Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

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.

OMB No. 1545-0047

S.

2022

Open to Public Inspection

~	FOI L	HE TOTE COIGH	dai year, or tax year beginning	, and enanty		
В	Check	if applicable:	C Name of organization	D	Employer i	dentification number
	Addres	ss change	Firends of Aztalan State Park, Inc.			
	Name	change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	C	4-3732507
	initial r	return	PO BOX 855	E	Telephone :	number
Π	Final ret	um/terminated		ZIP code		
	Amend	led return	Lake Milis WI	53551		
F	Applica	ation pending	2000 1000		Group)Ex	emption
I	1 . 4-1				Number	
_					-	1
G		nting Method:	Cash X Accrual Other (specify)	н с		if the organization is
ı	Websi					to attach Schedule B
J	Тах-ехе	mpt status (chec	k only one) X 501(c)(3) 501(c) () (insert no.) 494	7(a)(1) or 527 (F	orm 990).	- · · · · · · · · · · · · · · · · · · ·
K	Form o	of organization:	X Corporation Trust Association	Other		
L	Add lin	es 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000	ortmore, or if total assets		
	(Part II	, column (B)) a	re \$500,000 or more, file Form 990 instead of Form 990-EZ		\$	136,864
Р	art l	Revenue	e, Expenses, and Changes in Net Assets or Fund Bala	inces (see the instr	uctions fo	or Part I)
		Check if	the organization used Schedule O to respond to any que	stion in this Part I .		<u> </u>
	1		s, gifts, grants, and similar amounts received		1	132,186
	2	Program se:	vice revenue including government fees and contracts		2	102,100
	3		dues and assessments		3	1,123
	4		ncome		1	72
	- 5а		nt from sale of assets other than inventory		- M.	
	b		r other basis and sales expenses			
	C		s) from sale of assets other than inventory (subtract line 5b from I		5c	0
	6		fundraising events:	ille Jaj	30	U
		_	-			
ā	а	a Gross income from gaming (attach Schedule Gif greater than \$15,000)				
JI.	b					
Revenue	b	Gross incom	,			
2			sing events reported on line 1) (attach Schedule G if the gross income and contributions exceeds \$15,000) 66		20 5 6	
	_					
	C				04	
	d		or (loss) from gaming and fundialising events (add lines 6a and 6i	o and subtract	- A -	000
	70		of inventory, less returns and allowances	. 1	<u>6d</u>	228
	7a					
	b		goods sold			0
	C		or (loss) from sales of inventory (subtract line 7b from line 7a).		7c	0
	8	Other reveni	ue (describe in Schedule O)		8	400 500
\dashv	9	Cranta and	re. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	133,560
	10				10	
اير	11		to or for members		11	
Se	12		ar compensation, and employee benefits		12	400
Expenses	13		fees and other payments to independent contractors		13	192
×	14		rent, utilities, and maintenance			
ш	15		lications, postage, and shipping		15	
	16	Other expen	ses (describe in Schedule O)		16	1,795
_	17	Total expen	ses. Add lines 10 through 16		17	1,987
ន្ទ	18		eficit) for the year (subtract line 17 from line 9)		18	131,573
Net Assets	19		fund balances at beginning of year (from line 27, column (A)) (n			
۲			igure reported on prior year's return)		19	177,527
ē	20		es in net assets or fund balances (explain in Schedule O)			
~	21	Net assets o	fund balances at end of year. Combine lines 18 through 20		21	309.100

Form	990-EZ (2022) Firends of Aztalan St	ate Park, Inc.			04-373	2507	Page ∡
Part	II Balance Sheets (see the instruction						
•	Check if the organization used Schedul	e O to respond to ar	ny question in	this Part II....			
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments				126,741	22	258,314
23	Land and buildings.				50,786	$\overline{}$	50,786
24	Other assets (describe in Schedule O)					24	
25	Total assets				177,527	_	309,100
26	Total liabilities (describe in Schedule O).				,	26	333,13
27	Net assets or fund balances (line 27 of co				177,527	$\overline{}$	309,10
	rt III Statement of Program Service Acc				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
ıa	Check if the organization used Sche				\blacksquare	ŀ	Expenses
100		•			4:5- 1-1-4-31	(Re	guired for section
vvna	t is the organization's primary exempt purpo	se? <u>lo support, s</u>	assist, and pro	mote interpretive,sci	entilic, Alistolicai		(c)(3) and 501(c)(4)
	cribe the organization's program service acco						inizations; optional others.)
	easured by expenses. In a clear and concis			ovided, the number (
	ons benefited, and other relevant information		itie.				
	To support, assist, and promote interpretive,		offeren	·····			
	educational, and related visitor services at A	ztalan State Park, J	errerson				ľ
-	County, Wisconsin.						
-	(Grants \$) If this	amount includes fo	reign grants, c	neck nere	<u> </u>	28a	1,987
29 _			~~~~~	-			
-							
-							
_	(Grants \$) If this	amount includes fo	reign grants, c	heek here		29a	
30	.,,,,,						
_							
_							
	(Grants \$) If this	amount includes fo	reigh grants, c	heck here	📋	30a	
31	Other program services (describe in Schedu	le O)	Z. J	·			
	(Grants \$) If this	amount includes for	reign grants, c	heck here	🗀	31a	
32	Total program service expenses. (add line	s 28a through 31a)				32	1,987
	t IV List of Officers, Directors, Trustees					ruction	
	Check if the organization used Sched						
				(c) Reportable	1		
	4.44	(B)	Average	compensation	(d) Health benefit contributions to		
	(a) Name and title	hours	per week I to position	(Forms W-2/1099-MISC/ 1099-NEC)	employee benefit pla	ans,	(e) Estimated amount of other compensation
		devotet	i to position	(if not paid, enter -0-)	and deferred compens	sation	outer compensation
RANI	DY RADTKE						
	CTOR	EI T/WK	5.00				
	A CHRISTIANSEN						
	CTOR	Hr/WK	5.00	l			
	SKIBO	TIMVAR	0.00				
	CTOR	li-nanc	5.00	l		ł	
DINE	CION	Hr/WK	5.00	· · · · · ·	-		
-					}		
		Hr/WK					
						- 1	
		Hr/VK					
		_4====					
	V	Hr/WK					
		Hr/WK					
						- 1	
		Hr/WK					
		Hr/WK					
							
		Hr/WK	i				
						\neg	
					I	- 1	

Ī

Ţ

Form 990-EZ. See instructions.

04-3732507 Form 990-EZ (2022) Firends of Aztalan State Park, Inc. Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 X 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 X 34 Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a activities (such as those reported on lines 2, 6a, and 7a, among others)? 35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O. Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(g) notice, X 35c reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . Did the organization undergo a liquidation, dissolution, termination, or significant disposition of netrassets 36 during the year? If "Yes," complete applicable parts of Schedule N X Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 37b Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were 38a any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . 38a Х If "Yes," complete Schedule L, Part II, and enter the total amount involved Section 501(c)(7) organizations. Enter: 39 39a a Initiation fees and capital contributions included on line 9. . . . 39b Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 40a section 4911 section 4955 : section 4912 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 appexcess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ21f "Yes," complete Schedule L, Part I. . 40b Х 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, Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed 41 42a The organization's books are in care of Telephone no. (608) 658-2854 Located at 1636 NORMAN WAY APT 3. Eity MADISON ST WI ZIP + 453705-1264 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 (sticinas 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?. Financial Accounts (FBAR). 42c If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here. Yes No Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 44a b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44b completed instead of Form 990-EZ............... Did the organization receive any payments for indoor tanning services during the year? 44c Х If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d Χ 45a X Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a 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 9	90-EZ (2022) Firends of Aztalan State	Park, Inc.						04-3732507	7. F	age 4
	•									es	MI_
46	Did ti	he organization engage, directly or indirectl	ly, in political	campaign act	ivities on beha	alf of or i	n oppositie	on			
		ndidates for public office? If "Yes," complet							. 46		^
Part		Section 501(c)(3) Organizations O									
		All section 501(c)(3) organizations m	nust answe	r questions 4	7-49b and	52, and	complet	e the table	s for lines		
		50 and 51.									_
		Check if the organization used Sche	dule O to r	espond to ar	ıy question i	n this P	art VI .				L
									Υ	es	No
47	Did ti	ne organization engage in lobbying activitie	s or have a	section 501(h)	election in eff	fect durir	ig the tax				- 7
		If "Yes," complete Schedule C, Part II							. 47		X
48		organization a school as described in sec						.	. 48		Х
49a		ne organization make any transfers to an e			-				. 49a		Х
b		s," was the related organization a section 5	•		-		_	4	49b		
50		plete this table for the organization's five his						rs trustees			
-		oyees) who each received more than \$100									
	Onipi	0,000, mio 000110001100 more man 4 100	1	, on out on on							
		(a) Name and title of each employee		verage	(c) Report			ith benefits, is to employee	(e) Estimate	d amoi	int of
		(a) realist and also of observations		per week to position	(Forms W-2/10)	MISC/	benefit plan	s, and deferred	other com		
			devoted	to position	1099-NE	CI	comp	ensation			
Name	ROBI	ERT BIRMINGHAM				-					
		CUTIVE DIRECTOR	Hr/WK	10.00							
		A MEYERS									
		BIDENT	Hr/WK	10.00		/)					
		TIN KUST	71117441	10.50	1						
		PRESIDENT	Hr/WK	10,00							
-		REED	HIVVIN	10,000							
		RETARY	11-0406	10.00							
			Hr/WK	10.00							
		ERT PERSONS		10.00	•						
		ASURER	Hr/WK	10.00							
		number of other employees paid over \$100						- 5- 4 1 4	J		
51		plete this table for the organization's five hig				tors wnc	each rec	eivea more i	nan		
	\$100,	000 of compensation from the organization	n. If there is	none enter "N	one."		-				
		(a) Name and business address of each independent	ent contractor		(b) Ty _i	pe of servic	e	(c)	Compensation	1	
	Nana			•							
	None	Str									
City		ST ST	ZIR								
Name		Str									
City		ST	ZIP			 					
Name		St.									
City		ST.	ZIP	<u></u>							
Name		Str					l				
City		ST	ZIP					· · · · · · · · · · · · · · · · · · ·			
<u>Name</u>		Str									
City		ST	ZIP								
		number of other independent contractors ea									
2	Did th	e organization complete Schedule A? Note					а		₩	$\overline{}$	N.
		eted Schedule A							X Yes	<u> Ц</u>	No
		of perjury, I declare that lineve examined this return, in						wledge and beli	ef, it is		
ue, cor	rect, and	d complete. Declaration of preparer (other than officer) i	s based on all in	formation of which	preparer has any	knowledg	e, 				
							l				
ign		Signature of officer					Date				
lere											
		Type or print name and title			2.1	,			,		
امند		Print/Type preparer's name	Prepare	er's signature	1/2.11	Date		Check X if	PTIN		
aid		JOSEPH E PEIFFER		sour "	· IMI/) 2/2		self-employed	P020807	31	
repa Ise C		Firm's name JOSEPH E PEIFFER CPA LL	.c /		00		Fim	n's EIN 82-	3101753		
,5¢ (iiiy	Firm's address 126 E LAKE STREET, LA	KE MILLS, W	/I 53551	· · · · · · · · · · · · · · · · · · ·		Pho	ne no. 920	-648-8545		
lay th	e IRS	discuss this return with the preparer shows	n above? Se	e instructions .					X Yes		No

Ĩ.

