

Florida Department of Environmental Protection CITIZEN SUPPORT ORGANIZATION 2024 LEGISLATIVE REPORT

(pursuant to Section 20.058 Florida Statutes)

Citizen Support Organization (CSO) Name:
Mailing Address:
Telephone Number:
Website Address (required if applicable):
Check to confirm your Code of Ethics is posted conspicuously on your website.
Statutory Authority: Section 20.2551, F.S., Citizen support organizations; use of property; audit; public records; partnerships. In summary, the statute specifies the organizational requirements, operational parameters, duties of a CSO to support the Department of Environmental Protection (Department), or individual units of the Department, use of Department property, audit requirements, public records requirements, and authorizes public-private partnerships to enhance lands managed by the Department.
Section 258.015, F.S., Citizen support organizations; use of property; audit . In summary, the statute defines a CSO, requires authorization by the Division of Recreation and Parks, and specifies the use of property. This statute authorizes the Partnerships in Parks (PIP) program for state parks, the program's operational parameters, CSO's operational parameters, and donor recognition.
YOUR MISSION AND LAST CALENDAR YEAR'S PROGRAM ACCOMPLISHMENTS: CSO's Mission: (Consistent with your Articles and Bylaws)
Describe Last Calendar Year's Results Obtained: Brag! (List or discuss the past calendar year's accomplishments and contributions. Cite specific support from last calendar year's Annual Program Plan.)
Describe the CSO's Plans for the Next Three Calendar Years:

CSO's LAST CALENDAR YEAR STATISTICS:

Total Number of CSO General Membership:

Total Number of Board of Directors:

Total Volunteer Hours for the Board of Directors (From VSys - Work with your parks' volunteer manager):

PARK & CSO RELATIONSHIP:

Do not duplicate by describing accomplishments and contributions in the summary. <u>Brag</u> in the above Results Obtained. Below, describe the <u>relationship</u>.

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

Provide your perspective on

- Changing developments of the park provided by the CSO.
- Effectiveness of the organization in fulfilling their purpose to support the park(s).
- Effectiveness of the Board of Directors in completing their Annual Program Plan.
- The relationship between the park and CSO. What went well? Are there areas of improvement?

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

Provide your perspective on the relationship between the park and CSO. What went well? Are there areas of improvement?

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

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

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

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

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

NET ASSETS: \$

Organizations end of last year's <u>Total Assets minus Total Liabilities</u>. This is <u>not</u> the above's Visitor Service Revenue minus Program Service Expenses.

CSO AUDIT THRESHOLD:

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

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

CONFIRM ATTACHMENTS:

Code of Ethics

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

2024 CSO Legislative Report Acknowledgment

This information is complete to the best of my knowledge pursuant to Section 20.058 Florida Statutes

4bdbbf57-785a-45b0- Signature: a027-96670735ae67 Date: 2024.05.28 07:54:15 -04'00'		
Print name: Juan Francisco Nagaro		, CSO President
Friends of Oleta River State Park	, Inc.	
Date: 5/28/2024		
Signature: Charles E. Smith, Jr Digitally signed by Charles E. Smith, Jr Date: 2024.05.28 10:00:42 -04:00'	, Jr.	
Print name: Charles E. Smith Jr.		, Park Manager
Date: 05.28.2024		

FRIENDS OF OLETA RIVER STATE PARK, INC. CODE OF ETHICS

PREAMBLE

- (1) It is essential to the proper conduct and operation of Friends of Oleta River 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 Oleta River State Park, Inc. board members, officers, and employees in the performance of their official duties.

