

Florida Department of Environmental Protection CITIZEN SUPPORT ORGANIZATION 2022 LEGISLATIVE REPORT

(pursuant to Section 20.058 Florida Statutes)

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

CSO's LAST CALENDAR YEAR STATISTICS:

Total Number of CSO General Membership:

Total Number of Board of Directors:

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

PARK & CSO RELATIONSHIP:

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

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

Provide your perspective on

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

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

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

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

Program Service Expenses are costs related to providing your organization's programs or services in accordance with your mission. Describe and provide <u>expenses that directly support the park(s)</u>. For established nonprofit organizations, program service expenses generally represent most of the overall expense of the organization. Provide description and total \$ for each that apply.

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

Park exhibits, displays, signage \$ 0

Park publications, brochures, maps, etc. \$ 0

Programing/interpretation support material purchases \$ 5889.52

Other program services \$8886.67

Total Program Service Expenses \$ 26643

Visitor Services Revenue

Describe revenues and the sources generated from fundraising on park property.

Park gift shops, craft stores, and concession sales \$58062.01

Merchandise sales (e.g., plants, firewood, ice, t-shirts, hats, etc.) \$4567.8

Programs and Special Events (e.g., fundraising workshops, seasonal events, concerts, etc.) \$809.25

Vending (e.g., drink machines, penny press, laundry, Wifi, etc.) \$ 147.67

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

In-park donation boxes \$

Other visitor services revenue \$ 1822.27

Total Visitor Services Revenue \$ 65409

NET ASSETS: \$ 115,324

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

CSO AUDIT THRESHOLD:

Last Calendar Year's Total Expenses (including grants) \$ 51,094

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

This information is complete to the best of my knowledge pursuant to Section 20.058 Florida Statutes							
CSO President	Wayne Bushnell Digitally signed by Wayne Bushnell Date: 2022.05.15 12:09:49 -04'00'	5/15/22					
Park Manager	Kenneth Torres Digitally signed by Kenneth Torres Date: 2022.05.16 08:02:30 -04'00'	5/16/22					

CSO's Code of Ethics is attached

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

FRIENDS OF SEBASTIAN INLET STATE PARK CODE OF ETHICS

PREAMBLE

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

STANDARDS

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

1. Prohibition of Solicitation or Acceptance of Gifts

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

2. Prohibition of Accepting Compensation Given to Influence a Vote

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

3. Salary and Expenses

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

4. Prohibition of Misuse of Position

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

5. Prohibition of Misuse of Privileged Information

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

6. Post-Office/Employment Restrictions

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

7. Prohibition of Employees Holding Office

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

8. Requirements to Abstain From Voting

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

9. Failure to Observe CSO Code of Ethics

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

Approved September, 2014

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

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.eee

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

Open to Public Inspection

A	or the	2021 calendar year, or tax year beginning	, 2021, and ending		, 20	
В	Check if a	applicable: C Name of organization	D Employe	er identification number		
	Address	change Friends of Sebastian Inlet State Pa	59-3	164754 eee		
\sqcup	Name cha	ange Number and street (or P.O. box if mail is not delivered to street addre	E Telepho	ne number		
H	initial retu	I 13180 North Highway Ala	7723882750			
Н	Final retui Amended	rn/terminated City or town, state or province, country, and ZIP or foreign postal coordinates	de .	F Group	Exemption	
=		on pending Vero Beach, FL 32963		Numbe	er 🕨	
G	Accoun	iting Method: X Cash		H Check ▶	If the organization is not	
	Vebsite	· · · · · · · · · · · · · · · · · · ·			attach Schedule B	
J T	ах-ехег	mpt status (check only one) — 501(c)(3) 501(c) () (insert no.)	4947(a)(1) or 527	(Form 990)		
		forganization: X Corporation Trust Association	Other			
		es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are		tal assets		
		lumn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ.			ee _{\$eee} 101,372.	
	art I					
-1-		Check if the organization used Schedule O to respond to any	· ·		· _	
-	1	Contributions, gifts, grants, and similar amounts received .			17,757.	
	2	Program service revenue including government fees and contract			2	
	3	Membership dues and assessments		_		
	4	Investment income			1,173.	
	5a		5aeee			
	b	Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses	-	100		
		Gain or (loss) from sale of assets other than inventory (subtract lin		5	c	
	6 6	Gaming and fundraising events:	e ob ironn line da)	3		
	a	Gross income from gaming (attach Schedule G if greater	than			
Revenue	d	\$15,000)	6a			
Ve	b	Gross income from fundraising events (not including \$	of contribut	ions		
Re		from fundraising events reported on line 1) (attach Schedule G if				
		sum of such gross income and contributions exceeds \$15,000) .	- 6b			
	С	Less: direct expenses from gaming and fundraising events		ee	е	
	d	Net income or (loss) from gaming and fundraising events (add I	ines 6a and 6b and s	ubtract		
	ŀ	line 6c)		6	d	
	7a	Gross sales of inventory, less returns and allowances	. 7a ee ₹ :	2, 578 ee	е	
	b	Less: cost of goods sold	. 7b eee 3.	5,968.		
	С	Gross profit or (loss) from sales of inventory (subtract line 7b from			c 36,615.	
	8	Other revenue (describe in Schedule O) .		mt E	9,864.	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		, , ▶ 9	65,409.	
	10	Grants and similar amounts paid (list in Schedule O)		10	8,000.	
	11	Benefits paid to or for members		1	1	
es	12	Salaries, other compensation, and employee benefits		<u>1</u> 3	2	
Expense	13	Professional fees and other payments to independent contractors		<u>1</u> :	2,063.	
g	14	Occupancy, rent, utilities, and maintenance		1		
Ð	15	Printing, publications, postage, and shipping		1	1,570.	
	16	Other expenses (describe in Schedule O)	See Line 16. S	tmt . 10	38,50 8 .	
	17	Total expenses. Add lines 10 through 16	,	▶ 1	51,094.	
(A)	18	Excess or (deficit) for the year (subtract line 17 from line 9)		9 9 18	14,315.	
set	19	Net assets or fund balances at beginning of year (from line 27,	column (A)) (must agre	ee with		
As		end-of-year figure reported on prior year's return)	9 9 9 X X X X	· · · 19	101,0@9.	
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule	O)	20	0	
z	21	Net assets or fund balances at end of year. Combine lines 18 thro	ugh 20	> 2	1 115,324.	