SCHEDULE A (Form 990)

Ĩ

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. 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number								
Firends of Aztalan State Park, Inc. 04-3732507								
	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1 ne organization is not a private foundation because it is: (i								
2 A school described in section 170(b)(1)(A)(II). (Al	tach Schedule E (Forn	1 990).)						
3 A hospital or a cooperative hospital service organi	-		(b)(1)(A)(ii	i).				
4 A medical research organization operated in conju					nter the			
hospital's name, city, and state:			****					
5 An organization operated for the benefit of a college section 170(b)(1)(A)(iv). (Complete Part II.)	•	Ť			cribed in			
6 A federal, state, or local government or government	ntal unit described in s	ection 17	0(戌)(1)(內)	(V).				
7 An organization that normally receives a substanti described in section 170(b)(1)(A)(vi). (Complete		om a gove	ernmental i	unit or from the gene	eral public			
8 A community trust described in section 170(b)(1)((A)(vi). (Complete Part	II.)	_					
9 An agricultural research organization described in or university or a non-land-grant college of agricul university:	ture (see instructions).	Enterthe	name, city	, and state of the co	ollege or			
An organization that normally receives (1) more the receipts from activities related to its exempt function support from gross investment income and unrelated acquired by the organization after June 30, 1975.	ted business taxable নি See section 509(a)(১)	come (les (Comple	ss section : te Part III.)	511 tax) from busine	, and gross % of its esses			
11 An organization organized and operated exclusive		•						
An organization organized and operated exclusive of one or more publicly supported organizations do Check the box on lines 12a through 12d that desc	escribed in section 50	9(a)(1) or	section 50	09(a)(2). See sectio	n 509(a)(3).			
a Type I. A supporting organization operated, sup the supported organization(s) the power to regular organization. You must complete Part IV, Sec	ularly appoint or elect a							
b Type II. A supporting organization supervised of control or management of the supporting organization(s). You must complete Part IV, S	ization vested in the sa	on with its ame perso	s supported ons that co	d organization(s), by ntrol or manage the	having supported			
c Type III functionally integrated. A supporting its supported organization(s) (see instituctions).		n connect	tion with, a	ind functionally integ	rated with,			
	You must complete F	Part IV, Se	ections A,	D, and E.	oningtion(s)			
d Type III non-functionally integrated. A support that is not functionally integrated. The organization								
requirement (see instructions). You must comp	olete Part IV, Sections	A and D,	and Part	V.				
e Check this box if the organization received a wir	ritten determination from	n the IRS	that it is a	Type I, Type II, Typ	e III			
functionally integrated, or Type III non-functions f Enter the number of supported organizations	illy likegrated supportil	iy olyaniz	auon.		🗀 0			
g Provide the following information about the support					· · · · · · · · · · · · · · · · · · ·			
(i) Name of supported organization. (ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vI) Amount of other support (see instructions)			
X /		Yes	No					
(A)		100	110					
(B)		·						
(C)								
(D)					· · · · · · · · · · · · · · · · · · ·			
(E)								
Total			 					

Ã

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.)

Se	ction A. Public Support						· · · · · · · · · · · · · · · · · · ·
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do πot include any "unusual grants.")						0
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge					3	0
4 5	Total. Add lines 1 through 3	0	0	0	O	0	0
	shown on line 11, column (f)	` A.				-£	
6	Public support. Subtract line 5 from line 4	* .	医水杨醇 花形 化高油	A LANGERT	1 1 1 2 2 2	* (1980)	0
Sec	ction B. Total Support				J		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(6) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	0	ু গ্ৰ	0	0	<u> </u>	0
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from		Ç				
	similar sources						0
9	Net income from unrelated business activities, whether or not the business is regularly carried on	*	$C_{\mathbf{J}}$				0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				:		0
11	Total support. Add lines 7 through 10		•	·			0
12	Gross receipts from related activities, etc. (se	e instructions)				12	
13	First 5 years. If the Form 990 is for the organization, check this box and stop here.	<u> </u>			section 501(c)(3)		<u> </u>
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2022 (line 6 co					14	0.00%
15	Public support percentage from 2021 Schede					15	0.00%
	33 1/3% support test—2022 If the organization qualifies as	a publicly support	ed organization,				
	33 1/3% support test—2021. Jothe organization qualifies	s as a publicly sup	ported organization	n		<i>.</i>	
	10%-facts-and-circumstances (est—2022. 10% or more, and if the organization meets the Part VI how the organization meets the facts-organization	ne facts-and-circun and-circumstances	nstances test, chec s test. The organiza	ck this box and sto ation qualifies as a	p here. Explain in publicly supported	 	
b	10%-facts-and-circumstances test—2021. 15 is 10% or more, and if the organization me in Part VI how the organization meets the fact organization	ets the facts-and- ts-and-circumstand	circumstances test ces test. The organ	check this box an	d stop here. Expla	ain	[]
18	Private foundation. If the organization did no	ot check a box on	line 13, 16a, 16b, 1	7a. or 17b. check	this box and see		
. •	instructions			· ·			

ıŁ.

Ĩ,

Part III

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

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")					133,309	133,309
2	Gross receipts from admissions, merchandise sold or services performed, or facilities				1		
	furnished in any activity that is related to the]			
	organization's tax-exempt purpose					228	228
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						C
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	0	0	C	0	133,537	133,537
7a	Amounts included on lines 1, 2, and 3			_			
	received from disqualified persons						0
b	Amounts included on lines 2 and 3				7		
	received from other than disqualified						
	persons that exceed the greater of \$5,000			• •			
	or 1% of the amount on line 13 for the year						0
C	Add lines 7a and 7b	0	<u></u> \$ <u>Q</u>		0	0	0
8	Public support (Subtract line 7c from	i dinama				* 14 A	
	line 6.)			6 - 5 - 6 - 5 / 5 / 5 / 5	The second	in the factor of	133,537
	tion B. Total Support				·,·	····	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
.9	Amounts from line 6	0	0	0	0	133,537	133,537
10a	Gross Income from interest, dividends,	•	\sim				
	payments received on securities loans, rents,	ا _ ا			1		
	royalties, and income from similar sources					23	23
b	Unrelated business taxable income (less		•				
	section 511 taxes) from businesses		•		İ		
	acquired after June 30, 1975						0
C	Add lines 10a and 10b		0	0	0	23	23
11	Net income from unrelated business	X					
	activities not included on line 10b, whether						
	or not the business is regularly carried on						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets	h					_
	(Explain in Part VI.)	<i>'</i>					0
13	Total support. (Add lines 8, 10c, 14)	_	_	_	_		
	and 12.)	. 01	0	0		133,560	133,560
14	First 5 years. If the Form 990 is for the orga						
_	organization, check this box and stop here .						<u> </u>
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2022 (line 8, c	* -	7			15	99,98%
16	Public support percentage from 2021 Schedu					16	0.00%
	tion D. Computation of Investmen				Т	<u>, </u>	
17	Investment income percentage for 2022 (line				F	17	0.02%
18	Investment income percentage from 2021 Sc					18	0.00%
19a	33 1/3% support tests—2022. If the organia						ræ
	not more than 33 1/3%, check this box and s	•	•		-		<u>X</u>
D	33 1/3% support tests—2021. If the organization 18 is not more than 33 1/3%, check this is						
		=	•				
20	Private foundation. If the organization did n	iot check a box on l	iine 14, 19 2, or 19 1	d, check this box a	ina see instructions		

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. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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).
- 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.
- 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.
- 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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 fraction despite being controlled or supervised by or in connection with its supported organizations.
- despite being controlled or supervised by or in connection with its supported organizations.

 c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 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).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(S)), 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Fart I on Schedule L (Form 990).
- 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**.
- **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.**
- c 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.
- 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.
 - 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.)

		Yes	No
	15		L-" ~ .
			~~
	4	حشندا	
	1	1 m 3 m 4 m 1 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2	ļ .
	Part of	127-	***
	£#1 -1×6¢	A STATE OF THE PARTY OF THE PAR	
	2		
		1	
	3a	 `	
	Ja	<u> </u>	
	12 L		
		10000	75
	3b]
	£ 22.	* 2 =	1 12 12 12 12 12 12 12 12 12 12 12 12 12
	3c		****
	30		<u> </u>
	4a	į .	
	* 2.2 **********************************	r mit	3.4
	4h		
	4b	9.32.6	
			, i
	7, mg	E E	°k
	4c		
	1 2		
	الدائد		,
			1"
			tota ort
	5a		
	10.54	14	- 1
	5h		
	5b 5c		
	50		
]
		- *	
	A.	Ž.	
	6		
	6	31, 22,	: .]
	- Z	178.00	·, `
	304 19 M	احتقعا	
	7		1
	<u> </u>		
	8		
		7.4	
	4	3.1	
	Qa	<i>279446€</i>	
	va va	\$ P.	- 1
		777	استب
	9b		<u> </u>
	** 5	24, 2"	
	9c		
		,	
	, ę	-2.2]
	10a	·	
i	1 Ud	*	E1.5
	-10-5	* =	
	10b	1	

