



**Florida Department of Environmental Protection
CITIZEN SUPPORT ORGANIZATION
2021 LEGISLATIVE REPORT
(pursuant to Section 20.058 Florida Statutes)**

Citizen Support Organization (CSO) Name: The Friends of Crystal River State Parks Inc.
Mailing Address: 3266 N. Sailboat Ave., Crystal River, FL 34428
Telephone Number: 352-228-6028
Website Address: FriendsCRSP.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:

The mission of the Friends of Crystal River State Parks (FCRSP) is to promote awareness, raise funds and support the State Parks. This is to assist with the preservation of the cultural, historical, ecological and archaeological resources of the parks. More particularly, to conduct programs and activities, to promote the parks and raise funds. Provide activities and resources so visitors can experience the history and natural beauty of the Crystal River Archaeological State Park, Yulee Sugar Mill Ruins Historic State Park, and Crystal River Preserve State Park.

Describe Last Calendar Year's Results Obtained:

Heritage Eco Tour

The Friends sponsor a Heritage Eco Tour onboard the 24 passenger Monroe. The tours last about 90 minutes. The tour cruises up the Crystal River to the Archaeological Park and then turns around and heads down river out to the Gulf of Mexico. Along the way the guides talk about the Ancient River Dwellers and how they interacted with the environment. Visitors also enjoy viewing a variety of wildlife.

Our season was cut short in 2020 but was highly successful. During the 4th quarter of 2019 the Monroe left the dock for 52 trips carrying 450 visitors. In 2020 we ran the tours in January, February and half of March. During this time, the Monroe left the dock for 64 trips carrying 1,125 passengers. The last trip was a Sunset Cruise on March 13th.

The Heritage Eco Tour is the primary source of revenue for the Friends of Crystal River State Parks. The Friends total revenue from 2017 through 2020 was \$167,175. The Eco Tours accounted for \$132,240 or 79%.

The new outboard engines we bought in 2019 are running great. In 2020 we completed a noise abatement project to improve the experience for our visitors. The annual in-water inspection by the Coast Guard was in October and the Monroe passed with flying colors.

Moon Over the Mounds

The Friends sponsor nighttime guided tours of the Archaeological State Park. These tours took place in January, February and March. The tours are conducted by professionals from Florida Public Archeology Network (FPAN), and Gulf Archeology Research Institute (GARI). This year the visitor turnout was so great we supplemented the tour guides with experienced park rangers and long-term museum docents.

We had 913 visitors attend for three months in 2020 compared to 533 in 2019 and 91 in 2018.

Total donations for three months in 2020 was \$4,450. 2019 donations for the same period was \$3,999: for 2018 \$483.

Membership

Current membership as of the end of the year 2020 stands at 34. Two new members joined in 2020 and we lost 2 members.

We planned several Membership events for 2020. However due to the pandemic these were postponed and are still on hold. We planned another Breakfast with the Friends and will include this in the 2021 plan. We also were in the planning process for a new activity – Yoga in the Park. The idea is to hold outdoor Yoga sessions at the Archaeological Park. We have a volunteer certified instructor anxious to kick off this activity. Again, this is on hold for now but will be in the 2021 plan.

One project we have been able to get going is constructing a first-class kayak launch at the Mullet Hole. We have obtained the funding for this project. Quotes were obtained and reviewed. The project is currently in the permitting process.

AmeriCorps

We are so fortunate to have members from AmeriCorps who have assisted the Park for many years now; our members come from Florida Conservations Corps AmeriCorps - Project A.N.T: (AmeriCorps Non-native Plant Terminators). Supervised by the State Park biologist, they spend 75% of their time in the field treating or removing invasive plants and surveying and identifying native and non-native plants. Their major challenge in the three Crystal River State Parks is the Brazilian Pepper. Without their efforts the Brazilian Pepper would likely take over most of our 27,500 acres.

