

Florida Department of Environmental Protection

CITIZEN SUPPORT ORGANIZATION 2019 LEGISLATIVE REPORT

(pursuant to Section 20.058 Florida Statutes)

Citizen Support Organization (CSO) Name: Friends of Gamble Rogers State Park (FROGRS)					
	. ,		*		
Mailing Address:	3100 S. Ocean Sho	ore Blvd., Flagler Beach, FL 32136			
-		-		72	
Telephone Number:	(386) 517-2086	Website Address (if applicable):	www.frogrs.com		

Statutory Authority:

Section 20.2551, F.S., Citizen support organizations; use of property; audit; public records; partnerships. In summary, the statute specifies the organizational requirements, operational parameters, duties of a CSO to support the Department of Environmental Protection (Department), or individual units of the Department, use of Department property, audit requirements, public records requirements, and authorizes public-private partnerships to enhance lands managed by the Department.

Section 258.015, F.S., Citizen support organizations; use of property; audit. In summary, the statute defines a CSO, requires authorization by the Division of Recreation and Parks, and specifies the use of property. This statute authorizes the Partnerships in Parks (PIP) program for state parks, the program's operational parameters, CSO's operational parameters, and donor recognition.

CSO's Mission: Consistent with Articles and Bylaws

The mission of the Friends of Gamble Rogers State Park is to support Gamble Rogers Memorial State Recreation Area and North Peninsula State Park through fundraising, community involvement, educational outreach, and enhancements of park resources.

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

Relationship established with local tree cutter and land clearing company to provide a supply of wood to CSO for firewood; Raised funds via Surf Fishing program, kayak tours, recycled metal and sale of firewood; Continued Shuck and Share oyster collection program for habitat restoration and fundraising; Continued support of Exotic Removal and Volunteer Turtle Patrol teams; Supported staff training opportunities; Collaborated with Ocean Art Gallery on Turtle-palooza – a month long promotion of turtle art and education; Partnered with Ocean Art Gallery to display and sell artwork in Ranger Station with 15% proceeds benefiting FROGRS; Funded a holiday party at Killdeer pavilion to bring both CSO and non-CSO members together.

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

Butterfly Garden (ongoing maintenance and interpretive info); Attend community events, support educational/interpretive programs and other park events to include school programs, kayak tours, surf fishing, etc.; Volunteer program: fund vol appreciation day and appreciation programs, provide award items and supplies; Continue Sea Turtle Nest Sponsorship program; Look into ways to increase memberships, including from corporations; Continue partnership with the Ocean Art Gallery to sell art at the Ranger Station and through the annual Turtle-palooza event; Research projects – marsh restoration monitoring and planting programs, diamondback terrapin research, bird surveys and sea turtle research; Assist with exotic removal program and

other park maintenance needs; Identify fundraising and grant sources for marsh overlook watchtower; Support
shoreline restoration work through Shuck and Share program and market the oyster bags as a fundraising
opportunity; Possibility of using vending machines and hosting food truck events; Establish kayak trail at North
Peninsula State Park

- ☑ CSO's Code of Ethics is attached, and if the CSO has a website the code of ethics is posted conspicuously.
- ☑ CSO has attached the most recent Internal Revenue Service (IRS) Form 990, 990-EZ, or 990-N receipt. If filing the 990-N the Department requires the 990 or 990-EZ as a worksheet. All IRS Form 990's must be complete with Part III Program Service and all appropriate Schedules (See attached instructions).

FRIENDS OF GAMBLE ROGERS STATE PARK, INC. CODE OF ETHICS

PREAMBLE

- (1) It is essential to the proper conduct and operation of Friends of Gamble Rogers State Park, Inc. (herein "CSO") that its board members, officers, and employees be independent and impartial and that their position not be used for private gain. Therefore, the Florida Legislature in Section 112.3251, Florida Statute (Fla. Stat.), requires that the law protect against any conflict of interest and establish standards for the conduct of CSO board members, officers, and employees in situations where conflicts may exist.
- (2) It is hereby declared to be the policy of the state that no CSO board member, officer, or employee shall have any interest, financial or otherwise, direct or indirect, or incur any obligation of any nature which is in substantial conflict with the proper discharge of his or her duties for the CSO. To implement this policy and strengthen the faith and confidence of the people in Citizen Support Organizations, there is enacted a code of ethics setting forth standards of conduct required of Friends of Gamble Rogers State Park, Inc. board members, officers, and employees in the performance of their official duties.