		<u>4-3732507 </u>		Page (
Par	t IV Supporting Organizations (continued)		Ver	NY-
44	Has the organization accepted a gift or contribution from any of the following persons?	- · ·	٠.	No
11	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	2000		
а	11c below, the governing body of a supported organization?	11a	1 - X	
b	A family member of a person described on line 11a above?	11b	 	
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provi		\vdash	
·	detail in Part VI.	11c		
Sect	tion 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 of		İ	Ι.
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officer	s,	. , ,	ئ _ى د
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization (\$)		** ' 	\$
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supp	orted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			-
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		ļ
2	Did the organization operate for the benefit of any supported organization other than the supported		apart.	ľ
	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	<u> </u>	
Sect	tion C. Type II Supporting Organizations			Щ.
0001	and or type it employering organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also amajority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1 :	ļ	
Sect	tion D. All Type III Supporting Organizations			т—
		F NAME OF THE PARTY OF THE PART		No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	r tax		~, r,
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior		``.	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			<u> </u>
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	2 1	<u> </u>	₩
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 alsupported organization? If "No," explain in Part VI he the organization maintained a close and continuous working relationship with the supported organization(s).	ow		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have	<u> </u>		
•	a significant voice in the organization's investment policies and in directing the use of the organization's		41.00	l.,
	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		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (s	see instruction	s).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental	entity (see instructi	ions).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		-,,,-	1
**	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		- e	
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	~		1
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in	1	3 °	1
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		,	l
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	<u></u>	<u></u>	
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a	, 1	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of ea	ch <u>3b</u>	<u> </u>	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	uc l		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rga	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	_		÷
instructions. All other Type III non-functionally integrated supporting organ	nizati	ons must complete Section	s A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	O
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of		A	
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	0	О
Section B - Minimum Asset Amount		(A) Prio Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	•		Salahan S.
instructions for short tax year or assets held for part of year):	de.	All the state of t	Charles Company
a Average monthly value of securities	1a		
b Average monthly cash balances	110		
c Fair market value of other non-exempt-use assets	1c	7	
d Total (add lines 1a, 1b, and 1c)	10	-1/	0
e Discount claimed for blockage or other factors		· · · · · · · · · · · · · · · · · · ·	THE STATE OF THE S
(explain in detail in Part VI):			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 0.035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0
2 Enter 0.85 of line 1.	2	A TANDAN SALMAN	0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3	7410-240-1415 (A. 1140-1	0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5	VIII.	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		the first in the second	
emergency temporary reduction (see instructions).	6	The first of the control of the cont	0
7 Check here if the current year is the organization's first as a non-functionally	y inte	egrated Type III supporting	organization (see
instructions).		· · · · · · · · · · · · · · · · · · ·	-

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)	
Secti	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish ex	empt purposes	1	· ·
2	Amounts paid to perform activity that directly furthers exem	i	d	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	"		
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required—	provide details in Part V	<u>(i) 5</u>	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		<i>a</i> 7	C
8	Distributions to attentive supported organizations to which t	the organization is respo	nsive	
	(provide details in Part VI). See instructions.		8	<u>.</u>
	Distributable amount for 2022 from Section C, line 6		9	J'
10	Line 8 amount divided by line 9 amount		10	0.000
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2022	(III) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2022	_		
	(reasonable cause required—explain in Part VI). See			
	instructions.	**	N	
3	Excess distributions carryover, if any, to 2022			
a	From 2017	4		
b	From 2018		-	
	From 2019	* # # * * * * * * * * * * * * * * * * *		
	From 2020			
	From 2021			
	Total of lines 3a through 3e	0		
	Applied to underdistributions of prior years		0	
<u>h</u>	Applied to 2022 distributable amount		•	0
<u> </u>	Carryover from 2017 not applied (see instructions)			
	Remainder, Subtract lines 3g, 3h, and 3i from line 3f	0		"'
4	Distributions for 2022 from Section D, line 7: \$ 0			
a	Applied to underdistributions of prior years		0	
	Applied to 2022 distributable amount			0
C	Remainder. Subtract lines 4a and 4b from line.	0		
5	Remaining underdistributions for years prior to 2022, if			٠. ٢
	any. Subtract lines 3g and 4a from line 2. For result	, "		' ,
	greater than zero, explain in Part VI. See instructions.	•	0	· · · · · · · · · · · · · · · · · · ·
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain	,		
	in Part VI. See instructions.			0
7	Excess distributions carryover to 2023. Add lines 3j			÷ 3-
	and 4c.	<u> </u>	*****	
8	Breakdown of line 7	* .	· · · · · · · · · · · · · · · · · · ·	
a	Excess from 2018 0	9	· <u>-</u> ·	
<u>b</u>	Excess from 2019			
	Excess from 2020			
<u> </u>	Excess from 2021			

Schedule A (Fo	rm 990) 2022	Firends of Aztalan State Park, Inc.	04-3732507	Page 8
Part VI	III, line 12; Par B, lines 1 and 2 3a, and 3b; Pa	I Information. Provide the explanations required by Part II, line 10; Part II, rt IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11 2; Part IV, Section D, lines 2 and 3; Part IV, Section D, lines 2 and 3; Part IV, Section V, line 1; Part V, Section D, lines 5, 6, and 8; a 6. Also complete this part for any additional information. (See instructions.)	line 17a or 17b; Part c; Part IV, Section on E, lines 1c, 2a, 2b, and Part V, Section E,	
•	mios z, o, and	a. 7 too complete the part for any additional informations (occurrence)		

	M M M M M M M M M M M M M M M M M M M			
	•			
				
		······································		
			-	
	·	*. U		
	•			

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2022

Department of the Treasury

Attach to Form 990 or Form 990-PF.

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

Internal Revenue Service **Employer identification number** Name of the organization 04-3732507 Firends of Aztalan State Park, Inc. Organization type (check one): Filers of: Section: 501(c)() (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 1/0(b)(4)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII-line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Schedule B (I	Form 990) (2022)		Page 2
Name of or Firends of	ganization Aztalan State Park, Inc.	I I	Employer identification number 04-3732507
Part I	Contributors (see instructions). Use duplicate co	pies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROBERT BIRMINGHAM 1864 RUTLEDGE ST MADISON Foreign State or Province: Foreign Country:	\$96,000	Person X Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	PETER SILVERS 114 KEYES ST LAKE MILLS WI 53551 Foreign State or Province: Foreign Country:	\$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d) Type of contribution
3	ROBEERT DRAEGER 1130 CREEKSIDE DR APT 206 OCONOMOWOC WI 53066-8815 Foreign State or Province: Foreign Country:	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for

£

Name of organization Employer identification number Firends of Aztalan State Park, Inc. 04-3732507

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part i	(b) Description of noncash property given	(C) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash propenty given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	Description of inoncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				

₫

Name of org			Employer identification number					
Part III	Aztalan State Park, Inc. Exclusively religious, charitable, etc., co	ntributions to organizations des	04-3732507					
r ai t iii	(10) that total more than \$1,000 for the year. the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	ear from any one contributor. Col ompleting Part III, enter the total of (Enter this information once. See	nplete columns (a) through (e) and exclusively religious, charitable, etc.,					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Faiti								
		(e) Transfer of gift						
	Transferee's name, address, and Z	IP + 4 Relation	onship of transferor to transferee					
(a) No. from Part I	For. Prov. Country (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Paiti								
	(e) Transferof gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
	Transferee's name, address, and Z	Relation	nisinp of transferor to transferee					
_	For. Prov. Country							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
	Transferee's name, address, and ZI		nship of transferor to transferee					
Ī								
(a) Na	For. Pro® Country							
(a) No. from Part I	(b) Rutpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
	Transferee's name, address, and ZI		nship of transferor to transferee					
ļ								
	For. Prov. Country							

SCHEDULE O (Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection Employer identification number

Firends of Aztalan State Park, Inc.	04-3732507
Form 990-EZ, Part I, Line 16, Other Expenses: FEES: 234	
Form 990-EZ, Part I, Line 16, Other Expenses: OFFICE EXPENSE: 1,507	
Form 990-EZ, Part I, Line 16, Other Expenses: OTHER EXSPENSE: 54	
• 4	
•	
. ()	
J.C.	
.0	
	, , , , , , , , , , , , , , , , , , ,

Schedule O (Form 990) 2022	Page 2
Name of the organization	Employer identification number
Firends of Aztalan State Park, Inc.	04-3732507
	•

	·
•	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
<b>.</b> (/)	
	***************************************
<u></u>	

## Friends of Aztalan State Park

Jan 31, 2023 Accrual Basis

# Statement of Financial Income and Expense January through December 2022

	TOTAL	
Ordinary Income/Expense Income		
4xxxx · Revenues 40110 · Memberships 402xx · Contributions 40210 · Unrestricted	1,055.62	,123.03
40220 · Restricted Bldg Fund 40221 · Restricted Friends	125,129.95	
Total 40220 · Restricted Bldg Fund	125,129.95	
40250 · Restricted Other	6,000.00	
Total 402xx · Contributions	132	2,185.57
40600 · Education Events 407xx · Sales & Rents 40720 · Goods Sold		50.00
40722 · Books 40724 · Hats 40726 · Shirts 40728 · Other 40729 · Shipping Charged for Sale	2,188.60 200.00 525.50 475.25 92.56	
Total 40720 - Goods Sold	3,481.91	
Total 407xx · Sales & Rents	3	3,481,91
409xx · Other Income 40910 · Interest & Dividends 40970 · Over	84.10 -60.72	
Total 409xx ⋅ Other Income		23.38
Total 4xxxx · Revenues		136,863.89
Total Income		136,863,89
Gross Profit		136,863.89
Expense 5xxxx · Operating Expenses 50200 · Professional Services 50230 · Web Services	192.00	
Total 50200 · Professional Services		192.00
50300 · Fees 50320 · Post Office Box 50330 · Government Fees 50340 · PayPal Fees 50345 · Stripe Fees 50390 · Misc Fees	92.00 25.00 94,43 13,86 8.35	
Total 50300 · Fees		233.64

## Friends of Aztalan State Park

# Statement of Financial Income and Expense January through December 2022

	TOTAL
50400 · Office Expense 50410 · Supplies & Equipment 50440 · Insurance 50450 · Printing 50460 · Shipping & Handling	453.07 768.72 176.50 108.45
Total 50400 · Office Expense	1,506.74
506xx · Fund Raising 50620 · Goods For Sale 50622 · Books 50624 · Hats 50626 · Shirts 50628 · Other	799.90 256,00 496.15 300.00
Total 50620 · Goods For Sale	1,852.05
50690 · Other	25.50
Total 506xx · Fund Raising	1,877.55
507xx · Education 50710 · Events 50720 · Group Memberships	1,371.66 55.00
Total 507xx · Education	1,426.66
Total 5xxxx · Operating Expenses	5,236.59
6xxxx · Other Expense 60170 · Short 60190 · Other 60192 · Refund Customer 60190 · Other - Other	15.00 39.10 0.00
Total 60190 · Other	39,10
Total 6xxxx · Other Expense	54.10
Total Expense	5,290.69
Net Ordinary Income	131,573.20
Net Income	131,573.20

12:34 PM Jan 31, 2023 Accrual Basis

3

# Friends of Aztalan State Park Statement of Financial Position

As of December 31, 2022

	Dec 31, 22
ASSETS	
Current Assets	
Checking/Savings 101xx · Cash Accounts	
10110 · Checking	2,029.15
10120 · Savings - General	13,000.04
10130 · Savings - Int Center	143,012.77
10135 · Savings - Birmi Fund	2,747.28
10140 · Savings - Parker Fund	96,991.73
10185 · Stripe	6,30
Total 101xx · Cash Accounts	257,787.27
	257,787.27
Total Checking/Savings	231,161.21
Other Current Assets	
103xx · Prepaid Accounts	.E07.40
10310 · Insurance	527.12
Total 103xx · Prepaid Accounts	527.12
Total Other Current Assets	527.12
Total Current Assets	258,314.39
Fixed Assets	
106xx · Fixed Assets - Net of Depreciat	
1063x · Equipment	
10631 · Cost	6,968.75
10632 · Accumulated Depreciation	-6,968.75
Total 1063x ⋅ Equipment	0.00
1065x · Construction in Progress	
10651 · Visitor Center Building	50,786.11
Total 1065x · Construction in Progress	50,786.11
Total 106xx · Fixed Assets - Net of Depreciat	50,786.11
Total Fixed Assets	50,786.11
TOTAL ASSETS	309,100.50
LIABILITIES & EQUITY Liabilities Current Liabilities Accounts Payable	
20100 · Accounts Payable	0,00
Total Accounts Payable	· 0.00