Our biologist can select from the top candidates from AmeriCorps because our Parks provide lodging, including utilities. Not having to pay for housing out of their stipend is a major perk for these potential future Rangers!

The Park's Bunk House had furniture on loan that needed to be returned this year. As part of our 2020 plan for the Friends of the Crystal River State Parks we budgeted \$1500 for this purpose. We are proud that we were able to secure what was needed for under \$250, via donations from Friends, thrifty shopping, and donations from the Key Training Center. The largest expense were the new mattresses.

Marketing

In 2020 we planned to hold or participate in 3 events. We also planned to continue our marketing approach of leveraging local businesses to display and hand out our brochures.

Our first event was participating in the Manatee Festival held January 18 and 19. We budgeted \$200 for this event and only spent a fraction since we did not have to pay the Chamber of Commerce fee. We were able to secure a booth location at Three Sisters Spring by working with the Florida Fish and Wildlife team. This location was fabulous. The weather was great on Saturday which fostered a great turnout. The weather on Sunday was iffy and the crowd was a little slow. Nonetheless the team got the word out about the 3 super State Parks here in Crystal River and information about the Friends events to a multitude of visitors.

Our next key event was hosting a Citrus County Chamber of Commerce Mixer. The Chamber attempts to hold a mixer every month designed for local business to showcase their operation and provide networking opportunities for the Chamber members. We hosted a Chamber Mixer on January 30th. We approved \$1500 in our 2020 budget for this event. The event team asked the Board to approve \$750 for the event which was approved. The event was held at the Archaeological Museum and was a major success. Approximately 200 Chamber members attended the Mixer. The Friends team made some good contacts, and all the attendees were very appreciative of the Friends for hosting the mixer at such a wonderful and historic location. The final cost was slightly less than \$500.

Approximately 400-500 Park brochures were delivered weekly to Crystal River and Citrus County tourist locations: motels, restaurants, gift shops, RV parks, Citrus County Tourist Center, U.S., Fish and Wildlife gift shop, and the Old Court House in Inverness. Brochures included those for the Archaeological Park, Preserve, Monroe Boat Tours, Moon Over the Mounds, and the most requested - Trail Maps.

A Friend's planned two-day event at the Crystal River Publix on Gulf to Lake in March was cancelled due to Covid-19. The rescheduling in October was also postponed. We look forward to holding this event in 2021.

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

Resume the Heritage Eco Tours, Resume the Moon Over the Mounds, and Revamp the Kayak launch at the Mullet Hole.

Establish new activities – Yoga at the Park, Kayak lessons and Kayak Tours.

Create educational exhibits at the Mullet Hole and establish and publish paddling routes and maps. Connect paddling routes to the paddling routes in the St. Martin's Aquatic Preserve.

Initiate project to revamp the boardwalk at Church House Hammock and extend to the river and create a fishing pier.

CSO's LAST CALENDAR YEAR STATISTICS:

Total Number of CSO General Membership: 34

Total Number of Board of Directors: 7

Total Volunteer Hours for the Board of Directors: 763

PARK & CSO RELATIONSHIP:

Park Manager’s Comments on the CSO & Park Relationship and Support:

The CSO is developing a few new park programs (previously mentioned: Kayak tours and lessons, yoga classes) and is applying for a grant for kayak launch improvements and educational exhibits. FCRSP keeps engaged with the park and focused on its mission. The Board of Directors stands by the Annual Program Plan and assists in other ways if needed throughout the year. The relationship with the park staff and the Friends’ board of directors is positive and cohesive. Other Friends members who assist with projects or tasks all communicate well and do a great job. We are fortunate for this very good working relationship!

CSO President’s Comments on the CSO & Park Relationship and Support:

Communication between Park staff and the friends is at an all time high. The CSO is here to support the Park Manager and the Parks. I believe we accomplished this to the best of our abilities. The Park Manager and the Volunteer Coordinator Make themselves available and are incredibly supportive of the CSO.