STANDARDS

The following standards of conduct are enumerated in Chapter 112, Fla. Stat., and are required by Section 112.3251, Fla. Stat., to be observed by CSO board members, officers, and employees.

1. Prohibition of Solicitation or Acceptance of Gifts

No CSO board member, officer, or employee shall solicit or accept anything of value to the recipient, including a gift, loan, reward, promise of future employment, favor, or service, based upon any understanding that the vote, official action, or judgment of the CSO board member, officer, or employee would be influenced thereby.

2. Prohibition of Accepting Compensation Given to Influence a Vote

No CSO board member, officer, or employee shall accept any compensation, payment, or thing of value when the person knows, or, with reasonable care, should know that it was given to influence a vote or other action in which the CSO board member, officer, or employee was expected to participate in his or her official capacity.

3. Salary and Expense

No CSO board member or officer shall vote on a matter affecting his or her salary, expenses, or other compensation as a CSO board member or officer, as provided by law.

4. Prohibition of Misuse of Position

A CSO board member, officer, or employee shall not corruptly use or attempt to use one's official position or any property or resource which may be within one's trust, or perform official duties, to secure a special privilege, benefit, or exemption.

5. Prohibition of Misuse of Privileged Information

No CSO board member, officer, or employee shall disclose or use information not available to members of the general public and gained by reason of one's official position for one's own personal gain or benefit or for the personal gain or benefit of any other person or business entity.

6. Post-Office/Employment Restrictions

A person who has been elected to any CSO board or office or who is employed by a CSO may not personally represent another person or entity for compensation before the governing body of the CSO of which he or she was a board member, officer, or employee for a period of two years after he or she vacates that office or employment position.

7. Prohibition of Employees Holding Office

No person may be, at one time, both a CSO employee and a CSO board member at the same time.

8. Requirements to Abstain From Voting

A CSO board member or officer shall not vote in official capacity upon any measure which would affect his or her special private gain or loss, or which he or she knows would affect the special gain or any principal by whom the board member or officer is retained. When abstaining, the CSO board member or officer, prior to the vote being taken, shall make every reasonable effort to disclose the nature of his or her interest as a public record in a memorandum filed with the person responsible for recording the minutes of the meeting, who shall incorporate the memorandum in the minutes. If it is not possible for the CSO board member or officer to file a memorandum before the vote, the memorandum must be filed with the person responsible for recording the minutes of the meeting no later than 15 days after the vote.

9. Failure to Observe CSO Code of Ethics

Failure of a CSO board member, officer, or employee to observe the Code of Ethics may result in the removal of that person from their position. Further, failure of the CSO to observe the Code of Ethics may result in the Florida Department of Environmental Protection terminating its Agreement with the CSO.

Short Form

Return of Organization Exempt From Income Tax

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

2018

Open to Public

Inspection

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. > Go to www.irs.gov/Form990E2 for instructions and the latest information.