ø

12:34 PM Jan 31, 2023 Accrual Basis

\$ ~ O

## Friends of Aztalan State Park Statement of Financial Position As of December 31, 2022

	Dec 31, 22
Credit Cards 206xx · Credit Cards Payable 20601 · Friends Visa Card	125.21
Total 206xx · Credit Cards Payable	125.21
Total Credit Cards	125.21
Total Current Liabilities	125.21
Total Liabilities	125.21
Equity · 32000 · Retained Earnings 3xxxx · Net Assets (Equity) 30100 · Unrestricted Net Assets	177,402.09 -41,786.11
302xx · Restricted Net Assets - Tempora 30230 · Construction Funds	41,786.11
Total 302xx · Restricted Net Assets - Tempora	41,786.11
Total 3xxxx ⋅ Net Assets (Equity)	0.00
Net Income	131,573.20
Total Equity	308,975.29
TOTAL LIABILITIES & EQUITY	309,100.50

#### Friends of Aztalan State Park Inc - Board of Directors 2023

Robert Birmingham - Executive Director (non-voting) 1864 Rutledge St Madison, WI 53704 608-516-3421 birmi@sbcglobal.net

Julia Meyers - President 532 N Oak St Oregon WI 53575-1125 608-622-9604 juliameyers68@gmail.com

Kristine Kust - Vice President and Volunteer Coordinator
537 Woodduck Dr Unit 1
Woodbury, MN 55125
608-770-7159
kristine.kust@gmail.com

Kris Reed - Secretary
199 Hillcrest Circle
Sun Prairie WI 53590
608-279-8932
krisreed54@gmail.com

Robert Persons - Treasurer 1636 Norman Way Apt 3 Madison WI 53705-1264 608-658-2854 bobp@elcoyotesurvives.net

### Randy Radtke

433 E Washington St Lake Mills, WI 53551 920-648-8248 rjenter@charter.net

#### Nona Christiansen

1636 Norman Way Apt 3 Madison WI 53705-1264 608-233-8994 nachrist@gmail.com

Jim Skibo (State Archaeologist) 816 State Street Madison, WI 53706 608-264-6496 statearchaeologist@wisconsinhistory.org Donations Greater than or Equal to \$5,000 for 2022.

Robert Birmingham \$96,000.00 1864 Rutledge St Madison, WI 53704

Peter Silvers \$25,000.00 114 Keyes St Lake Mills WI 53551

Robert Draeger \$5,000.00 1130 Creekside Dr #206 Oconomowoc WI 53066-8815

## Form **990-EZ**

## **Short Form** Return of Organization Exempt From Income Tax

2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form, as it may be made public.

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

**Open to Public** Inspection

Α	For th	ne 2023 calen	ndar year, or tax year beginr	ning		, an	d ending			
В	Check i	if applicable:	C Name of organization					D Employ	yer identificatio	n number
Ш	Addres	s change	FRIENDS OF AZTALAN S	STATE PARK INC						
	Name o	change	Number and street (or P.O. box if	f mail is not delivered t	o street address)		Room/suite		04-373250	)7
	Initial re	eturn	PO BOX 855					E Teleph	one number	
	Final retu	urn/terminated	City or town		State	ZIP co	de			
	Amend	ed return	Lake Mills		WI	5355	1			
	Applica	ation pending	Foreign country name	Foreign province	ce/state/county		n postal code	F Group	Exemption	
								Numb	er	
G	Accoun	nting Method:	Cash X Accrual	Other (specify)				Check	if the org	anization is
ı	Websi	-	Casii X Accidai	Other (specify)			7		red to attach S	
•			V 504( )(0)		\	40.47( )(4)		(Form 990		cricadic B
<u>J</u>	rax-exe	mpt status (che	ck only one) — X 501(c)(3)	501(c) (	) (insert no.)	4947(a)(1)	or527	(, , , , , , , , , , , , , , , , , , ,		
K	Form o	f organization:	: X Corporation	Trust	Association	0	ther			
L	Add line	es 5b, 6c, and	7b to line 9 to determine gros	ss receipts. If gross	receipts are \$200,0	000 or mo	re, or if total ass	sets		
	(Part II,	, column (B)) a	are \$500,000 or more, file Form	m 990 instead of Fo	orm 990-EZ				\$	88,616
Pa	art I	Revenu	e, Expenses, and Char	nges in Net As	sets or Fund F	Balance	<b>s</b> (see the in	struction	s for Part I)	
			the organization used S							
	1	Contribution	ns, gifts, grants, and similar	amounts receive	ed				1	82,353
	2	Program se	ervice revenue including gov	vernment fees an	d contracts				2	
	3	Membershi	p dues and assessments .						3	1,632
	4	-	income					<b>⊢</b>	4	2,476
	5a		unt from sale of assets othe			5a				
	b		or other basis and sales exp	•		5b				
	C		ss) from sale of assets othe			om line 5	a)	. 5	5c	0
	6		d fundraising events:				,			
	а	_	me from gaming (attach Sch	hedule <b>G</b> if greate	er than					
ne				· A=		6a				
Revenue	b	Gross incor	me from fundraising events	(not including	\$	of co	ntributions			
Re		from fundra	ising events reported on lin	e 1) (attach Sche	dule G if the					
		sum of such	h gross income and contrib	utions exceeds \$	15,000)	6b		1,970		
	С	Less: direct	t expenses from gaming and	d fundraising eve	nts	6c		2,133		
	d	Net income	or (loss) from gaming and	fundraising event	ts (add lines 6a ar	nd 6b and	l subtract			
								6	Sd	-163
	7a	Gross sales	s of inventory, less returns a	and allowances .		7a				
	b		of goods sold	<b>)</b>		7b				
	С		t or (loss) from sales of inve						7c	0
	8		nue (describe in Schedule C						8	185
	9	Total reven	nue. Add lines 1, 2, 3, 4, 5c,	, 6d, 7c, and 8 .					9	86,483
	10		similar amounts paid (list in						10	
	11		id to or for members						11	
Expenses	12		her compensation, and emp						12	
ens	13		al fees and other payments						13	528
ă	14		, rent, utilities, and mainten						14	
Ш	15		blications, postage, and shi						15	0.000
	16 47		nses (describe in Schedule						16	2,303
=	17		nses. Add lines 10 through						17	2,831
ets	18 10		deficit) for the year (subtrac		•			. [ ]	18	83,652
Net Assets	19		or fund balances at beginni figure reported on prior yea						19	309,100
tΑ	20		ges in net assets or fund ba						20	309,100
Ne	20 21		or fund balances at end of		•				21	392,752
	41	11C1 999619	or runiu paranices at end of	year. Combine IIII	ico io unougii 20			. 4	- 1	332,132