REV 03/29/22 PRO

Pa	rt II Balance Sheets (see the instructions		77 5 6 6 5	1.7.5		
	Check if the organization used Schedul	e O to respond to a	any question in this			
1				(A) Beginning of year		B) End of year
22	Cash, savings, and investments			34,366.	22	55,601.
23	Land and buildings				23	
24	Other assets (describe in Schedule O)			67,336.	24	60,158.
25	Total assets			101,702.	25	115,759.
26	Total liabilities (describe in Schedule O)		the second secon	693.	26	435.
27	Net assets or fund balances (line 27 of colum			101,009.	27	115,324.
Pai	t III Statement of Program Service Accord					Editoria.
	Check if the organization used Schedul	e O to respond to a	ny question in this	Part III	/Dear	Expenses
Wha	t is the organization's primary exempt purpose?	Support of the Sebast	ian Inlet State Park an	d it's two museums		ired for section (3) and 501(c)(4)
as n	cribe the organization's program service accompl neasured by expenses. In a clear and concise roons benefited, and other relevant information for e	manner, describe th	of its three largest pe e services provided	rogram services, d, the number of	organi others	zations; optional for .)
28	Purchase, maintain & repair park including shirts, hats, badges.	equipment and		10.000		
	(Grants \$ 0.) If this amoun	t includes foreign ar	ante check here		28a	26,643.
29					200	20,043.

	(Grants \$) If this amount	t includes foreign gra	ents check here	▶ □	29a	
30					200	
-						

	(Grants \$) If this amount	t includes foreign gra	ants check here	N	30a	
31	Other program services (describe in Schedule O)				000	
٠.	마른테니트 마스트 나는 아들은 전에 가게 되었다면 하는 소리를 하는데	t includes foreign gra			31a	
32	Total program service expenses (add lines 28a	through 31a)	arits, crieck riere .		32	26,643.
Par						
Name of Street	Check if the organization used Schedule			The state of the s		
	Should the organization does contacting		(c) Reportable		T	
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employed benefit plans, and deferred compensation	oth	stimated amount of er compensation
Rob	ert Fredericks					
Pre	sident	20.00	0.	0.		
Jan	e Bushnell					0.
	retary	6.00				0.
Way	ne Bushnell		0.	0.		
	asurer		0.	0.		0.
		16.00	0.	0.		
		16.00				0.
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		16.00				0.
		16.00				0.