A	For the	2018 calend	ar year, or tax year beginning , 2018, and e	nding			, 20
B	Chock it e	policable;	C Name of organization 22		D Emp	loyer Ident	fication number
	Address o	change	Friends of Gamble Rogers State Park			455	62745B
	Name che	ange	Number and street (or P.O. box, if mail is not delivered to street address) 🐉 Room	n/suile	€ Telo	में एक छ विद्यार्थ	ier
	Initial retu	AND THE RESERVE OF THE PARTY OF	3100 Oceanshore Dr				
		m/terminated	City or town, state or province, country, and ZIP or foreign postal code		F Gro	up Exemp	tlon
	Amended Application	on pending	Flagler beach, Fl 32136		6	nber 🕨	
		ting Method:	FI Cash ☐ Accrual Other (specify) >	156			e organization is not
	Vebsite	575	Figure Florida				Schedule B
10m	AT SECULAR SECULAR	-	eck only one) - 2 501(c)(3) 501(c) () 4 (insert no.) 4947(a)(1) or		Co.		Z, or 990-PF).
			Corporation Trust Association Other	3211	(r carrie	700, 000 L	L, 01 300 1 1).
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more,	ar if total	accate		
					d99ED	.	
					la aday.	- \$	- D LA PR
عة	art i		e, Expenses, and Changes in Net Assets or Fund Balances (s				
			the organization used Schedule O to respond to any question in this	s Part I	• •	1	
	1		ons, gifts, grants, and similar amounts received			1	11028
2	2	Elitable Committee Committ	avice revenue including government fees and contracts		• •	2	
	3		ip dues and assessments			3	1308
7	4	Investment				4	33
	5a	Gross amo	unt from sale of assets other than inventory 5a				
	b	Less: cost	or other basis and sales expenses				
	C	Gain or (los	ss) from sale of assets other than inventory (Subtract line 5b from line 5a	ý		5c	
	6	Gaming an	d fundraising events:				
	a	Gross Ince	ome from gaming (attach Schedule G if greater than			1000	
Fe							*
Revenue	b		La transfer to the second seco	ribution	S		
<u>8</u>			aising events reported on line 1) (attach Schedule G if the				
Щ			h gross income and contributions exceeds \$15,000) 66				
	C		t expenses from gaming and fundralsing events 6c				
			e or (loss) from gaming and fundraising events (add lines 6a and 6b	and sut	fract		
	-	line 6c) .	of hone have thereing are consumed as any home man an arch an	una 50.		6d	
	70		s of inventory, less returns and allowances		- 1		
	78				-		
	b		- Committee			7.	
	C		t or (lose) from sales of inventory (Subtract line 7b from line 7a)			76	
	8		nue (describe in Schedule O)		• •	8	
	9	THE RESERVE OF THE PERSON NAMED IN	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u> </u>	· P	9	12369
	10		similar amounts paid (list in Schedule 0)		• •	10	
	11	Companies of the same of the same	ald to or for members			11	
8	12		ther compensation, and employee benefits 🚨			12	
SE SE	13		al fees and other payments to independent contractors 🗹		* *	13	
Expenses	14	Occupancy	r, rent, utilities, and maintenance	· •: •		14	
Ð	15		iblications, postage, and shipping			15	
	16	Other expe	nses (describe in Schedule O) 🏗			18	3197
	17	Total expe	nses. Add lines 10 through 16		. >	17	
w	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	9172
Net Assets	19		or fund balances at beginning of year (from line 27, column (A)) (mus		with		
155			r figure reported on prior year's return)			19	32124
*	20		ges in net assets or fund balances (explain in Schedule O)			20	
ž	24		or fund halances at end of year Combine lines 18 through 20	n a n a n		21	41796

	2 (2018)