SUMMARIZE FINANCIAL ACTIVITY FOR LAST CALENDAR YEAR, SPECIFIC PARK(S) SUPPORT:

Program Service Expenses

| | |
|--|------------------|
| Building improvement, construction or renovations | \$ 774 |
| Cultural resources (e.g., historic structure restoration/ renovation) | \$ 0 |
| Natural resources (e.g., native plants, natural lands restoration) | \$ 0 |
| Maintenance equipment (e.g., mowers, chippers, blowers, chainsaws) | \$ 0 |
| Other facilities and landscape maintenance | \$ 0 |
| Vehicles (e.g., trucks/cars, UTVs, golf carts, accessible devices, etc.) | \$ 0 |
| Amenities (e.g., water fountains, benches, picnic tables, recreational equipment, kiosks etc.) | \$ 0 |
| Park employees or volunteers support (e.g., interns, training, uniforms, awards, or recognition) | \$ 378 |
| Big ticket visitor center exhibits or interpretation updates | \$ 0 |
| Park exhibits, displays, signage | \$ 335 |
| Park publications, brochures, maps, etc. | \$ 1,693 |
| Programing/interpretation support material purchases | \$ 22,813 |
| Other program services | \$ |
| Total Program Service Expenses | \$ 25,993 |

Total Operating Expenses (Overhead including fees, memberships, postage, rent, utilities, etc.) **\$ 1,290**

Visitor Services Revenue

| | |
|--|------------------|
| Park gift shops, craft stores and concession sales | \$ 0 |
| Merchandise sales (e.g., plants, firewood, ice, t-shirts, hats, etc.) | \$ 0 |
| Programs and Special Events (e.g., fundraising workshops, seasonal events, concerts, etc.) | \$ 27,963 |
| Vending (e.g., drink machines, penny press, laundry, Wifi, etc.) | \$ 0 |
| Rentals (e.g., bikes, canoe, kayak, SUPs, etc.) | \$ 0 |
| In-park donation boxes | \$ 2,040 |
| Other visitor services revenue | \$ 0 |
| Total Visitor Services Revenue | \$ 30,003 |
| Net Assets | \$ 46,670 |

CSO AUDIT:

Total of Last Calendar Year’s Expenses (including grants) \$

Section 215.981(2), Florida Statute requires an independent CPA audit using Government Audit Standards ([U.S. GAO Yellow Book](#)) when the CSOs annual expenses are \$300,000 including grants. 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.

| This information is complete to the best of my knowledge pursuant to Section 20.058 Florida Statutes | | | |
|--|------|-----------|------|
| Title | Name | Signature | Date |
| CSO President | | | |
| Park Manager | | | |

- CSO's Code of Ethics is attached
- CSO has attached 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 990 and schedules.

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| This information is complete to the best of my knowledge pursuant to Section 20.058 Florida Statutes | | | |
|--|------------------|-----------------|---------|
| Title | Name | Signature | Date |
| CSO President | Ronald Hiroecker | RH Reed | 5/12/21 |
| Park Manager | Barbara Roberts | Barbara Roberts | 5/12/21 |

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Friends of the Crystal River State Parks, Inc. Code of Ethics

Preamble

1. It is essential to the proper conduct and operation of the **Friends of the Crystal River State Parks, Inc** (the “CSO”) that its board members, officers and employees be independent and impartial and that their position not be used for private gain. The Florida Legislature in Section 112, Florida Statute (FL 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 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 there is enacted a code of ethics setting forth standards of conduct required of the **Friends of the Crystal River State Parks, Inc.** board members, officers and employees of their official duties.

Standards

The following standards of conduct are required by Section 112, FI 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.

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 that 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.

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)

2020

Open to Public Inspection

▶ 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.