Par	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
-	instructions for Part v.) Check if the organization used Schedule O to respond to any question in the	STail	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		×
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed 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		×
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		×
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 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	35b		×
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		×
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
ь 38а	Did the organization file Form 1120-POL for this year?	37b		×
h	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L. Part II, and enter the total amount involved	38a		×
39	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
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	I	×
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		×
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Books2Tax, LLC Telephone no. ▶ (77)		5-51	54
h	Located at ▶ 466 Banyan St., Sebastian FL ZIP+4 ▶ 329 At any time during the calendar year, did the organization have an interest in or a signature or other authority over	58	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	165	X
	If "Yes," enter the name of the foreign country ▶	FEE		
	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? . If "Yes," enter the name of the foreign country ▶	42c		×
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	4.4	Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	res	×
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		×
c	Did the organization receive any payments for indoor tanning services during the year?	44c		×
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		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		×
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	45h		×

			erender in the				Yes	No
	the organization engage, directly or in andidates for public office? If "Yes," of							×
Part VI	Section 501(c)(3) Organization		, , , , , , , , , , , , , , , , , , , ,			10	-	
	All section 501(c)(3) organization		estions 47-49b and	52, and cor	nplete th	e tables	for lin	es
	50 and 51.							
	Check if the organization used Sc	hedule O to respon	d to any question in	this Part VI				
in evi		Anatawa sa a a a a					Yes	No
	the organization engage in lobbying r? If "Yes," complete Schedule C, Par		section 501(h) election	on in effect d	uring the	tax 47		×
48 Is th	ne organization a school as described in	n section 170(b)(1)(A)	(ii)? If "Yes," complete	Schedule E		. 48		×
49a Did	the organization make any transfers t	o an exempt non-ch	aritable related organi	zation?		. 49a		×
	es," was the related organization a se					. 49b		
	nplete this table for the organization's							
emp	ployees) who each received more than	\$100,000 of compe	1	1		e, enter "I	vone.	
(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health be contributions to benefit plans, a compens	employee nd deferred	(e) Estimat other cor		
NONE								

51 Con \$10	al number of other employees paid over nplete this table for the organization' 0,000 of compensation from the organization	s five highest comp nization. If there is no	ensated independent one, enter "None."					thai
NONE	 a) Name and business address of each independent 	ent contractor	(b) Type of sen	rice	(C) Compensat	ion	
NONE								
d Tota	al number of other independent contra	actors each receiving	over \$100,000	>				
52 Did	the organization complete Schedu	le A? Note: All se				n a ▶ 🛭 Yes		No
Under penaltie	es of perjury, I declare that I have examined this rand complete. Declaration of preparer (other than	eturn, including accompar	nying schedules and statemen	ents, and to the b	est of my kr			it is
					05/2022	2		
Sign	Signature of officer			Date				
Here	Wayne Bushnell, Treas	urer						
	Type or print name and title	In	12.			DTIL		
Paid	Print/Type preparer's name	Preparer's signature	Da	A Total Control	Check X	if PO16	2072	2
Preparer	Deelegament TTO	Candice J. La	ariante 04	1/04/2022		yed P016		3
Use Only	Firm's name Books2Tax LLC	Cohaction El	22050		/ =	-206490 72)205-		
May the ID	Firm's address > 466 Banyan St, S discuss this return with the preparer			Phone	1110.	► X Yes		No
viay Lile In	o diocaso tilio tetatti mitti tile biebatet	SHOWII ADOVE! SEE				_ I 105		40

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

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

Line 8: Other Revenue

Continuation Statement

Description	Amount
Concession	2,809.
Sales Tax Discounts	132.
Turtle Walk	6,923.
Total	9,864.

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

Line 16: Other Expenses

Continuation Statement

Description	Amount
Bank charges	4,340.
Concerts	2,000.
CSO	4,526.
Office expenses	1,245.
Park support	18,324.
Depreciation	8,068.
Total	38,503.