	•
Pade	7

Gheek If the organize		for Part II)	174 D 194214	NAMES OF PERSONS		
	ition used Schedule	e O to respond to a	any question in this			
			1	(A) Beginning of year		End of year
22 Cash, savings, and investm					22	412
23 Land and buildings					23	SPECIFICATION AND POST OF THE PROPERTY SERVICES
24 Other assets (describe in S			[24	
25 Total assets			[25	412
26 Total liabilities (describe in	Schedule O)	44444			26	
27 Net assets or fund balance	es (line 27 of column	n (B) must agree wit	th line 21)		27	412
Statement of Progr				Part NN		
Check if the organiza						Ехрепьев
What is the organization's primary					(Require	d for section
Describe the organization's program as measured by expenses. In a persons benefited, and other releves Volunter expenses	clear and concise n	namer, describe th	of its three largest p e services provided	rogram services, i, the number of) and 501(c)(4) ations; optional
(Grants \$) If this amount	includes foreian an	ants, check here .	≽⊓	28a	4
29 Event supplies					204	7
(Grants \$	l II this smount	inch whoe terrology op	ants, check here .	L T	29a	2
30 Annual meeting of FROGERS) ii dia amara	. HERMES RECURS	mics, check here .	h s s P L l	238	4
(Grants \$ 31 Other program services (desc (Grants \$	nibe in Schedule O) If this amount	includes foreign ora	ants, check here .	: .	30a 31a	3
32 Total program service expe	nses (add lines 28a t	through 3 tal			32	12
Part IV List of Officers, Directo						
Check if the organiza	tion used Schedule	O to recrused to a	no cuspetien in this			The telephone section uses
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(c) Reportable	(d) Health benefits.	`````	<u> </u>
(a) Name and tille		(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to employ	other	
22 (a) Name and tile Paul Haydt President		hours per week	compensation (Forms W-2/1099-MISC)	contributions to employ benefit plans, and deferred compensation	other	
		hours per week devoted to position	compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to employ benefit plans, and deferred compensation	other	
Paul Haydt President		hours per week devoted to position	compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to employ benefit plans, and deferred compensation	other	
Paul Haydt President		hours per week devoted to position	compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to employ benefit plans, and deferred compensation	other	
Paul Haydt President		hours per week devoted to position	compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to employ benefit plans, and deferred compensation	other	
Paul Haydt President		hours per week devoted to position	compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to employ benefit plans, and deferred compensation	other	
Paul Haydt President		hours per week devoted to position	compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to employ benefit plans, and deferred compensation	other	
Paul Haydt President		hours per week devoted to position	compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to employ benefit plans, and deferred compensation	other	
Paul Haydt President		hours per week devoted to position	compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to employ benefit plans, and deferred compensation	other	
Paul Haydt President		hours per week devoted to position	compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to employ benefit plans, and deferred compensation	other	
Paul Haydt President		hours per week devoted to position	compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to employ benefit plans, and deferred compensation	other	mated amount r compensation
Paul Haydt President		hours per week devoted to position	compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to employ benefit plans, and deferred compensation	other	
Paul Haydt President		hours per week devoted to position	compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to employ benefit plans, and deferred compensation	other	

Part	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			П	
			Yes		
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 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		V	
35a		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		V	
¢	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		v	
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		V	
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a 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		V	E
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b				
39	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on line 9				
b	Gross receipts, included on line 9, for public use of club facilities				
40a	Section 501(c)(3) organizations. Enter amount of tax Imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►				
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40ib			
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed		7576		
•	on organization managers or disqualified persons during the year under sections 4912,				
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c relimbursed by the organization				
ę	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		V	
41	List the states with which a copy of this return is filed	-			
42a	The organization's books are in care of ▶ Telephone no. ▶			-	
	Located at ► ZIP + 4 ►	12		de a marija da marija	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No	
	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 Financial Accounts (FBAR).				
c	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 >	[42¢]			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in fleu of Form 1041—Check here		. 1		
	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	3888	Yes	No	
-144	completed instead of Form 990-EZ	443	10,090	✓_	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b			
d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		* V	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		V	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of				
	Form 990-EZ. See instructions	45b		4	