Department of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning , 2020, and ending , 20

| | | | |
|--|---|------------|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization FRIENDS OF THE CRYSTAL RIVER STATE PARKS, INC. | | D Employer identification number 59-3638371 |
| | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone number 3522286028 |
| | City or town, state or province, country, and ZIP or foreign postal code CRYSTAL RIVER, FL 34428 | | F Group Exemption Number ▶ |
| | | | |

G Accounting Method: Cash Accrual Other (specify) ▶ _____ **H** Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ N/A

J Tax-exempt status (check only one) – 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 35,325.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | 1 | | 11,230. |
|-------------------|--|--|-----------|---------|---------|
| | 2 | Program service revenue including government fees and contracts | 2 | | 66. |
| | 3 | Membership dues and assessments | 3 | | 495. |
| | 4 | Investment income | 4 | | 31. |
| | 5a | Gross amount from sale of assets other than inventory | 5a | | |
| | b | Less: cost or other basis and sales expenses | 5b | | |
| | c | Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) | 5c | | |
| | 6 | Gaming and fundraising events: | | | |
| | a | Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | | |
| | b | 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 | | 23,503. |
| c | Less: direct expenses from gaming and fundraising events | 6c | | 16,141. | |
| d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | | 7,362. | |
| 7a | Gross sales of inventory, less returns and allowances | 7a | | | |
| b | Less: cost of goods sold | 7b | | | |
| c | Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) | 7c | | | |
| 8 | Other revenue (describe in Schedule O) | 8 | | | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ | 9 | | 19,184. | |
| Expenses | 10 | Grants and similar amounts paid (list in Schedule O) | 10 | | |
| | 11 | Benefits paid to or for members | 11 | | |
| | 12 | Salaries, other compensation, and employee benefits | 12 | | |
| | 13 | Professional fees and other payments to independent contractors | 13 | | 495. |
| | 14 | Occupancy, rent, utilities, and maintenance | 14 | | 983. |
| | 15 | Printing, publications, postage, and shipping | 15 | | 55. |
| | 16 | Other expenses (describe in Schedule O) See Line 16. Stmt | 16 | | 6,645. |
| 17 | Total expenses. Add lines 10 through 16 ▶ | 17 | | 8,178. | |
| Net Assets | 18 | Excess or (deficit) for the year (subtract line 17 from line 9) | 18 | | 11,006. |
| | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | | 35,664. |
| | 20 | Other changes in net assets or fund balances (explain in Schedule O) | 20 | | |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ | 21 | | 46,670. |

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

| | (A) Beginning of year | (B) End of year |
|---|-----------------------|-------------------|
| 22 Cash, savings, and investments | 35,644. | 22 46,670. |
| 23 Land and buildings | | 23 |
| 24 Other assets (describe in Schedule O) | 20. | 24 0. |
| 25 Total assets | 35,664. | 25 46,670. |
| 26 Total liabilities (describe in Schedule O) | | 26 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 35,664. | 27 46,670. |

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? See Part III Stmt

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

| | | |
|---|------------|--------|
| 28 BOAT REPAIR & MAINTENANCE. TO PROVIDE EDUCATIONAL BOAT TOURS FOR INTERNATIONAL STATE, REGIONAL AND LOCAL VISITORS OF THE CRYSTAL RIVER PRESERVE AREA AS WELL AS THE CRYSTAL RIVER ARCHEOLOGICAL STATE PARK AREA. (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | 2,539. |
| 29 LAND MANAGEMENT, BUILDING PARKING & UTILITIES (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | 1,002. |
| 30 AQUARIUM MAINTENANCE, EDUCATION, FPAN PROJECTS, SPECIAL EVENTS, MOON OVER MOUNDS, PARK PROMOTION, VOLUNTEER APPRECIATION (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | 1,123. |
| 31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | |
| 32 Total program service expenses (add lines 28a through 31a) | 32 | 4,664. |