Par	Balance Sheets (see the instruction	ns for Part II)					i age <b>L</b>
	Check if the organization used Schedule	,	question in th	nis Part II.....			
	<u> </u>		•	(A)	Beginning of year		(B) End of year
22	Cash, savings, and investments				258,314	22	341,966
23	Land and buildings				50,786		50,786
24	Other assets (describe in Schedule O)				00,700	24	00,700
25	Total assets				309,100	_	392,752
26	<b>Total liabilities</b> (describe in Schedule O) .				000,.00	26	
27	Net assets or fund balances (line 27 of col	27	392,752				
Pa	Irt III Statement of Program Service Acco				<u>,</u>		
	Check if the organization used Sched	•		,			Expenses
\/\ha	at is the organization's primary exempt purpose	•		mote interpretive,scie	ntific historica		quired for section
	cribe the organization's program service accor						(c)(3) and 501(c)(4) anizations; optional
	neasured by expenses. In a clear and concise						others.)
	sons benefited, and other relevant information		•	vided, the number of			
	To support, assist, and promote interpretive,s				<u> </u>		1
_0	educational, and related visitor services at Az		fforcon				
	County, Wisconsin.	talair otato i ant, oo					
		amount includes for	eian arante ch	ack here		200	2 024
20	<u> </u>					28a	2,831
29							
	(Ot				·		
	(Grants \$ ) If this a	amount includes for	eign grants, cr	neck here		29a	
30							
					·		
				eck here		30a	
31	Other program services (describe in Schedule						
	(Grants \$ ) If this a	amount includes for	eign grants, ch	neck here		31a	
32	Total program service expenses. (add lines	28a through 31a)				32	2,831
Pa	rt IV List of Officers, Directors, Trustees,	and Key Employee	es (list each on	e even if not compensa	ated—see the insti	ruction	ıs for Part IV)
	Check if the organization used Schedu	ile O to respond to a	any question ir	n this Part IV			
				(c) Reportable	(1) 11 111 1 61		-
	(a) Name and title		verage	compensation (Forms W-2/1099-MISC/	(d) Health benefits contributions to	5,	(e) Estimated amount of
	(a) Name and the		per week to position	1099-NEC)	employee benefit pla		other compensation
			'	(if not paid, enter -0-)	and deferred compens	ation	•
ROI	BERT BIRMINGHAM						
EXE	ECUTIVE DIRECTOR	Hr/WK					
JUL	IA MYERS		5.00	0		0	0
PRE			5.00	0		0	0
	ESIDENT	Hr/WK		0		0	0
KRI	ESIDENT STINE KUST	Hr/WK	5.00				
	STINE KUST	<b>9</b>	5.00	0		0	0
VIC	STINE KUST E PRESIDENT	Hr/WK					
VIC KRI	STINE KUST E PRESIDENT S REED	Hr/WK	5.00	0		0	0
VIC KRI SEC	STINE KUST E PRESIDENT S REED CRETARY	<b>9</b>	5.00	0		0	0
VIC KRI SEC RPE	STINE KUST E PRESIDENT S REED CRETARY BERT PERSONS	Hr/WK	5.00 5.00	0		0 0 0	0 0
VIC KRI SEC RPE TRE	STINE KUST E PRESIDENT S REED CRETARY BERT PERSONS EASURER	Hr/WK	5.00	0		0	0
VIC KRI SEC RPE TRE RAN	STINE KUST E PRESIDENT S REED CRETARY BERT PERSONS EASURER NDY RADTKE	Hr/WK Hr/WK	5.00 5.00 5.00	0 0		0 0 0	0 0
VIC KRI SEC RPE TRE RAN DIR	STINE KUST E PRESIDENT S REED CRETARY BERT PERSONS EASURER NDY RADTKE ECTOR	Hr/WK	5.00 5.00	0		0 0 0	0 0
VIC KRI SEC RPE TRE RAN DIR NOI	STINE KUST E PRESIDENT S REED CRETARY BERT PERSONS EASURER NDY RADTKE ECTOR VA CHRISTIANSEN	Hr/WK Hr/WK Hr/WK	5.00 5.00 5.00 5.00	0 0 0		0 0 0 0	0 0 0
VIC KRI SEC RPE TRE RAN DIR NOI DIR	STINE KUST E PRESIDENT S REED CRETARY BERT PERSONS EASURER NDY RADTKE ECTOR VA CHRISTIANSEN ECTOR	Hr/WK Hr/WK	5.00 5.00 5.00	0 0		0 0 0	0 0
VIC KRI SEC RPE TRE RAN DIR NOI DIR WA	STINE KUST E PRESIDENT S REED CRETARY BERT PERSONS EASURER NDY RADTKE ECTOR NA CHRISTIANSEN ECTOR YNE HASEL	Hr/WK Hr/WK Hr/WK	5.00 5.00 5.00 5.00 5.00	0 0 0 0		0 0 0 0	0 0 0
VIC KRI SEC RPE TRE RAN DIR NOI DIR WA	STINE KUST E PRESIDENT S REED CRETARY BERT PERSONS EASURER NDY RADTKE ECTOR VA CHRISTIANSEN ECTOR	Hr/WK Hr/WK Hr/WK	5.00 5.00 5.00 5.00	0 0 0		0 0 0 0	0 0 0
VIC KRI SEC RPE TRE RAN DIR NOI DIR WA	STINE KUST E PRESIDENT S REED CRETARY BERT PERSONS EASURER NDY RADTKE ECTOR NA CHRISTIANSEN ECTOR YNE HASEL	Hr/WK Hr/WK Hr/WK Hr/WK	5.00 5.00 5.00 5.00 5.00	0 0 0 0		0 0 0 0	0 0 0
VIC KRI SEC RPE TRE RAN DIR NOI DIR WA	STINE KUST E PRESIDENT S REED CRETARY BERT PERSONS EASURER NDY RADTKE ECTOR NA CHRISTIANSEN ECTOR YNE HASEL	Hr/WK Hr/WK Hr/WK Hr/WK	5.00 5.00 5.00 5.00 5.00	0 0 0 0		0 0 0 0	0 0 0
VIC KRI SEC RPE TRE RAN DIR NOI DIR WA	STINE KUST E PRESIDENT S REED CRETARY BERT PERSONS EASURER NDY RADTKE ECTOR NA CHRISTIANSEN ECTOR YNE HASEL	Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	5.00 5.00 5.00 5.00 5.00	0 0 0 0		0 0 0 0	0 0 0
VIC KRI SEC RPE TRE RAN DIR NOI DIR WA	STINE KUST E PRESIDENT S REED CRETARY BERT PERSONS EASURER NDY RADTKE ECTOR NA CHRISTIANSEN ECTOR YNE HASEL	Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	5.00 5.00 5.00 5.00 5.00	0 0 0 0		0 0 0 0	0 0 0
VIC KRI SEC RPE TRE RAN DIR NOI DIR WA	STINE KUST E PRESIDENT S REED CRETARY BERT PERSONS EASURER NDY RADTKE ECTOR NA CHRISTIANSEN ECTOR YNE HASEL	Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK	5.00 5.00 5.00 5.00 5.00	0 0 0 0		0 0 0 0	0 0 0

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in t	his Pa	art V .	
			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		Χ
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,	05-		V
20	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	26		~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	36		Х
b 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; <b>or</b> were	375		
JJu	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			
е	40c reimbursed by the organization			
C	transaction? If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed:	400		Λ.
42a		(608) 6	58-285	5/1
72a				<del>, , , , , , , , , , , , , , , , , , , </del>
		05-126		NI -
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		Х
	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		Х
Ü	If "Yes," enter the name of the foreign country			- * *
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041—</b> Check here			
-0	and enter the amount of tax-exempt interest received or accrued during the tax year			<u> </u>
	and enter the amount of tax-exempt interest received of accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		163	140
· ru	completed instead of Form 990-EZ	44a		Х
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		Х
С	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		Х
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			
	Form 990-EZ. See instructions	45b		Х

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

Signature of officer Date Sign Here Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check X **Paid** JOSEPH E PEIFFER 5/10/2024 P02080731 self-employed **Preparer** JOSEPH E PEIFFER CPA LLC 82-3101753 Firm's name Firm's EIN **Use Only** 126 E LAKE STREET, LAKE MILLS, WI 53551 Firm's address Phone no. (920) 648-8545 Yes

## **SCHEDULE A** (Form 990)

## **Public Charity Status and Public Support**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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.

Employer identification number

FRIE	ND	<u>S OF AZTALAN STATE PARK I</u>	NC				04-37	32507
Par	t I	Reason for Public Char	<b>ity Status.</b> (All or	ganizations must co	mplete t	his part.)	See instructions.	
	ne organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1	Щ	A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i)</b> .						
2	Ш	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)						
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4		A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii)</b> . Enter the hospital's name, city, and state:						
5		An organization operated for th section 170(b)(1)(A)(iv). (Com		e or university owned	or operate	ed by a go	vernmental unit desc	cribed in
6		A federal, state, or local govern	ment or governmer	ital unit described in <b>se</b>	ction 170	(b)(1)(A)(	(v).	
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi)</b> . (Complete Part II.)						
8		A community trust described in	section 170(b)(1)(A	A)(vi). (Complete Part	II.)			
9		An agricultural research organia or university or a non-land-gran university:	t college of agricult	ure (see instructions).	Enter the	name, city	, and state of the co	llege or
10	Χ	An organization that normally receipts from activities related t support from gross investment acquired by the organization af	o its exempt functio income and unrelate	ns, subject to certain e ed business taxable in	exceptions come (les	; and (2) i s section	no more than 33 1/39 511 tax) from busine	% of its
11		An organization organized and	operated exclusivel	y to test for public safe	ty. See <b>s</b> e	ection 509	9(a)(4).	
12		An organization organized and one or more publicly supported Check the box on lines 12a thro	organizations desc	ribed in section 509(a	)(1) or sec	ction 509(	(a)(2). See section 5	09(a)(3).
а		Type I. A supporting organiz the supported organization(s organization. You must con	s) the power to regu	larly appoint or elect a				
b c	·	Type II. A supporting organize control or management of the organization(s). You must control Type III functionally integral	e supporting organi omplete Part IV, S	zation vested in the sa ections A and C.	me perso	ns that co	ntrol or manage the	supported
·		its supported organization(s						rated with,
d		Type III non-functionally in that is not functionally integr requirement (see instruction	tegrated. A suppor ated. The organizat	ting organization opera ion generally must sati	ated in cor sfy a distr	nection with	vith its supported org quirement and an att	
е		Check this box if the organize functionally integrated, or Ty	ation received a wr	itten determination fror	n the IRS	that it is a		
f		Enter the number of supported						0
g	(i)	Provide the following information Name of supported organization	n about the support	ed organization(s).  (iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
T - 4		·					_	

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

Part II

	(Complete only if you check Part III. If the organization fa				-		der
Sac	ction A. Public Support	ilis to quality un	dei the tests ii	sted below, pie	ase complete r	art III.)	
	endar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and	(a) 2010	(8) 2020	(0) 2021	(u) 2022	(0) 2020	(i) rotar
•	membership fees received. (Do not						
	include any "unusual grants.")						0
2	Tax revenues levied for the						
_	organization's benefit and either paid						
	to or expended on its behalf						0
3	The value of services or facilities				4		
	furnished by a governmental unit to the						
	organization without charge						0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
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				$\Delta$		0
	ction B. Total Support				7		
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	0	. 0	0		0	0
8	Gross income from interest, dividends,		•				
•	payments received on securities loans,						
	rents, royalties, and income from		</td <td></td> <td></td> <td></td> <td></td>				
	similar sources		X				0
9	Net income from unrelated business						
•	activities, whether or not the business is						
	regularly carried on	•					0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	4					0
11	Total support. Add lines 7 through 10						0
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First 5 years. If the Form 990 is for the orga		and third fourth	or fifth tay year as		12	
10	organization, check this box and <b>stop here</b>			-			
500	ction C. Computation of Public Su						
14	Public support percentage for 2023 (line 6, o			/f\\		14	0.00%
15	Public support percentage for 2023 (line 6, 6	1.1	-			15	0.00%
	33 1/3% support test—2023. If the organiz						0.0070
IVa	and <b>stop here</b> . The organization qualifies as			·	·		
h	33 1/3% support test—2022. If the organiz		=				
IJ	box and <b>stop here</b> . The organization qualification						
172	10%-facts-and-circumstances test—2023						<u> </u>
ı ı a	10%-racts-and-circumstances test—202.	•		·			
	Part VI how the organization meets the facts						
	organization		U		. ,		
b	10%-facts-and-circumstances test—2022	2. If the organization	n did not check a l	oox on line 13, 16a	, 16b, or 17a, and li	ine	1
	15 is 10% or more, and if the organization m	•		·			
	in Part VI how the organization meets the fa						1
	organization						
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.")  Gross receipts from admissions, merchandise				133,309	83,985	217,294
2	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose				228	-163	65
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid to						•
_	or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						0
•	•	0	0	0	133,537	83,822	217,359
6	<b>Total.</b> Add lines 1 through 5	U	U	U	133,337	03,022	217,309
1 a	received from disqualified persons						0
h	Amounts included on lines 2 and 3				<b>N</b>		0
b	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						0
С	Add lines 7a and 7b	0	• 0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6.)						217,359
Sec	tion B. Total Support					<u> </u>	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	<b>(f)</b> Total
9	Amounts from line 6	0	0	0	133,537	83,822	217,359
10a	Gross income from interest, dividends,	<b>♦</b>					
	payments received on securities loans, rents,						
	royalties, and income from similar sources				23	2,476	2,499
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975					185	185
	Add lines 10a and 10b	0	0	0	23	2,661	2,684
11	Net income from unrelated business	X					
	activities not included on line 10b, whether						0
12	or not the business is regularly carried on .						0
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						0
13	and 12.)	0	0	0	133,560	86,483	220,043
14	First 5 years. If the Form 990 is for the orga					00,100	220,010
	organization, check this box and stop here			· ·	, , , ,		
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2023 (line 8, c	• •	_	(f))		15	98.78%
16	Public support percentage from 2022 Sched		-			16	99.98%
Sec	tion D. Computation of Investmer	nt Income Perc	entage				
17	Investment income percentage for 2023 (line			olumn (f))		17	1.22%
18	Investment income percentage from 2022 S	chedule A, Part III,	line 17			18	0.02%
19a	33 1/3% support tests—2023. If the organi	ization did not chec	k the box on line 1	4, and line 15 is m	ore than 33 1/3%,	and line 17 is	
	not more than 33 1/3%, check this box and $\mathfrak s$	-			-		<u>X</u>
b	33 1/3% support tests—2022. If the organi						τ
	line 18 is not more than 33 1/3%, check this		=				
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19	b, check this box a	and see instructions	3	

#### 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. All Supporting Organizations**

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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).
- **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.
- **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.
- 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 VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **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.
- 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.
- 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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 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).
- 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).
- **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**.
- **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.**
- **c** 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.*
- **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.
  - **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.)