rm 990-EZ (2018)	The same of the sa						'aga '
o DIJ.	the average time and a discosting of	adia ana ta a perant		. l l le . e .		. 1878	Ves	No
6 Dld	the organization engage, directly or in andidates for public office? If "Yes," o	nairectly, in political (complete Schedule C	campaign activities or Part I	nehalf of c	ir in opposi	tion		GAT.
TAVI	Section 501(c)(3) Organizations		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			- 46	Ц	
year Is the In Did If "Y Com	All section 501(c)(3) organization 50 and 51. Check if the organization used Science organization engage in lobbying? If "Yes," complete Schedule C, Pare organization a school as described in the organization make any transfers to es," was the related organization a semplete this table for the organization's loyees) who each received more than	hedule O to response activities or have a til	d to any question in I section 501(h) election ii)? If "Yes," complete aritable related organi- on?	chis Part VI on in effect Schedule E zation? er than offin nization. If the	during the cers, director here is non a benefits,	tax 47 48 49 crs, trust e, enter	Yes	No V
(a) Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans	to employee , and deferred nsation		npensal	
ie				1				
			 			 		-
	(4)					70		
			1					
4.7.1.		A400.000						
Com \$100	I number of other employees paid over plete this table for the organization' 0,000 of compensation from the orga	s five highest compo nization. If there is no	ensated independent one, enter "None."	-		water and the same		tha
Com \$100	plete this table for the organization'	s five highest compo nization. If there is no	ensated independent	-) receive		tha
\$100 \$100	plete this table for the organization' 0,000 of compensation from the orga	s five highest compo nization. If there is no	ensated independent one, enter "None."	-		water and the same		the
\$100 \$100	plete this table for the organization' 0,000 of compensation from the orga	s five highest compo nization. If there is no	ensated independent one, enter "None."	-		water and the same		tha
\$100 \$100	plete this table for the organization' 0,000 of compensation from the orga	s five highest compo nization. If there is no	ensated independent one, enter "None."	-		water and the same		tha
Com \$100 (a)	plete this table for the organization' 0,000 of compensation from the orga	s five highest comp nization. If there is no lent contractor	ensated independent one, enter "None." (b) Type of serv	-		water and the same		tha
Com \$100 (s d Total Did com	plete this table for the organization' 0,000 of compensation from the orga Name and business address of each independ I number of other independent contra the organization complete Schedu pleted Schedule A	s five highest composition. If there is no highest contractor and contractor actors each receiving the A? Note: All se	ensated independent one, enter "None." (b) Type of service over \$100,000	nice	nust attach	Compensa	tion s 🗆 l	do
Com \$100 (a d Total Did com	plete this table for the organization' 0,000 of compensation from the orga Name and business address of each independ I number of other independent contra the organization complete Schedu	s five highest composite and sent contractor contractor contractor contractor contractor contractor contractor contractor	over \$100,000	nizations n	hust attach	Compensa	tion s 🗆 l	do
d Total Did corn r penalities	plete this table for the organization's,000 of compensation from the organization from the organization from the organization sand business address of each independent contraints organization complete Scheduleted Schedulet	s five highest composite and sent contractor contractor contractor contractor contractor contractor contractor contractor	over \$100,000	nizations n	hust attach best of my kn dge.	Compensa	tion s 🗆 l	do
Com \$100 (s) (s) (s) (s)	number of other independent contra the organization complete Schedu pleted Schedule A of perjury, I declare that I have examined this not complete. Declaration of preparer (other than Signature of criticer Thomas Hury Former treas	s five highest composite and sent contractor contractor contractor contractor contractor contractor contractor contractor	over \$100,000	nizations n	hust attach best of my kn dge.	Compensation A 1 A 1 Yes towledge at 1 Yes	tion s 🗆 l	40
d Total Did commer penalities	I number of other independent contra the organization complete Schedu pleted Schedule A of perjury, I declare that I have examined this n ad complete, Declare that I have examined this n ad complete that I have examined t	s five highest composite and sent contractor actors each receiving the A? Note: All sent contractor and the composite a	over \$100,000 cction 501(c)(3) organization of which preparer to	nizations of the last any knowled Date	hust attach	Compensation A 1 A 1 Yes towledge at 1 Yes	tion s 🗆 l	40

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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,

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

2018 Open to Public -Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number Friends of Gamble Rogers State Park 455627458 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 170fbl/fliAlia. A school described in section 170(b)(1)(A)(iii), (Affach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-tand-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 33 %% of its support from contributions, membership fees, end gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/2% 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. Type 1. 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 til 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) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions), You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type IIII 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 (le) le the organization (I) Name of supported organization (v) Amount of monetary रिये मेहलायां को 础 EIN sted in your governing Idescribed on lines 1-10 support (see other support (see above (see instructions)) instructions Instructions) Yes No Gamble Roger State Park (A) 596007353 3197 (B) (C) (D) (E)