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--|--|--|---|--|
| RON ROECKER PRESIDENT | 6.00 | 0. | 0. | 0. |
| KATHERINE ASKINS TREASURER | 6.00 | 0. | 0. | 0. |
| PAM SHEMET SECRETARY | 2.50 | 0. | 0. | 0. |
| PHIL COTE BOARD OF DIRECTORS | 14.00 | 0. | 0. | 0. |
| GARY ELLIS BOARD OF DIRECTORS | 0.50 | 0. | 0. | 0. |
| KATHY SMITH BOARD OF DIRECTORS | 1.00 | 0. | 0. | 0. |
| ELIZABETH KOSTLENICK BOARD OF DIRECTORS | 6.00 | 0. | 0. | 0. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

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
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
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?
38b If "Yes," complete Schedule L, Part II, and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of ELIZABETH KOSTELNICK Telephone no. (352) 586-3388 Located at 3266 N SAILBOAT AVENUE, CRYSTAL RIVER FL ZIP + 4 34428
42b 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)? 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 Financial Accounts (FBAR).
42c 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
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
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b 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

| | | |
|--|------------|-----------|
| | Yes | No |
| 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | X |

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

| | | |
|--|------------|-----------|
| | Yes | No |
| 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 47 | X |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | X |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | X |
| b If "Yes," was the related organization a section 527 organization? | 49b | |
| 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." | | |

| (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 benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|---|---|--|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ **Yes** **No**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | | |
|------------------|-----------------------------------|------------|
| Sign Here | ▶ Signature of officer | 04/06/2021 |
| | ELIZABETH G KOSTELNICK, TREASURER | Date |
| | ▶ Type or print name and title | |

| | | | | | |
|-------------------------------|---|-------------------------|------------|---|-----------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | TAMARA S YOUNG | TAMARA S YOUNG | 04/10/2021 | | P00630006 |
| | Firm's name ▶ TAMARA S YOUNG EA TAX & ACCTG SVCS, LLC | Firm's EIN ▶ 26-1124618 | | Phone no. (352) 795-2496 | |
| | Firm's address ▶ 916 N SUNCOAST BLVD, CRYSTAL RIVER, FL 34429 | | | | |

May the IRS discuss this return with the preparer shown above? See instructions ▶ **Yes** **No**

Additional information from your Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Line 16: Other Expenses

Continuation Statement

| Description | Amount |
|-------------------------|---------------|
| DONATION | 200. |
| MISC PARK SUPPLIES | 312. |
| PARK PROMOTION | 1,693. |
| BOAT MAINTENANCE & FUEL | 2,539. |
| LAND MANAGEMENT | 29. |
| VOLUNTEER APPRECIATION | 348. |
| LICENSES & REGISTRATION | 724. |
| MOON OVER MOUNDS | 41. |
| BANK CARD CHARGES | 20. |
| MEMBERSHIP & DUES | 719. |
| Depreciation | 20. |
| Total | 6,645. |

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Part III: Purpose

Continuation Statement

| Organization's Primary Exempt Purpose |
|---|
| TO ASSIST THE CRYSTAL RIVER PRESERVE STATE PARK, THE ARCHAEOLOGICAL |
| STATE PARK AND YULEE SUGARMILL RUINS STATE PARK IN |
| PROVIDING RESOURCE-BASED RECREATION, WHILE PRESERVING, |
| INTERPRETING & RESTORING NATURAL AND CULTURAL RESOURCES |

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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

| | |
|---|---|
| Name of the organization FRIENDS OF THE CRYSTAL RIVER STATE PARKS, INC. | Employer identification number 59-3638371 |
|---|---|

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 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:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9 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:
- 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 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - 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.**
 - 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.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| Total | | | | | | |