STANDARDS

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

1. Prohibition of Solicitation or Acceptance of Gifts

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

2. Prohibition of Accepting Compensation Given to Influence a Vote

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

3. Salary and Expenses

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

4. Prohibition of Misuse of Position

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

5. Prohibition of Misuse of Privileged Information

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

6. Post-Office/Employment Restrictions

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

7. Prohibition of Employees Holding Office

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

8. Requirements to Abstain From Voting

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

9. Failure to Observe CSO Code of Ethics

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

Form **990-EZ**

Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form, as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Α	For the	2023 calenda	r year, or tax year beginning , 2023, and ending	g		, 20
В	Check if a	applicable:	C Name of organization		Employer	dentification number
Ц	Address	•	FRIENDS OF OLETA RIVER STATE PARK		65-098	7371
Н	Name ch	-	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	ĮΕ	Telephone	number
Н	Initial ret	turn urn/terminated	3400 NE 163RD STREET			
Н	Amende		City or town, state or province, country, and ZIP or foreign postal code	F	Group Ex	emption
			NORTH MIAMI BEACH, FL 33160		Number	
G	Account	ting Method:	x Cash Accrual Other (specify):	H Cr	neck 🗴 if t	he organization is not
ı	Website	ə:		rec	quired to att	ach Schedule B
J	Tax-exem	npt status (chec	k only one) - 🗶 501(c)(3) 🗌 501(c) () (insert no.) 🔲 4947(a)(1) or 🔲 527	(Fo	orm 990).	
		organization:	X Corporation Trust Association Other:			
		ŭ	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a	essets	<u> </u>	
			500,000 or more, file Form 990 instead of Form 990-EZ			\$ 57,996
<u> </u>	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see			· · · · · · · · · · · · · · · · · · ·
-			the organization used Schedule O to respond to any question in this Part I			
	1		s, gifts, grants, and similar amounts received			57,996
	2		vice revenue including government fees and contracts			57,990
	3		dues and assessments			
	-		ncome			
	4			• • •	4	
	5a		nt from sale of assets other than inventory			
	b		other basis and sales expenses			
	С	,) from sale of assets other than inventory (subtract line 5b from line 5a)	• •	<u>5</u> c	
	6	•	fundraising events:			
ø	а		e from gaming (attach Schedule G if greater than			
Ž	_		6a			
Revenue	b		e from fundraising events (not including \$ of contributions			
Ř			sing events reported on line 1) (attach Schedule G if the			
			gross income and contributions exceeds \$15,000) 6b			
	С		expenses from gaming and fundraising events 6c			
	d		or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract			
		,			6d	
	7a	Gross sales	of inventory, less returns and allowances			
	b	Less: cost of	goods sold · · · · · · · · · · · · · · · · · · ·			
	С	Gross profit	or (loss) from sales of inventory (subtract line 7b from line 7a)		7с	
	8	Other revenu	ue (describe in Schedule O)		8	
	9		.ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			57,996
	10	Grants and s	imilar amounts paid (list in Schedule O)		10	
	11	Benefits paid	I to or for members		11	
G	12	Salaries, oth	er compensation, and employee benefits		12	
Se	13	Professional	fees and other payments to independent contractors		13	
Expenses	14		rent, utilities, and maintenance			1,585
Ä	15	Printing, pub	lications, postage, and shipping		15	2,077
	16		ses (describe in Schedule O)			38,402
	17		ses. Add lines 10 through 16			42,064
	18		eficit) for the year (subtract line 17 from line 9)			15,932
ets	19		r fund balances at beginning of year (from line 27, column (A)) (must agree with			
SS			igure reported on prior year's return)		19	5,797
Net Assets	20		es in net assets or fund balances (explain in Schedule O)			3,131
ž	21		r fund balances at end of year. Combine lines 18 through 20			21,729