	Yes	No
1		
2		
3a		
24		
3b		
3с		
00		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
0		
9a		
9b		
9с		
10a		
10b		
 =		٠

Page **5** 

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	4.4		
<b>L</b>	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	11c		
Secti	ion B. Type I Supporting Organizations	110		<u> </u>
	on an important ground and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important and an important		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,	_		
04	supervised, or controlled the supporting organization.	2		<u> </u>
Secti	ion C. Type II Supporting Organizations		Vaa	Na
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
1	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	ion 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
3	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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Secti	ion E. Type III Functionally Integrated Supporting Organizations			1
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ction	s).	
а	The organization satisfied the Activities Test. Complete line 2 below.		•	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruct	ions)	
				NI-
2	Activities Test. <i>Answer lines 2a and 2b below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
а	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3 L		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		<u></u>

FRIENDS OF AZTALAN STATE PARK INC

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting (					
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See					
instructions. All other Type III non-functionally integrated supporting orga	anizati	ons must complete Sections	S A through E.  (B) Current Year		
Section A - Adjusted Net Income	Section A - Adjusted Net Income				
1 Net short-term capital gain	1				
2 Recoveries of prior-year distributions	2				
3 Other gross income (see instructions)	3				
4 Add lines 1 through 3.	4	0	0		
5 Depreciation and depletion	5	<b>A</b>			
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	0	0		
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	1a				
<b>b</b> Average monthly cash balances	1b				
c Fair market value of other non-exempt-use assets	1c				
d Total (add lines 1a, 1b, and 1c)	1d	0	0		
e Discount claimed for blockage or other factors					
(explain in detail in <b>Part VI</b> ):					
Acquisition indebtedness applicable to non-exempt-use assets	2				
3 Subtract line 2 from line 1d.	3	0	0		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
see instructions).	4	0	0		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0		
6 Multiply line 5 by 0.035.	6	0	0		
7 Recoveries of prior-year distributions	7	0	0		
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0		
Section C - Distributable Amount			Current Year		
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0		
2 Enter 0.85 of line 1.	2		0		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0		
4 Enter greater of line 2 or line 3.	4		0		
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		0		
7 Check here if the current year is the organization's first as a non-functional	ally inte	egrated Type III supporting	organization (see		
instructions).					

Part '	Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)				
Section	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1				
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported						
	organizations, in excess of income from activity		2				
3	Administrative expenses paid to accomplish exempt purpos	ations 3					
4	Amounts paid to acquire exempt-use assets		4				
5	Qualified set-aside amounts (prior IRS approval required—	provide details in <b>Part V</b> i	5				
6	Other distributions (describe in Part VI). See instructions.		6				
7	Total annual distributions. Add lines 1 through 6.	0					
8	Distributions to attentive supported organizations to which the						
	(provide details in <b>Part VI</b> ). See instructions.		8				
9	Distributable amount for 2023 from Section C, line 6		9	0			
10	Line 8 amount divided by line 9 amount	1	10	0.000			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023			
1	Distributable amount for 2023 from Section C, line 6			0			
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						
c	From 2020						
d	From 2021						
<u>          e                          </u>	From 2022						
f	<b>Total</b> of lines 3a through 3e	0					
g	Applied to underdistributions of prior years		0				
<u>h</u>	Applied to 2023 distributable amount	<u> </u>		0			
i	Carryover from 2018 not applied (see instructions)						
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0					
4	Distributions for 2023 from Section D, line 7:  \$ 0						
a	Applied to underdistributions of prior years		0				
b	Applied to 2023 distributable amount			0			
c	Tromandor. Cabract meet la and 15 herit meet.	0					
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.		0				
6	Remaining underdistributions for 2023. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain						
	in <b>Part VI.</b> See instructions.			0			
7	Excess distributions carryover to 2024. Add lines 3j						
	and 4c.	0					
8	Breakdown of line 7:						
<u>a</u>	Excess from 2019						
b	Excess from 2020 0						
	Excess from 2021 0						
<u>d</u>	Excess from 2022 0						
e	Excess from 2023						

	form 990) 2023 FRIENDS OF AZTALAN STATE PARK I	NC	04-3732507	Page <b>8</b>
Part VI	Supplemental Information. Provide the explanations required III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, line 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Seclines 2, 5, and 6. Also complete this part for any additional information.	a, 9b, 9c, 11a, 11b, and 11c; Part IV nes 2 and 3; Part IV, Section E, lines ction D, lines 5, 6, and 8; and Part V	, Section s 1c, 2a, 2b,	
		U		
		***************************************		
	•.0			

# Schedule B (Form 990)

### **Schedule of Contributors**

OMB No. 1545-0047

2023

**Employer identification number** 

Department of the Treasury

Name of the organization

Attach to Form 990, 990-EZ, or 990-PF.

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

FRIENDS OF AZTALAN STATE PARK INC 04-3732507 Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific. literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization
FRIENDS OF AZTALAN STATE PARK INC

Employer identification number 04-3732507

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROBERT BIRMINGHAM  1864 RUTLEDGE ST  MADISON WI 53704  Foreign State or Province: Foreign Country:	\$49,015	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	PETER SILVERS  114 KEYES ST  LAKE MILLS WI 53551  Foreign State or Province: Foreign Country:	\$25,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ROBERT DRAEGER  1130 CREEKSIDE DR APT 206  OCONOMOWOC WI 53066-8815  Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization FRIENDS OF AZTALAN STATE PARK INC

Employer identification number 04-3732507

Part II	Noncash Property (see instructions). Use duplicate co	pies of Part II if additional spa	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of org	anization OF AZTALAN STATE PARK INC			Employer identification number 04-3732507	
Part III	Exclusively religious, charitable, etc., co (10) that total more than \$1,000 for the y the following line entry. For organizations of contributions of \$1,000 or less for the year Use duplicate copies of Part III if additional	rear from any o completing Part r. (Enter this inf	<b>one contributor.</b> Comp t III, enter the total of <i>ex</i> formation once. See ins	bed in section 501(c)(7), (8), or lete columns (a) through (e) and clusively religious, charitable, etc.,	0
(a) No. from Part I	(b) Purpose of gift	(с	) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, and 2		ransfer of gift  Relations	ship of transferor to transferee	
	For. Prov. Country				
(a) No. from Part I	(b) Purpose of gift	(с	) Use of gift	(d) Description of how gift is held	_
	Transferee's name, address, and a	ZIP + 4	ransfer of gift  Relations	ship of transferor to transferee	
	For. Prov. Country				
(a) No. from Part I	(b) Purpose of gift	(с	) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, and a		ransfer of gift Relations	ship of transferor to transferee	
	For. Prov. Country				
(a) No. from Part I	(b) Purpose of gift	(с	) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, and a		ransfer of gift Relations	ship of transferor to transferee	
	For. Prov. Country				

### **SCHEDULE O** (Form 990)

# 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

Department of the Treasury Internal Revenue Service Name of the organization Go to www.irs.gov/Form990 for the latest information. Inspection Employer identification number FRIENDS OF AZTALAN STATE PARK INC 04-3732507 Form 990-EZ, Part I, Line 8, Other Revenue: TOUR AND SPEAKER FEES: 68 Form 990-EZ, Part I, Line 8, Other Revenue: OTHER: 17 Form 990-EZ, Part I, Line 8, Other Revenue: EDUCATION EVENTS: 100 Form 990-EZ, Part I, Line 16, Other Expenses: FEES: 266 Form 990-EZ, Part I, Line 16, Other Expenses: OFFICE EXPENSE: 1,838 Form 990-EZ, Part I, Line 16, Other Expenses: ADVERTISING AND MARKETING: 100 Form 990-EZ, Part I, Line 16, Other Expenses: OTHER: 44 Form 990-EZ, Part I, Line 16, Other Expenses: MEMBERSHIPS: 55

Schedule O (Form 990) 2023	Page <b>2</b>
Name of the organization	Employer identification number
FRIENDS OF AZTALAN STATE PARK INC	04-3732507
	·
	•
<b>◆</b> . ◆	
*	

# Form **990-EZ**

# **Short Form** Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form, as it may be made public.

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

**Open to Public** Inspection

Α	For th	ne 2024 calen	ndar year, or tax year beginr	ning		, an	d ending		
В	Check i	if applicable:	C Name of organization					D Employe	er identification number
Ш	Addres	s change	FRIENDS OF AZTALAN S	STATE PARK INC	)				
	Name o	change	Number and street (or P.O. box if	mail is not delivered to	o street address)		Room/suite		04-3732507
	Initial re	eturn	PO BOX 855					E Telephor	ne number
	Final retu	urn/terminated	City or town		State	ZIP co	de		
	Amend	ed return	Lake Mills		WI	5355	1		
	Applica	ation pending	Foreign country name	Foreign province	ce/state/county	Foreig	n postal code	F Group I	emption
								Numbe	r
G	Accou	nting Method:	Cash X Accrual	Other (specify)			4	Check	if the organization is
ı	Websi	-		o (op o o)				_	ed to attach Schedule B
.ı	Тах-ехе	mpt status (che	ck only one) — X 501(c)(3)	501(c) (	) (insert no.)	4947(a)(1)	or 527	(Form 990)	
		• •							
		f organization:		Trust	Association		ther		
L			7b to line 9 to determine gros					sets	
		, column (B)) a	are \$500,000 or more, file Form	m 990 instead of Fo	orm 990-EZ				\$ 74,703
Pł	art I		e, Expenses, and Char						for Part I)
			the organization used S			question	in this Part	l	
	1	Contribution	ns, gifts, grants, and similar	amounts receive	ed			. 1	- ,
	2	Program se	ervice revenue including gov	vernment fees an	d contracts			. 2	
	3	-	p dues and assessments .					. 3	, -
	4		income					. 4	7,105
	5a		unt from sale of assets othe	-		5a		_	
	b		or other basis and sales exp			5b			
	С		ss) from sale of assets other	r than inventory (s	subtract line 5b fro	om line 5	a)	. 50	: 0
	6	_	d fundraising events:						
Ð	а		me from gaming (attach Sch		er than				
n i		,				6a			
Revenue	b		me from fundraising events		\$	or co	ntributions		
ď			nising events reported on lin			ch l			
	_		h gross income and contribu			6b 6c		_	
	C C		t expenses from gaming and or (loss) from gaming and				Loubtroot		
	d			iunuraising eveni	is (aud illies da al	iu ob and	Subtract	60	0
	7a		of inventory, less returns a	and allowances		7a		1,617	0
	b		of goods sold			7b		554	
	C		t or (loss) from sales of inve						1,063
	8		nue (describe in Schedule C						
	9		nue. Add lines 1, 2, 3, 4, 5c,						
	10	Grants and	similar amounts paid (list in	Schedule O).				10	
	11		id to or for members	,					
Se	12		her compensation, and em						2
ns	13		al fees and other payments						596
Expenses	14	Occupancy	, rent, utilities, and mainten	ance				14	1
й	15		blications, postage, and shi						5
	16		nses (describe in Schedule						
	17		nses. Add lines 10 through						,
ţ	18		deficit) for the year (subtrac		•			. 18	69,952
Net Assets	19		or fund balances at beginni						
Ąŝ	<i>-</i> -		figure reported on prior year						,
<u>f</u> et	20		ges in net assets or fund ba		•				
~	21	Net assets	or fund balances at end of	year. Combine lin	es 18 through 20			. 21	462,704