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

(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

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 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 | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (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. (see instructions) | | | | | 12 | |
| 13 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) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|--------------------------|
| 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2019 Schedule A, Part II, line 14 | 15 | % |
| 16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10%-facts-and-circumstances test—2020. 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 organization | | <input type="checkbox"/> |
| b 10%-facts-and-circumstances test—2019. 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 organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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 A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 1,514. | 3,036. | 6,199. | 14,249. | 11,610. | 36,608. |
| 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 | 42,563. | 37,955. | 30,707. | 42,522. | 23,684. | 177,431. |
| 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 | 9,989. | 3,694. | 7,557. | 9,432. | 3,590. | 34,262. |
| 6 Total. Add lines 1 through 5 | 54,066. | 44,685. | 44,463. | 66,203. | 38,884. | 248,301. |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | 248,301. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | 54,066. | 44,685. | 44,463. | 66,203. | 38,884. | 248,301. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 1. | 2. | 14. | 18. | 31. | 66. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 1. | 2. | 14. | 18. | 31. | 66. |
| 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.) | 54,067. | 44,687. | 44,477. | 66,221. | 38,915. | 248,367. |
| 14 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) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---------|
| 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) | 15 | 99.97 % |
| 16 Public support percentage from 2019 Schedule A, Part III, line 15 | 16 | 99.98 % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|--------|
| 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) | 17 | 0.03 % |
| 18 Investment income percentage from 2019 Schedule A, Part III, line 17 | 18 | 0.02 % |
| 19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/> | | |
| b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/> | | |

Supporting Organizations

(Complete only if you checked a box in line 12 on 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.)

Section A. All Supporting Organizations

| | | Yes | No |
|------------|---|-----|----|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i> | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i> | | |
| 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)? <i>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.</i> | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| 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? | | |
| c | Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 | 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 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))? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| c | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i> | | |
| b | Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? | | |
| 11a | | |
| b A family member of a person described in line 11a above? | | |
| 11b | | |
| c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI . | | |
| 11c | | |

Section 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 | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | | |
| 1 | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 1 | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | |
| 2 | | |
| 3 By reason of the relationship described in 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 | | |

Section 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 instructions). | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | | |
| 2 Activities Test. Answer lines 2a and 2b below. | | |
| a 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. | Yes | No |
| 2a | | |
| b Did the activities described in 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 Parent of Supported Organizations. Answer lines 3a and 3b below. | | |
| a 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? If "Yes" or "No," provide details in Part VI . | | |
| 3a | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | | |
| 3b | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections 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 (<i>explain in detail in Part VI</i>): | | |
| 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 | |
| Section 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 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D—Distributions | | Current Year |
|--------------------------------|--|---------------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) | 5 |
| 6 | Other distributions (describe in Part VI). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8 |
| 9 | Distributable amount for 2020 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E—Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2020 | (iii) Distributable Amount for 2020 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2020 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2020 | | | |
| a From 2015 | | | |
| b From 2016 | | | |
| c From 2017 | | | |
| d From 2018 | | | |
| e From 2019 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2020 distributable amount | | | |
| i Carryover from 2015 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2020 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2020 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2021. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2016 | | | |
| b Excess from 2017 | | | |
| c Excess from 2018 | | | |
| d Excess from 2019 | | | |
| e Excess from 2020 | | | |

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.)

(Area with horizontal dashed lines for supplemental information.)

**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization: **FRIENDS OF THE CRYSTAL RIVER STATE PARKS, INC.**
Employer identification number: **59-3638371**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (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 | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total | | | | | | |

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|--|---|----------------------------|----------------------|------------------------|---------------------------------|
| | | BOAT TOURS (event type) | NONE (event type) | NONE (total number) | (add col. (a) through col. (c)) |
| Revenue | 1 Gross receipts | 23,503. | | | 23,503. |
| | 2 Less: Contributions | | | | |
| | 3 Gross income (line 1 minus line 2) | 23,503. | | | 23,503. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 2,539. | | | 2,539. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | 2,539. |
| 11 Net income summary. Subtract line 10 from line 3, column (d) ▶ | | | | 20,964. | |

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

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|---|---|---|---|--|
| | | | | | |
| Revenue | 1 Gross revenue | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) ▶ | | | | |
| | 8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶ | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

| | | |
|-------------------------------|------------|---|
| a The organization’s facility | 13a | % |
| b An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization’s gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

- b If “Yes,” enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount 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 Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization’s own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
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

2020

**Open to Public
Inspection**

Name of the organization

FRIENDS OF THE CRYSTAL RIVER STATE PARKS, INC.