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

▶ 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	n number
-	-	of Sebastian Inle					59-3164754	
Pa	rt I	Reason for Public Ch	arity Status. (All organizations mus	st comp	lete this	part.) See instruction	ons.
The	_	ization is not a private foun		The state of the s				
1		church, convention of chu					70(b)(1)(A)(i).	
2		school described in section						
3		hospital or a cooperative h						*** =
4	h	medical research organiza ospital's name, city, and st	ate:					
5		n organization operated foection 170(b)(1)(A)(iv). (Co		a college or university	owned o	or operat	ed by a government	al unit described in
6		federal, state, or local gov						
7	_	n organization that normal escribed in section 170(b)	·		port from	n a gove	rnmental unit or fron	n the general public
8	\square A	community trust described	in section 170	(b)(1)(A)(vi). (Complete	Part II.)			
9	O	n agricultural research orga r university or a non-land-g niversity:	anization describ rant college of a	ed in section 170(b)(1) griculture (see instruction	(A)(ix) or ons). Ente	perated in er the nai	n conjunction with a lime, city, and state of	and-grant college the college or
10	re	n organization that normall eceipts from activities relate apport from gross investme equired by the organization	ed to its exempt ent income and u	functions, subject to ce unrelated business taxa	ertain exc able incon	eptions; ne (less s	and (2) no more than section 511 tax) from	33 ¹ /3% of its
11	\square A	n organization organized a	nd operated exc	lusively to test for publi	c safety.	See sect	tion 509(a)(4).	
12		n organization organized an						
		ne or more publicly support ne box on lines 12a through						
а		Type I. A supporting org the supported organization supporting organization.	on(s) the power t	to regularly appoint or e	elect a ma	ajority of		
b		Type II. A supporting org control or management of organization(s). You must	of the supporting	organization vested in	the same			
C		Type III functionally inte its supported organization						ally integrated with,
d		Type III non-functionally that is not functionally intrequirement (see instruct	egrated. The org	ganization generally mu	st satisfy	a distrib	ution requirement an	
е		Check this box if the organization of the character of th						e II, Type III
f	Ente	er the number of supported	dorganizations			5 . 5		
9	Pro	vide the following informati	on about the sup	oported organization(s)				
	(i) Nar	ne 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)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Total				1	-	N		

REV 03/29/22 PRO

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.)

Secti	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,750.	3,892.	3,783.	3,214.	18,929.	38,568.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	60,853.	82,252.	82,443.	47,215.	82,443.	355,206.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	69,603.	86,144.	86,226.	50,429.	101,372.	393,774.
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						
8 8	Add lines 7a and 7b						393,774.
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	69,603.	86,144.	86,226.	50,429.	101,372.	393,774.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.		0.				0.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b		0.			5 5 5 - H	0.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	69,603.	86,144.	86,226.	50,429.	101,372.	393,774.
14	First 5 years. If the Form 990 is for the organization, check this box and stop here	organization's	first, second,	third, fourth,	or fifth tax ye		501(c)(3)
Secti	on C. Computation of Public Support						
15	Public support percentage for 2021 (line 8,			3, column (f))		15	100 %
16	Public support percentage from 2020 Sche			The second secon		16	100 %
Secti	on D. Computation of Investment Inc	ome Percen	tage				
17	Investment income percentage for 2021 (lin	ne 10c, colum	n (f), divided by	y line 13, colun	nn (f))	17	0 %
18	Investment income percentage from 2020					18	0 %
19a	331/3% support tests—2021. If the organiz 17 is not more than 331/3%, check this box a	nd stop here.	The organizatio	n qualifies as a	publicly suppo	orted organization	on . ▶ 🛛
b	331/3% support tests—2020. If the organization 18 is not more than 331/3%, check this be	ox and stop he	ere. The organiz	zation qualifies	as a publicly su	ipported organi	zation 🕨 🗌
20	Drivete foundation If the organization did	not shook a h	ov on line 14	too or tob of	anak this hav	and con inetrue	tione

Schedule A (Form 990) 2021 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Other A	Addl Info: We are a volunteer organization that manages two (2) gift shops
in the	Sebastian Inlet State Park to support the Sebastian Inlet State Park.
We have	no other income except for donations, membership dues & firewood/ice
sales.	None of our donations were \$5,000 or more. All donations are small amounts
per per	son.

SCHEDULE O (Form 990)

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 the latest information.

OMB No. 1545-0047

2021

Open to Public

Inspection

Employer identification number Name of the organization 59-3164754 Friends of Sebastian Inlet State Park Pt I, Line 8: Description: Concession \$2,809 Description: Sales Tax Discounts \$132 Description: Turtle Walk \$6,923 Pt I, Line 10: Description: Partnership to purchase a 5-foot turtle sculpture to bring mental health awareness, and the positive benefits of enjoying the great outdoors while improving personal wellbeing, to the forefront Class of activity: Mental health awareness Grantee's name: Mental Health Association of IRC Grantee's address: 820 37th Place Vero Beach FL 32960 Grantee's relationship: NONE Amount given: \$8,000 Pt I, Line 16: Description: Bank charges \$4,340 Description: Concerts \$2,000 Description: CSO \$4,526 Description: Office expenses \$1,245 Description: Park support \$18,324 Description: Depreciation \$8,068 Pt II, Line 24: Description: Inventories for sale Beginning of Year: \$28,962 End of Year: \$21,533 Description: Improvements net of accumulated depreciation Beginning of Year: \$22,912 End of Year: \$22,661 Description: Equipment net of accumulated depreciation Beginning of Year: \$15,462 End of Year: \$15,964 Pt II, Line 26: Description: Sales Tax Payable Beginning of Year: \$693 End of Year: \$435