Par	Balance Sheets (see the instructions f		10			010102		i age 🚣
	Check if the organization used Schedule O to	,	ny question in th	nis Part II...				
					(A)	Beginning of year		(B) End of year
22	Cash, savings, and investments			-	(7-1)	341,966	22	411,918
23	Land and buildings			<del>-</del>		50,786		50,786
24	Other assets (describe in Schedule O)					00,1.00	24	00,.00
25	Total assets					392,752	25	462,704
26	Total liabilities (describe in Schedule O)						26	
27	Net assets or fund balances (line 27 of column					392,752	27	462,704
Pa	rt III Statement of Program Service Accomp						•	·
	Check if the organization used Schedule	•		,				Expenses
Wh:	at is the organization's primary exempt purpose?	<u> </u>		mote interpretive,	sciar	ntific historica		quired for section
	cribe the organization's program service accompli							(c)(3) and 501(c)(4) inizations; optional
	neasured by expenses. In a clear and concise mai							others.)
	cons benefited, and other relevant information for $\epsilon$			ovidou, trio ridirilo	JI UI			
	To support, assist, and promote interpretive, scien							1
	educational, and related visitor services at Aztala		offereen					
	County, Wisconsin.					7		
		ount includes fo	reign grants, ch	neck here			28a	4,197
29	· · · · · · · · · · · · · · · · · · ·			_	_	· · ·	20a	4,137
23								
	(Grants \$ ) If this amo	ount includes fo	reign grants ch	neck here			20-	
30				ICCK HOIC	• •		29a	
30								
	(Grants \$ ) If this amo	unt includes fo	reign grante, cl	neck here			00-	
24	Other program services (describe in Schedule O)			igon liele	• •		30a	
31				neck here				
							31a	
	Total program service expenses. (add lines 28a			<u> </u>			32	4,197
Pa	rt IV List of Officers, Directors, Trustees, and							
	Check if the organization used Schedule 0	J to respond to	any question ii					
		(b)	Average	(c) Reportable compensation		(d) Health benefits	S,	
	(a) Name and title	hours	per week	(Forms W-2/1099-MI	SC/	contributions to employee benefit pla	ne	(e) Estimated amount of
		devote	d to position	1099-NEC)	٠. ا	and deferred compens		other compensation
DOI	BERT BIRMINGHAM			(if not paid, enter -	0-)			
			F 00				_	0
_	CUTIVE DIRECTOR	Hr/WK	5.00		0		0	0
	IIEL SEURER		5.00					•
	SIDENT	Hr/WK	5.00		0		0	0
	STINE KUST		5.00					•
	E PRESIDENT	Hr/WK	5.00		0		0	0
	SREED							_
	CRETARY	Hr/WK	5.00		0		0	0
	BERT PERSONS				_		_	_
	ASURER	Hr/WK	5.00		0		0	0
RAN	IDY RADTKE							
DIR	ECTOR	Hr/WK	5.00		0		0	0
NOI	NA CHRISTIANSEN							
DIR	ECTOR	Hr/WK	5.00		0		0	0
WA'	YNE HASEL							
DIR	ECTOR	Hr/WK	5.00		0		0	0
JUL	IA MEYERS							
	ECTOR	Hr/WK	5.00		0		0	0
		Hr/WK						
		Hr/WK						
		,						

Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.  35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  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.  c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.  36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.  37a Enter amount of political expenditures, direct or indirect, as described in the instructions.  37a Did the organization file Form 1120-POL for this year?  38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  38b Section 501(c)(7) organizations. Enter:	33 34 35a 35b 35c 36 37b	x X X X X X X
detailed description of each activity in Schedule O.  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.  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)?  b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule Q.  c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.  36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.  37a Enter amount of political expenditures, direct or indirect, as described in the instructions.  b Did the organization file Form 1120-POL for this year?  38b Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  38b Section 501(c)(7) organizations. Enter:	34 35a 35b 35c 36 37b	X X X
Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.  35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  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.  c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.  36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.  37a Enter amount of political expenditures, direct or indirect, as described in the instructions.  37a Did the organization file Form 1120-POL for this year?  38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  38b Section 501(c)(7) organizations. Enter:	34 35a 35b 35c 36 37b	X X X
copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	35a 35b 35c 36 37b	X X X
change on Schedule O. See instructions.  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)?  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.  c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.  36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.  37a Enter amount of political expenditures, direct or indirect, as described in the instructions.  37a Did the organization file Form 1120-POL for this year?  38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  38b Section 501(c)(7) organizations. Enter:	35a 35b 35c 36 37b	X X X
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)?  b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0.  c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.  36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.  37a Enter amount of political expenditures, direct or indirect, as described in the instructions.  37a Did the organization file Form 1120-POL for this year?  38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  38b Section 501(c)(7) organizations. Enter:	35a 35b 35c 36 37b	X X X
activities (such as those reported on lines 2, 6a, and 7a, among others)?  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.  c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.  36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.  37a Enter amount of political expenditures, direct or indirect, as described in the instructions.  b Did the organization file Form 1120-POL for this year?  38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  b If "Yes," complete Schedule L, Part II, and enter the total amount involved	35b 35c 36 37b	X X X
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.  c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.  36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.  37a Enter amount of political expenditures, direct or indirect, as described in the instructions.  b Did the organization file Form 1120-POL for this year?  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?  b If "Yes," complete Schedule L, Part II, and enter the total amount involved	35b 35c 36 37b	X X X
c 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 36 37b	X
reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	36 37b	X
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 37b	X
during the year? If "Yes," complete applicable parts of Schedule N	37b	Х
b Did the organization file Form 1120-POL for this year?		
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?		
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
<ul> <li>b If "Yes," complete Schedule L, Part II, and enter the total amount involved</li> <li>39 Section 501(c)(7) organizations. Enter:</li> </ul>	38a	X
39 Section 501(c)(7) organizations. Enter:		
a 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>b</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		
	40b	X
c 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		
e 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
List the states with which a copy of this return is filed:		
42a The organization's books are in care of: ROBERT PERSONS Telephone no. (60	608) 658-2	2854
Located at: 1636 NORMAN WAY APT 3 City MADISON ST WI ZIP + 4 53705	5-1264	
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over	Ye	s No
	42b	Х
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?	42c	Х
c At any time during the calendar year, did the organization maintain an office outside the United States? 4  If "Yes," enter the name of the foreign country	720	^
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041—</b> Check here		
and enter the amount of tax-exempt interest received or accrued during the tax year		·
and enter the amount of tax-exempt interest received of accrued during the tax year	Ye	s No
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		
	44a	Х
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be		
· · · · · · · · · · · · · · · · · · ·	44b	X
	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	114	
· · · · · · · · · · · · · · · · · · ·	44d 45a	X
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.		

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign Here Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check X **Paid** JOSEPH E PEIFFER JOSEPH E PEIFFER 5/7/2025 P02080731 self-employed **Preparer** JOSEPH E PEIFFER CPA LLC 82-3101753 Firm's name Firm's EIN **Use Only** 126 E LAKE STREET, LAKE MILLS, WI 53551 Firm's address Phone no. (920) 648-8545 No

## **SCHEDULE A** (Form 990)

# **Public Charity Status and Public Support**

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Inspection

Name of t	he organization					Employer identification	number
	FRIENDS OF AZTALAN STATE PARK INC 04-3732507						
Part I	Reason for Public Char						
	anization is not a private foundat  A church, convention of church	•	•			,	
1 ⊨	·	•			170(0)(1)	(A)(I).	
2	A school described in <b>section</b> 1		,	, ,	- \		
3	A hospital or a cooperative hos			•	, , , , , , ,		
4	A medical research organizatio hospital's name, city, and state		nction with a nospital o	escribed	n <b>section</b>	1/0(b)(1)(A)(III). En	iter the
5	An organization operated for th		or university owned	or operate	d by a go	vernmental unit desc	cribod in
° _	section 170(b)(1)(A)(iv). (Com	plete Part II.)					cribed iii
6	A federal, state, or local govern	•					
7	An organization that normally redescribed in <b>section 170(b)(1)</b>			m a gove	rnmental u	unit or from the gene	ral public
8	A community trust described in	section 170(b)(1)(A	A)(vi). (Complete Part	II.)			
9	An agricultural research organi or university or a non-land-grar university:						
10 X		o its exempt functio income and unrelate	ns, subject to certain e ed business taxable in	exceptions come (les	; and (2) r s section (	no more than 33 1/3° 511 tax) from busine	% of its
11	An organization organized and	operated exclusivel	ly to test for public safe	ty. See <b>s</b> e	ection 509	9(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 <b>section 509(a)(1)</b> or <b>section 509(a)(2)</b> . See <b>section 509(a)(3)</b> . Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.						
а	<b>Type I.</b> 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. <b>You must complete Part IV, Sections A and B.</b>						
b							
С	Type III functionally integrates its supported organization(s						rated with,
d	Type III non-functionally in that is not functionally integr requirement (see instruction	ated. The organizat	ion generally must sati	sfy a distr	ibution red	quirement and an att	
е	Check this box if the organize	ation received a wr	itten determination fror	n the IRS	that it is a	Type I, Type II, Typ	e III
	functionally integrated, or Ty			ng organiz	ation.		
f	Enter the number of supported	•					0
g	Provide the following information  Name of supported organization	n about the support	ed organization(s).  (iii) Type of organization	(iv) Is the c	organization	(v) Amount of monetary	(vi) Amount of
( )		, , ,	(described on lines 1–10 above (see instructions))	listed in you	our governing ment?	support (see instructions)	other support (see instructions)
				Yes	No		
(A)				103	NO		
(B)							
(C)							
(D)							
(E)							
Total							0