Employer identification number

59-3638371

Pt III, Line 31: CONTINUED AQUARIUM MAINTENANCE INCLUDING AQUARIUM SUPPLIES

(SALT AND FRESHWATER), LIGHTING AND FILTRATION SYSTEM FOR FRESHWATER AQUARIUM,

SUPPORT OF SPECIAL EVENTS SUCH AS MOON OVER THE MOUNDS, SAVE OUR WATERS WEEK, PURCHASE

OF MISCELLANEOUS PARK OFFICE SUPPLIES, PARK PROMOTION, VOLUNTEER APPRECIATION,

PARK AND MUSEUM ENHANCEMENTS.

Pt I, Line 16:

Description: DONATION \$200

Description: MISC PARK SUPPLIES \$312

Description: PARK PROMOTION \$1,693

Description: BOAT MAINTENANCE & FUEL \$2,539

Description: LAND MANAGEMENT \$29

Description: VOLUNTEER APPRECIATION \$348

Description: LICENSES & REGISTRATION \$724

Description: MOON OVER MOUNDS \$41

Description: BANK CARD CHARGES \$20

Description: MEMBERSHIP & DUES \$719

Description: Depreciation \$20

Pt II, Line 24:

Description: COMPUTER Beginning of Year: \$20 End of Year: \$0

Federal Depreciation Options

2020

▶ Keep for your records

| | |
|---|---|
| Name as Shown on Return FRIENDS OF THE CRYSTAL RIVER STATE PARKS, INC. | Employer Identification No. 59-3638371 |
|---|---|

MACRS Convention

Compute convention (result shown below)

When 'Compute convention' is checked, the program determines which convention applies to MACRS personal property assets placed in service in 2020, and checks the appropriate box below. The program uses the 'Half-year convention' unless the 'Mid-quarter convention' box is checked.

1 Half-year convention

2 Mid-quarter convention

MACRS Computation

Use IRS tables for all MACRS property placed in service this year? Yes No

Treat all MACRS assets for this activity as qualified Indian reservation property? Yes No

Treat all assets acquired after Aug 27, 2005 as qualified GO Zone property? . . . Reg Ext No

Treat all assets acquired after May 4, 2007 as
qualified Kansas Disaster Zone property? Yes No

Was this business located in a Qualified Disaster Area? Yes No

Form 990-T Section 179 Information

| | | |
|---|------------|---|
| 1 Taxable income computed without the Section 179 or contribution deduction . . . | 1 | _____ |
| 2 Contribution deduction for purposes of Section 179 limitation | 2 | _____ |
| 3 Taxable income computed for the Section 179 limitation | 3 | _____ |
| 4 Elect to treat Qualified Real Property as "Section 179 Property" | 4 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 5 a Calculated "Total cost of Section 179 property placed in service" | 5 a | _____ |
| b Additions or subtractions to calculated value | b | _____ |

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

| | | |
|---|--|----------------------------------|
| Name(s) shown on return FRIENDS OF THE CRYSTAL RIVER STATE PARKS, INC. | Business or activity to which this form relates Form 990 / Form 990EZ | Identifying number 59-3638371 |
|---|--|----------------------------------|

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

| | | |
|--|------------------------------|------------------|
| 1 Maximum amount (see instructions) | 1 | |
| 2 Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | |
| 6 (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 7 Listed property. Enter the amount from line 29 | 7 | |
| 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 | 10 | |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions | 11 | |
| 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 | 12 | |
| 13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 ▶ | 13 | |