orm	990-EZ (2023) FRIENDS OF OLETA RIVE	R STATE PARK		65-09	873	71 Page 2
Pai	· ·	•				
	Check if the organization used Schedule O	to respond to any qu	uestion in this Part	II		[
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			5,797	22	21,729
23	Land and buildings			0	23	0
24	Other assets (describe in Schedule O)			0	24	0
25	Total assets			5,797	25	21,729
26	Total liabilities (describe in Schedule O)			0	26	0
27	Net assets or fund balances (line 27 of column (B) mus	t agree with line 21)		5,797	27	21,729
Par	rt III Statement of Program Service Accompli	shments (see the in	structions for Part	III)		
	Check if the organization used Schedule O	to respond to any o	uestion in this Par	t III 🗌		Expenses
What	t is the organization's primary exempt purpose? STATE	PARK OPERATION			l '	quired for section
٠	with a the augustication to august and accomplish monto for	s and of its three larges		_	,	(c)(3) and 501(c)(4) inizations; optional for
	ribe the organization's program service accomplishments for easured by expenses. In a clear and concise manner, descri				othe	
	ons benefited, and other relevant information for each program	•	a, the namber of			,
28	STATE PARK SUPPORT					
	(Grants \$) If this amour	nt includes foreign grant	s. check here	П	28a	42,064
29	(C. Samo 4		-,			12,001
	(Grants \$) If this amour	nt includes foreign grant	s check here		29a	
30	(Crane C	ggg.	.,	<u> </u>		
	(Grants \$) If this amour	nt includes foreign grant	s check here	П	30a	
31	,			-	Jour	
J1	p g ,	nt includes foreign grant			31a	
32	Total program service expenses (add lines 28a through 3				32	+
	rt IV List of Officers, Directors, Trustees, and					,
	Check if the organization used Schedule O					
	Official in the organization used conclude o	to respond to any e	•	(d) Health benefits,	Ξ.	
	(a) Name and Gile	(b) Average	(c) Reportable compensation	contributions to employe	e (e	e) Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC/	benefit plans, and		other compensation
		develou to position	1099-NEC) (if not paid, enter -0-)	deferred compensation		
			(ii not paid, enter -o-)			
	N NAGARO		_			
	SIDENT	10.00	0	0		0
	A JACKSON					
	E PRESIDENT	10.00	0	0		0
ALLZ	AN MCHENRY					
rre.	ASURER	10.00	0	0		0
LORI	EN L					
SECI	RETARY	10.00	0	0		0
		1		I		

	00-EZ (2023) FRIENDS OF OLETA RIVER STATE PARK 65-0987	371	F	age 3
Part				_
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part	٧		<u>. L</u>
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		х
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		х
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		х
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		х
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		х
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		х
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		х
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
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	40b		х
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
-	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		х
41	List the states with which a copy of this return is filed:			
42a	The organization's books are in care of: S GITTLESON Telephone no. 305-9	40-4	740	
	Located at: 1100 NE 163RD STREET, MIAMI, FL ZIP+4 33162		, 10	
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		x
	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).			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		x
·	If "Yes," enter the name of the foreign country:	.20		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			. г
.0	and enter the amount of tax-exempt interest received or accrued during the tax year			
	40		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		163	140
774	completed instead of Form 990-EZ	44a		v
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	11 a		X
b	completed instead of Form 990-EZ	44b		7.7
^	Did the organization receive any payments for indoor tanning services during the year?	44b		X
c C		440		Х
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44-1		
AE.	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
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	454		
	Form 990-EZ. See instructions	45b		Х

65-0987371

									Y	'es	No
46	Did th	e organization engage, directly or indirectly	. in political campaign acti	vities on beh	alf of or in or	position					
		adidates for public office? If "Yes," complet				•		[46		х
Part	VI S	Section 501(c)(3) Organization	s Only						'		
		All section 501(c)(3) organization	s must answer ques	stions 47-4	19b and 5	2, and co	mplete the	table	s for I	ines	;
		50 and 51.	'			,					
		Check if the organization used So	chedule O to respon	d to any o	uestion ir	n this Par	t VI				П
		<u> </u>		<u> </u>						'es	No
47	Did th	e organization engage in lobbying activities	or have a section 501(h)	election in ef	fect during th	ne tay		Ī			
		If "Yes," complete Schedule C, Part II			-				47		v
48		organization a school as described in secti						· · ·	48		X
		_									х
49a		e organization make any transfers to an ex		-				• •	49a		Х
b		s," was the related organization a section 5	J					•••	49b		
50		elete this table for the organization's five hig) y			
	emplo	oyees) who each received more than \$100,0	000 of compensation from	the organiza	ition. If there	is none, en	er "None."				
			(b) Average		portable	(d) Health		(e) F	stimated a	amoun	t of
	(a)) Name and title of each employee	hours per week		ensation 2/1099-MISC/		s to employee , and deferred		ther comp		
			devoted to position	1099	9-NEC)	comp	ensation				
NONE											
	Tatal		000								
f		number of other employees paid over \$100,					_				
51		elete this table for the organization's five hig			ctors who ea	ach received	more than				
	\$100,	000 of compensation from the organization	. If there is none, enter "N	lone."			1				
		(a) Name and business address of each independent	nt contractor	(b)	Type of service	1	(6	c) Comp	ensation		
		(a) Hame and business dual see of cash independe	The contractor	()	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 	,	, comp			
NONE											
d	Total r	number of other independent contractors ea	ach receiving over \$100,0	00							
52		e organization complete Schedule A? Note:	~		st attach a						
								. x	Yes	Пи	0
la dan a	•										
		of perjury, I declare that I have examined this red complete. Declaration of preparer (other than		•			•	neage a	na bellei	, It IS	
100,00	ircot, ari		Tomoci / 13 based on an imor	ination of will	in proparer no	is any known	age.				
Sign		J NAGARO									
_		Signature of officer				Da	te				
Here		J NAGARO, PRESIDENT									
		Type or print name and title		-	_	1					
		Print/Type preparer's name	reparer's signature		Date		Check if	PTIN			
Paid		SHELDON D GITTLESON CPA	SHELDON D GITTLE	ESON CPA	05-26-	2024	self-employed	₽00	10851	.0	
Prep		Firm's name SHELDON D. GITTI	LESON CPA PA			Firm's	EIN				
Use (Only	Firm's address 1100 NE 163RD ST	REET SUITE 401								
		NORTH MIAMI BEAC				Phone	no. 305-	940-4	4740		
May th	e IRS d	iscuss this return with the preparer shown							Yes	Пи	0