Sche	edule A (Form 990) 2024 FRIENDS	OF AZTALAN S	TATE PARK INC			04-37325	07 Page	2
Pa	(Complete only if you check Part III. If the organization fa	anizations Des	cribed in Sec ine 5, 7, or 8 of	Part I or if the	organization fa	<b>0(b)(1)(A)(vi)</b> iled to qualify u	<u> </u>	_
Se	ction A. Public Support	1 7		, 1	l l	,		_
	endar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total	_
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						(	0
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						(	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge				/(		(	0
4	Total. Add lines 1 through 3	0	0	0	0	0	(	0
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				$\Lambda$			0
Se	ction B. Total Support						<u> </u>	<u> </u>
_	endar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total	_
7	Amounts from line 4	0	(10) = 0		0		` '	0
8	Gross income from interest, dividends,		•	0		J	`	_
٠	payments received on securities loans,							
	rents, royalties, and income from							
	similar sources						(	0
9	Net income from unrelated business			•				_
9	activities, whether or not the business is							
	regularly carried on						(	0
10	Other income. Do not include gain or							<u>,                                     </u>
10	loss from the sale of capital assets							
	(Explain in Part VI.)	4						0
11	Total support. Add lines 7 through 10.		,					0
	i otal support. Add lines / tillough 10						,	•

	Total support. Add lines / through to			1	Ĺ
12	Gross receipts from related activities, etc. (see instructions).	12	•		
13	<b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>			[	
Se	ction C. Computation of Public Support Percentage				
14	Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14		0.00%	6

15	Public support percentage from 2023 Schedule A, Part II, line 14	15		0.	.00%
16a	33 1/3% support test—2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, che	ck this l	оох		
	and <b>stop here.</b> The organization qualifies as a publicly supported organization			 	

b 33 1/3% support test—2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or 1	more, check this
box and <b>stop here.</b> The organization qualifies as a publicly supported organization	

1/a	<b>10%-facts-and-circumstances test—2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14
	10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in
	Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported
	organization

b	10%-facts-and-circumstances test—2023. 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 <b>stop here</b> . Explain
	in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported
	organization

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

# Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees			400.000	00.005	05.077	000 474
2	received. (Do not include any "unusual grants.")  Gross receipts from admissions, merchandise			133,309	83,985	65,877	283,171
_	sold or services performed, or facilities						
	furnished in any activity that is related to the						
•	organization's tax-exempt purpose			228	-163	1,063	1,128
3	Gross receipts from activities that are not an unrelated trade or business under section 513.				4		0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	133,537	83,822	66,940	284,299
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
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						0
	Add lines 7a and 7b	0	- 0	0	0	0	0
8	Public support (Subtract line 7c from						284,299
Sec	tine 6.)						204,299
	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9	Amounts from line 6	0	0	133,537	83,822	66,940	284,299
	Gross income from interest, dividends,					22,010	
	payments received on securities loans, rents,						
	royalties, and income from similar sources			23	2,476	7,105	9,604
b	Unrelated business taxable income (less	4					
	section 511 taxes) from businesses						
	acquired after June 30, 1975				185	104	289
С	Add lines 10a and 10b	0	0	23	2,661	7,209	9,893
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on .						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						0
13	and 12.)	o	0	133,560	86,483	74,149	294,192
14	First 5 years. If the Form 990 is for the orga				· · · · · · · · · · · · · · · · · · ·	74,143	234,132
	organization, check this box and <b>stop here</b>			•			
Sec	ction C. Computation of Public Su		age				
15	Public support percentage for 2024 (line 8, c			(f))		15	96.64%
16	Public support percentage from 2023 Sched	ule A, Part III, line	15	<u> </u>		16	98.78%
Sec	ction D. Computation of Investmer	nt Income Perc	entage				
17	Investment income percentage for 2024 (line	e 10c, column (f), d	ivided by line 13, o	column (f))		17	3.36%
18	Investment income percentage from 2023 S					18	1.22%
19a	33 1/3% support tests—2024. If the organi						Ī.,
L	not more than 33 1/3%, check this box and s	-			-		<u> </u> <u>X</u>
Ø	<b>33 1/3% support tests—2023.</b> If the organiline 18 is not more than 33 1/3%, check this						
20	<b>Private foundation.</b> If the organization did						
~0	i ilitate ivalidationi. Il tile organization did i	IOL OFFICER A DOX OFF	17, 13a, Ul 19	D, OHOOR HIID DUX A	แนง ของ เมอแนบแบบไ		

#### 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. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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).
- **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.*
- **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.
- 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 VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **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.
- 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.
- 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 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).
- 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).
- **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**.
- **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.**
- **c** 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**.
- **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.
  - **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.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Page **5** 

Part I	V Supporting Organizations (continued)			1
			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?	440		
b	A family member of a person described on line 11a above?	11a 11b		
	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c,</i>	110		
·	provide detail in <b>Part VI.</b>	11c		
Section	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 <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
00011	on birth Type in cupporting 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 <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
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 instruc	tion	s).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction	ns).		
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 <b>Part VI identify</b>			
	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? <i>If</i>			
	"Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
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 <b>Part VI</b> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3h		

FRIENDS OF AZTALAN STATE PARK INC

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C	)rgar	<u> </u>		
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.				
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1			
2 Recoveries of prior-year distributions	2			
3 Other gross income (see instructions)	3			
4 Add lines 1 through 3.	4	0	0	
5 Depreciation and depletion	5	<b>A</b>		
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	0	0	
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	1a			
<b>b</b> Average monthly cash balances	1b			
c Fair market value of other non-exempt-use assets	1c			
d Total (add lines 1a, 1b, and 1c)	1d	0	0	
e Discount claimed for blockage or other factors				
(explain in detail in <b>Part VI</b> ):				
2 Acquisition indebtedness applicable to non-exempt-use assets	2			
3 Subtract line 2 from line 1d.	3	0	0	
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
see instructions).	4	0	0	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0	
6 Multiply line 5 by 0.035.	6	0	0	
7 Recoveries of prior-year distributions	7	0	0	
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0	
Section C - Distributable Amount			Current Year	
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0	
2 Enter 0.85 of line 1.	2		0	
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0	
4 Enter greater of line 2 or line 3.	4		0	
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		0	
7 Check here if the current year is the organization's first as a non-functional	ly inte	egrated Type III supporting of	organization (see	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Section	Section D - Distributions Current Year						
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1				
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported	1				
	organizations, in excess of income from activity		2				
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations 3				
4	Amounts paid to acquire exempt-use assets		4				
5	Qualified set-aside amounts (prior IRS approval required—	provide details in <b>Part V</b> i					
6	Other distributions (describe in Part VI). See instructions.		6				
7	<b>Total annual distributions.</b> Add lines 1 through 6.		7	0			
8	Distributions to attentive supported organizations to which the	he organization is respor					
	(provide details in <b>Part VI</b> ). See instructions.		8				
9	Distributable amount for 2024 from Section C, line 6		9	0			
10	Line 8 amount divided by line 9 amount	I	10	0.000			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2024	ii) Distributable Amount for 2024			
1	Distributable amount for 2024 from Section C, line 6			0			
2	Underdistributions, if any, for years prior to 2024						
	(reasonable cause required—explain in <b>Part VI</b> ). See						
	instructions.						
3	Excess distributions carryover, if any, to 2024						
a	From 2019 0						
<u> </u>	From 2020 0						
С	From 2021 0						
d	From 2022						
<u>e</u>	From 2023						
f	Total of lines 3a through 3e	0					
<u>g</u>	Applied to underdistributions of prior years		0				
<u>h</u>	Applied to 2024 distributable amount			0			
<del>- !</del>	Carryover from 2019 not applied (see instructions)						
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0					
4	Distributions for 2024 from Section D, line 7: \$ 0						
a	Applied to underdistributions of prior years		0				
b	Applied to 2024 distributable amount			0			
c	Tromandor. Captact med la arta ib nominio i.	0					
5	Remaining underdistributions for years prior to 2024, if						
	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI. See instructions.		0				
6	Remaining underdistributions for 2024. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain						
	in Part VI. See instructions.			0			
7	Excess distributions carryover to 2025. Add lines 3j						
	and 4c.	0					
8	Breakdown of line 7:						
<u>a</u>	Excess from 2020						
	Excess from 2021						
	Excess from 2022						
	Excess from 2023						
е	Excess from 2024 0						

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.)				
	illes 2, 3, and 6. Also complete this part for any additional information. (See instructions.)			

#### Schedule B (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Name of the organization

FRIENDS OF AZTALAN STATE PARK INC

**Schedule of Contributors** 

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

Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**Employer identification number** 

04-3732507

Organization type (check one): Filers of: Section: 501(c)( ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific. literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization Employer identification number FRIENDS OF AZTALAN STATE PARK INC 04-3732507

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROBERT BIRMINGHAM  1864 RUTLEDGE ST  MADISON WI 53704  Foreign State or Province: Foreign Country:	\$50,000	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number FRIENDS OF AZTALAN STATE PARK INC 04-3732507

Part II	Noncash Property (see instructions). Use duplicate co	opies of Part II if additional spa	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of org	anization OF AZTALAN STATE PARK INC			Employer identification number 04-3732507	
Part III					
(a) No. from Part I	(b) Purpose of gift		) Use of gift	(d) Description of how gift is held	
			ransfer of gift		
	Transferee's name, address, and 2			ip of transferor to transferee	
	For. Prov. Country				
(a) No. from Part I	(b) Purpose of gift	(с	) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, and 2		ransfer of gift Relationsh	ip of transferor to transferee	
	For. Prov. Country				
(a) No. from Part I	(b) Purpose of gift	(c	) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, and a		ransfer of gift Relationsh	ip of transferor to transferee	
	For. Prov. Country				
(a) No. from Part I	(b) Purpose of gift	(с	) Use of gift	(d) Description of how gift is held	
			ransfer of gift		
	Transferee's name, address, and 2	ZIP + 4 	Relationsh	ip of transferor to transferee	
	For. Prov. Country				

### **SCHEDULE 0**

(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number
FRIENDS OF AZTALAN STATE PARK INC	04-3732507
Form 990-EZ, Part I, Line 8, Other Revenue: OTHER: 104	
Form 990-EZ, Part I, Line 16, Other Expenses: FEES: 314	
Form 990-EZ, Part I, Line 16, Other Expenses: OFFICE EXPENSE: 1,947	
Form 990-EZ, Part I, Line 16, Other Expenses: ADVERTISING AND MARKETING: 100	<u> </u>
Form 990-EZ, Part I, Line 16, Other Expenses: OTHER: 153	
Form 990-EZ, Part I, Line 16, Other Expenses: EDUCATION: 1,087	
	<del></del>
	<u> </u>
	<b></b>
<u> </u>	