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

| | | |
|--|-----------|--|
| 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions | 14 | |
| 15 Property subject to section 168(f)(1) election | 15 | |
| 16 Other depreciation (including ACRS) | 16 | |

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

| | | |
|--|-----------|-----|
| 17 MACRS deductions for assets placed in service in tax years beginning before 2020 | 17 | 20. |
| 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> | | |

Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|---------------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property | | | | | | |
| b 5-year property | | | | | | |
| c 7-year property | | | | | | |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs. | | S/L | |
| h Residential rental property | | | 27.5 yrs. | MM | S/L | |
| i Nonresidential real property | | | 39 yrs. | MM | S/L | |

Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|-----------------------|--|--|---------|----|-----|--|
| 20a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs. | | S/L | |
| c 30-year | | | 30 yrs. | MM | S/L | |
| d 40-year | | | 40 yrs. | MM | S/L | |

Part IV Summary (See instructions.)

| | | |
|--|-----------|-----|
| 21 Listed property. Enter amount from line 28 | 21 | |
| 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions | 22 | 20. |
| 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

IRS e-file Signature Authorization for an Exempt Organization

Department of the Treasury
Internal Revenue Service

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20_____

▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879EO for the latest information.

2020

Name of exempt organization or person subject to tax
FRIENDS OF THE CRYSTAL RIVER STATE PARKS, INC.

Taxpayer identification number
59-3638371

Name and title of officer or person subject to tax
ELIZABETH G KOSTELNICK, TREASURER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

| | | |
|--|---|--------------------------|
| 1a Form 990 check here ▶ <input type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b _____ |
| 2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2b <u>19,184.</u> |
| 3a Form 1120-POL check here ▶ <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b _____ |
| 4a Form 990-PF check here ▶ <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b _____ |
| 5a Form 8868 check here ▶ <input type="checkbox"/> | b Balance due (Form 8868, line 3c) | 5b _____ |
| 6a Form 990-T check here ▶ <input type="checkbox"/> | b Total tax (Form 990-T, Part III, line 4) | 6b _____ |
| 7a Form 4720 check here ▶ <input type="checkbox"/> | b Total tax (Form 4720, Part III, line 1) | 7b _____ |

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize TAMARA S YOUNG EA TAX & ACCTG SVCS, LLC to enter my PIN

| | | | | |
|---|---|---|---|---|
| 7 | 8 | 1 | 1 | 1 |
|---|---|---|---|---|

 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ _____

Date ▶ 04/06/2021

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 3 | 6 | 3 | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|---|---|---|---|---|

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____

Date ▶ 04/10/2021

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form 4562

Depreciation and Amortization Report

2020

Tax Year 2020
Keep for your records

Name as Shown on Return
FRIENDS OF THE CRYSTAL RIVER STATE PARKS, INC.

Identifying Number
59-3638371

QuickZoom here to enter assets ▶
QuickZoom here to set MACRS convention for assets acquired in 2020 ▶
Activity: Form 990 - / Form 990EZ

| Asset Description | Code * | Date In Service | Cost (Net of Land) | Land | Bus Use % | Section 179 | Special Depreciation Allowance | Depreciable Basis | Life | Method/Convention | Prior Depreciation | Current Depreciation |
|---------------------|--------|-----------------|--------------------|------|-----------|-------------|--------------------------------|-------------------|------|-------------------|--------------------|----------------------|
| DEPRECIATION | | | | | | | | | | | | |
| COMPUTER | | 06/19/15 | 710 | | 100.00 | | 355 | 355 | 5.00 | 200DB/HY | | 20 |
| SUBTOTAL PRIOR YEAR | | | 710 | 0 | | 0 | 355 | 355 | | | 0 | 20 |
| TOTALS | | | 710 | 0 | | 0 | 355 | 355 | | | 0 | 20 |
| | | | | | | | | | | | | |
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* Code: S = Sold, A = Auto, L = Listed, V = Vine with SDA in Year Planted/Grafted, C = COGS