SCHEDULE A (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ.

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

Employer identification number

		S OF OLETA RIVER STATE					65-098737		_
Pa	rt I	Reason for Public Cha	rity Status. (Al	l organizations mus	t comple	te this p	art.) See instruction	ns.	_
The	orgai	nization is not a private foundation be	•	•	•	,			
1	Ļ	A church, convention of churches, or			n 170(b)(1)(A)(i).			
2	L	A school described in section 170(b		, , , ,					
3	L	A hospital or a cooperative hospital s	-			•			
4	L	A medical research organization ope	rated in conjunction	with a hospital described	in section	170(b)(1)	(A)(iii). Enter the		
	_	hospital's name, city, and state:							_
5	L	An organization operated for the ber		university owned or opera	ated by a go	overnmenta	al unit described in		
		section 170(b)(1)(A)(iv). (Complete	,						
6	Ļ	A federal, state, or local government	J			` '			
7	L	An organization that normally receive	•		vernmental	unit or fro	m the general public		
_		described in section 170(b)(1)(A)(v		•					
8	F	A community trust described in sect							
9	L	An agricultural research organization					•		
		or university or a non-land-grant coll	ege or agriculture (see instructions). Enter ti	ne name, c	ity, and sta	ite of the college or		
40	7.	university:	(4) + 00	0.4/00/ of its assessment forces					_
10	X	An organization that normally receive receipts from activities related to its	es (1) more than 33 exempt functions, s	subject to certain exception	ons; and (2) no more t	than 33 1/3% of its		
		support from gross investment income					from businesses		
11		acquired by the organization after Ju An organization organized and opera							
12	F	An organization organized and opera	•			. , . ,	carry out the nurnoses	of	
12	_	one or more publicly supported organ	•			-			
		the box on lines 12a through 12d that		` , , ,		. , . ,	` ` ` `		
	а	Type I. A supporting organization	• • •			•	-		
		the supported organization(s) th		•		•	,		
		supporting organization. You m			,				
	b	Type II. A supporting organization	on supervised or cor	ntrolled in connection with	its suppor	ted organiz	ation(s), by having		
		control or management of the su	upporting organizati	ion vested in the same pe	ersons that	control or	manage the supported		
		organization(s). You must com	plete Part IV, Secti	ions A and C.					
	С	Type III functionally integrate	d. A supporting orga	anization operated in conr	nection with	, and funct	tionally integrated with,		
		its supported organization(s) (se	ee instructions). You	ı must complete Part IV	, Sections	A, D, and	E.		
	d	Type III non-functionally integ	grated. A supporting	g organization operated in	connection	with its su	ipported organization(s)		
		that is not functionally integrated	d. The organization	generally must satisfy a	distribution	requireme	nt and an attentiveness		
		requirement (see instructions).	ou must complete	e Part IV, Sections A an	d D, and F	art V.			
	е	Check this box if the organization	on received a writter	n determination from the I	IRS that it i	s a Type I,	Type II, Type III		
		functionally integrated, or Type I	•	ntegrated supporting orga	anization.				_
		Enter the number of supported organia							_
		Provide the following information abou		()	1				_
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the or	ganization or governing	(v) Amount of monetary support (see	(vi) Amount of other support (see	
				above (see instructions))	docum	-	instructions)	instructions)	
							_		
					Yes	No			_
A)									
									_
B)									
									_
C)									
D)									
-,									_
E)									
									_