	(Complete only if you checked to Part III. If the organization fails to						lify under
Sect	ion A. Public Support	5 quality unde	i the tests no	ted below, pr	ease comple	ie ran m.j	
	idar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10423	4096	11508	6078	12516	44621
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			The state of the s			
3	The value of services or facilities furnished by a governmental unit to the organization without charge	,					
4	Total. Add lines 1 through 3,	10423	4096	11508	6078	12516	44621
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	10423	4096	11508	6078	12516	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3	O	CH.	5	33	46
9	Net income from unrelated business activities, whether or not the business is regularly carried on	en e			- Addition	-	
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			NOT THE REAL PROPERTY.		The second second	44667
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the			280 150 Nill 20 75			Printing Artis
	organization, check this box and stop he			* * * * *			· · • Ц
	on C. Computation of Public Suppor			a t. ent			
14	Public support percentage for 2018 (line 6			SOUTH SECURITION OF THE PROPERTY OF THE PROPER	The Control of the Co	15	100 %
16 16a	Public support percentage from 2017 Sct 331/3% support test—2018. If the organibox and stop here. The organization qual	zation did not	check the box	on line 13, and	d line 14 is 33	1/3% or more, o	
b	331/3% support test-2017. If the organithis box and stop here. The organization	zation did not o	check a box or	ine 13 or 16a	a, and line 15	s 331/3% or mo	re, check
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	ets the "facts- facts-and-circu	and-circumsta imstances" tes	nces" test, che st. The organiz	eck this box a ation qualifies	nd stop here.	Explain in upported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization in	tion meets the neets the "fact	e "facts-and-c s-and-circums	ircumstances" tances" test. T	test, check the organization	his box and st on qualifles as a	op here. a publicly
18	supported organization						

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

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

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

Sect	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gilts, grants, contributions, and membership fees				1		
	received, (On not include any "unusual grants.")				1		
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		1		11140		
3	Gross receipts from activities that are not an		3	1			
	unrelated trade or business under section 513				}		
4	Tax revenues levied for the		*****	 		ļ	
	organization's benefit and either paid to	l	1		Į]	1 0
	or expended on its behalf	1	1	1	•		54 65
5	The value of services or facilities		ļ	1	<u> </u>	ļ	
0	furnished by a governmental unit to the						
	organization without charge		1				
~	200-00 No. 100 C. 100 C		1	<u> </u>	Į		
8	Total. Add lines 1 through 5			†			
7a	Amounts included on lines 1, 2, and 3			10			
7-0	received from disqualified persons .						
b	Amounts included on lines 2 and 3	*			[Appropriate William Control
	received from other than disqualified					i i	
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						2
C	Add lines 7a and 7b			10 DOMESTIC AS			
8	Public support. (Subtract line 7c from	rajas ir parada er Tarada (12 km) Herista	el signed at the effect	g volume en general en grand en general en en			
-	line 6.) , , , , , , , , , , , , , , , , , , ,	akay sollataru	2000年1903年1903年		e Wisconsta	1000	
-	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d).2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from Interest, dividends,					1	
	payments received on securities loans, rents,						
	royalties, and income from similar sources.		PORTOCIO O M W				
b	Unrelated business taxable income (less			*****			
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
# 0 # 0	activities not included in line 10b, whether					1	
	or not the business is regularly carried on	10					
12	Other income. Do not include gain or						19
2.000	loss from the sale of capital assets	10				1	
	(Explain in Part VI.)				10	1	
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	3					
14		o approximation	la firet	1 16:4 5		l	551/ 1/2
17	First five years. If the Form 990 is for the organization, check this box and stop her						
Casti	on C. Computation of Public Support			3			· · •
16	Public support percentage for 2018 (line 8	, column (iî' Ci	ivided by line 1	a' comuu (ii)		15	%
16	Public support percentage from 2017 Sch	edule A, Part i	II, line 15		* * 3 3 4	16	%
	on D. Computation of Investment Inc						•
17	Investment income percentage for 2018 (li	ne 10c, cokm	in (1), divided b	y line 13, colu	nn (f))	17	%
18	Investment income percentage from 2017	Schedule A, F	ant III, line 17	* * * * *		18	%
19a	331/2% support tests—2018, if the organization	cation did not	check the box	on line 14, an	d line 15 is mo	ore than 331/3%	, and line
28	17 is not more than 331/s%, check this box a	nd stop here.	rne organizatio	n qualifies as a	publicly suppo	rted organizatio	n . 🕨 🔲
b	331/a% support tests—2017. If the organiza	ition did not el	ieck a box on l	ine 14 or line 1	9a, and line 16	is more than 33	1/3%, and
	line 18 is not more than 331/a%, check this b						
20	Private foundation. If the organization did	not check a t	ox on line 14,	19a, or 19b, c	heck this box a	und see instruct	lions 🕨 🗍

