d) Total gaming (add col. (a) through col. (c))
Orrect Expenses	1 2 3 4 5 6 7 8 E I Is	\$15,000 on Form 990-E Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses . Volunteer labor Direct expense summary. A Net gaming income summare the state(s) in which the cost the organization licensed to company and the organization licensed to company and the cost the organization licensed to company and the cost the organization licensed to company and the cost the organization licensed to company and the organization licensed to company and the cost	Z, line 6a. (a) Bingo Yes % No No Add lines 2 through 5 in one ary. Subtract line 7 from organization conducts go conduct gaming activities	(b) Pull tabs/instant bingo/progressive bingo Yes % No column (d) line 1, column (d) aming activities: es in each of these state	(c) Other gaming Yes % No	(d) Total gaming (add col. (a) through col. (c))
Part Expenses Pases Pases 9 a b	1 2 3 4 5 6 7 8 E I Is	\$15,000 on Form 990-E Gross revenue	Z, line 6a. (a) Bingo Yes % No No Add lines 2 through 5 in a conduct granization conducts granization activities	(b) Pull tabs/instant bingo/progressive bingo Yes % No column (d)	(c) Other gaming Yes % No No	(d) Total gaming (add col. (a) through col. (c))
ממרו מיינים מיינ	1 2 3 4 5 6 7 8 E I Is	\$15,000 on Form 990-E Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses . Volunteer labor Direct expense summary. A Net gaming income summare the state(s) in which the cost the organization licensed to company and the organization licensed to company and the cost the organization licensed to company and the cost the organization licensed to company and the cost the organization licensed to company and the organization licensed to company and the cost	Z, line 6a. (a) Bingo Yes % No No dd lines 2 through 5 in one organization conducts ground activities gaming licenses revoke	(b) Pull tabs/instant bingo/progressive bingo Yes % No column (d)	(c) Other gaming Yes % No No nated during the tax year	(d) Total gaming (add col. (a) through col. (c)) Yes N

11 Does the organization conduct gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust, or a reformed to administer charitable gaming? 13 Indicate the percentage of gaming activity conducted in: a The organization's facility b An outside facility	member of a partnership or other entity
 12 Is the organization a grantor, beneficiary or trustee of a trust, or a r formed to administer charitable gaming? 13 Indicate the percentage of gaming activity conducted in: a The organization's facility 	member of a partnership or other entity
13 Indicate the percentage of gaming activity conducted in:a The organization's facility	
b An outside facility	
	ation's gaming/special events books and
14 Enter the name and address of the person who prepares the organizarecords:	
Name	
Address	
15a Does the organization have a contract with a third party from w revenue?	
b If "Yes," enter the amount of gaming revenue received by the organizamount of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation \$	
Description of services provided	
☐ Director/officer ☐ Employee ☐ Indepe	endent contractor
17 Mandatory distributions:	
a Is the organization required under state law to make charitable dis retain the state gaming license?	
b Enter the amount of distributions required under state law to be dist spent in the organization's own exempt activities during the tax year	\$
Part IV Supplemental Information. Provide the explanations r Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as a See instructions.	equired by Part I, line 2b, columns (iii) and (v); and applicable. Also provide any additional information
	A THEOLOGICAL CONTROL OF THE CONTROL

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SCHEDULE O (Form 990)

Supplemental Information to Form 990 or J-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 Form 990-EZ

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization 59-3654107 FRIENDS OF ANASTASIA STATE RECREATION AREA Pt I, Line 8: Description: FLORIDA STATE PARK CONFERENCE 0 Pt I, Line 16: Description: SJC VISITORS CONVENTION \$300 Description: FRIENDS OF FLORIDA STATE PARKS \$100 Description: MEMBERSHIP \$45 Description: PAYPAL FEES \$92 Description: MISCELLANEOUS \$963 Description: PRIOR YEAR ADJUSTMENT \$5,763