Schedule A (Form 990) 2023 Page 2 FRIENDS OF OLETA RIVER STATE PARK 65-0987371 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) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 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 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) Public support. Subtract line 5 from line 4 . Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 7 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 **Total support.** Add lines 7 through 10 11 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 14 % 15 Public support percentage from 2022 Schedule A, Part II, line 14 15 % 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this 16a 33 1/3% support test - 2022. 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.......... 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

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

18

EEA

65-0987371

(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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")					57,996	57,996
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5					57,996	57,996
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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						57 , 996
	on B. Total Support				1		
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6					57,996	57,996
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources •						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0	<u> </u>	0		57,996	57,996
14	First 5 years. If the Form 990 is for the or		irst, second, thi	ird, fourth, or f	ifth tax year as	a section 501(c)(3)
	organization, check this box and stop her						<u> </u>
	on C. Computation of Public Suppo						
15	Public support percentage for 2023 (line 8		•		• •	15	100.00 %
16	Public support percentage from 2022 Sch					16	100.00 %
	on D. Computation of Investment In				(0)		
17	Investment income percentage for 2023 (li					17	0.00 %
18	Investment income percentage from 2022					18	0.00 %
19a	33 1/3% support tests - 2023. If the orga						
_	17 is not more than 33 1/3%, check this be	=					anization <u>x</u>
b	33 1/3% support tests - 2022. If the organization						_
00	line 18 is not more than 33 1/3%, check this box a						
_20	Private foundation. If the organization did	u not check a	box on line 14,	19a, or 19b, c	TIECK THIS DOX 8	ına see instruc	uons 🗌

Part IV Supporting Organizations

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

Section .	A. AII	Supporting	Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
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 lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? 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).	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		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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? If "Yes," provide detail in Part VI.	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 I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line			
	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations			
	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
_	supporting organizations)? If "Yes," answer line 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)	10h		

	- Capporting Organizations (Continuous)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sacti	on C. Type II Supporting Organizations			
occii	on 6. Type if Supporting Organizations		Yes	No
4	Were a majority of the organization's directors or trustoes during the tax year also a majority of the directors		162	INO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0 1	the supported organization(s).	1		
Secti	on 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		
Secti	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	instr	uctio	ns).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)).		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's	_u		
	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			
		2b		
2	have engaged in these activities but for the organization's involvement.	ZU		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? 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.

(see instructions).

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	rgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trus	t on Nov. 20, 1970 <i>(exp.</i>	lain in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organi	izatio	ons must complete Secti	ions A through E.
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(2)
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		
	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount			
	see instructions).	1 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		
Secti	on 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	Ť		
•	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function		integrated Type III suppo	orting organization

Schedule A (Form 990) 2023 EEA

c Excess from 2021d Excess from 2022

e Excess from 2023

. . . .

. . . .

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 e	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted		
	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	h the organization is res	ponsive		
	(provide details in Part VI). See instructions.	· ·	•	8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
			(ii)	-	(iii)
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributio Pre-2023	ns	Distributable Amount for 2023
1_	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
v	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
a a	F (0040				
a	Excess from 2019 Excess from 2020				
D	EAGGGG HOIH EGEG IIII				

EEA Schedule A (Form 990) 2023

Page 8 Schedule A (Form 990) 2023 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE O (Form 990)

FRIENDS OF OLETA RIVER STATE PARK

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 Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

65-0987371

Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service **Employer identification number** Name of the organization

01. Description of other expenses (Part I, line 16) DESCRIPTION AMOUNT PROGRAM SERVICE EXPENSES 38,402