Part IV **Supporting Organizations**

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

Section	A. All	Supporting	Organizations
一个人的一个人的一个人	PATE LAST	· · · · · · · · · · · · · · · · · · ·	A STAN STAN STAN STAN STAN STAN STAN STA

ecu	ON A. All Supporting Unganizations		75	T
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
•	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.	System 1	Alego Alego	- 1.07
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		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	24		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part YI what controls the organization put in place to ensure such use.	8c	ille serie Automoti	र्याम् अस्ति । योज्यस्य
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		200
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and fiv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		Victory)
¢ 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 filling organization's supported organizations? If "Yes," provide detail in Part VI.	бс 6		
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 1 of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part 1 of Schedule L (Form 990 or 990-EZ).	8	W.F	Stable
9 a	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	ű,	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		E41073
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		. (1). (1). (2)

	Supporting Organizations (continued)			
44		I decrees	Yes	No
11 8	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	2000 A	electrical	No.is.in
	below, the governing body of a supported organization?	11a		\$ - 3 W
b	And the state of t	11b		-
0	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	-	
Sect	ion B. Type I Supporting Organizations			
220	DATE OF THE PARTY		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		- W-3	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	Marky.		
	controlled the organization's activities. If the organization had more than one supported organization.			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	100.00		SHEET SET
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	#1035702-808	1989/01/2014
2	Did the organization operate for the benefit of any supported organization other than the supported		AASA:	187157
	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.		en general	Page May
Sect	ion C. Type II Supporting Organizations	2		
	and or type a copperating organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		160	NU
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	(X) (A)		i ana an
	or management of the supporting organization was vested in the same persons that controlled or managed			
A4	the supported organization(s).	1		D. Carlotteria
Secu	on D. All Type III Supporting Organizations		1	
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	55.5X425.	Ves	No
•	organization's fax year, (i) a written notice describing the type and amount of support provided during the prior tax			1.67
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and fill copies of the		900	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		NAC.
2	Were any of the organization's officers, directors, or trustees either (f) appointed or elected by the supported	hageage	2.81.71 2.42.01	ingrider Assessin
	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).			99574 99554
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
	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		anner (An
	on 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 in	struc	tions,).
a b	☐ 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.			
Ç	The organization supported a governmental entity. Describe in Part VI how you supported a government entity is	vaa leen	tre entir	anat
2	Activities Test, Answer (a) and (b) below.		- 7	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			A SECTION ASSESSMENT
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	海滨		
	those supported organizations and explain how these activities directly furthered their exempt purposes,	2000		
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
	TO SECURITY TO SECURITY TO SECURITY AND A SECURITY OF THE PROPERTY AND ADDRESS OF THE PROPERTY	2a		: New New York
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	12.50		
	reasons for the organization's position that its supported organization(s) would have engaged in these		10 E	
	activities but for the organization's involvement.	2b	F31.274	minting
3	Parent of Supported Organizations. Answer (a) and (b) below.		riality It	
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			100 W T
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			Section 1
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	}	

Schedule	A	(Cherry	000 an	OOD ET	0010
achadana	M	aroun.	930 01	9911-67	12010

Page 6

Part Va Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gar	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organization.	g tru niza	ust on Nov. 20, 1970 (explai tions must complete Sectio	in in Part VI). See ins A through E.
Section A-Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	î		
2 Recoverles of prior-year distributions	2		
3 Other gross income (see instructions)	3	64	
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)	17		
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)
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	ta		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines ta, tb, and tc)	10		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly In	tegrated Type III supporting	organization (see

Schedule-A-	Carn DOD.	-000 E71 0	DLA
Couragnie 11	L Dun agar	N OUGHLEJE	010

Page 8

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

The Friends of Gamble Rogers State Park is a Citizens Support Organizatin (CSO). The expenses incurred are on behalf of the State of Florida

-for-improvements, maintenance and activities of the Park under a jont agreement between Gamble Rogers State Park and the Friends

of Gamble Rogers State Park.

The assets of the Friends of Gamble Rogers State Park are solely Banks accounts (saving, MMA and Checking)