

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 \$
- Park publications, brochures, maps, etc. \$
- Programing/interpretation support material purchases \$ 2,921
 - Other program services \$

Total Program Service Expenses \$ 47.038

Visitor Services Revenue

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

Park gift shops, craft stores, and concession sales \$42.481

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

Programs and Special Events (e.g., fundraising workshops, seasonal events, concerts, etc.) \$ 41.527

Vending (e.g., drink machines, penny press, laundry, Wifi, etc.) \$ 1.065

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

In-park donation boxes \$

Other visitor services revenue \$

Total Visitor Services Revenue \$85,073

NET ASSETS: \$ 112 538

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) \$ 114,378

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.S. GAO Yellow Book). 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.

CSO President

Park Manager

Don Bergeron
Digitally signed by Don Bergeron
Date: 2022.06.10 15:46:07 -04'00'

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.

Form 8868

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

Form **8868** (Rev. 1-2022)

(Rev. January 2022)

payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Department of the Treasury Internal Revenue Service File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

		,				
Automati	c 6-Month Extension of Time. On	ly submit orig	ginal (no copies needed).			
All corporat	ions required to file an income tax retur	n other than Fo	orm 990-T (including 1120-C filers), p	artnerships, R	EMICs, a	and
trusts must	use Form 7004 to request an extension	of time to file i	ncome tax returns.			
Type or	Taxpayer ident	ification n	umber (TIN)			
print	27-0001681					
	•					
File by the due date for	1 Causeway Blvd					
filing your	City, town or post office, state, and ZIP co	de. For a foreigi	n address, see instructions.			
return. See instructions.	Dunedin, FL 34698					
Enter the R	eturn Code for the return that this applic	ation is for (file	a separate application for each retu	ırn) .		01
Applicatio		Return	Application			Return
ls For		Code	Is For			Code
Form 990 d	or Form 990-EZ	01	Form 1041-A			08
	(individual)	03	Form 4720 (other than individual)			09
Form 990-I	PF	04	Form 5227			10
Form 990-	Γ (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-	Γ (trust other than above)	06	Form 8870			12
Form 990-	Γ (corporation)	07				ê
 If the org 	ne No. ► <u>(917)</u> 304-8459 ganization does not have an office or pla for a Group Return, enter the organizati		in the United States, check this box	 (.		▶
	·					
	e group, check this box \dots \triangleright e names and TINs of all members the e		- •		▶□	and attach
for th	uest an automatic 6-month extension of e organization named above. The exten calendar year 20 21 or			file the exempt	organiza	ition return
▶ _	tax year beginning	,	20, and ending		, 20	
	tax year entered in line 1 is for less than that the secounting period	n 12 months, cl	heck reason: Initial return	Final re	eturn	
3a If this	application is for Forms 990-PF, 990-T,	4720, or 6069,	, enter the tentative tax, less			
	onrefundable credits. See instructions.			3a	\$	0
	application is for Forms 990-PF, 990-T,		-			
	ated tax payments made. Include any p			3b	\$	0
	nce due. Subtract line 3b from line 3a. I		•			
using	EFTPS (Electronic Federal Tax Paymer	nt System). Se	e instructions.	3c	\$	0
Caution: If v	ou are going to make an electronic funds wi	ithdrawal (direct	debit) with this Form 8868, see Form 84	153-TE and Forr	n 8879-TE	∃ for

SSN: 270001681

Submission ID: 5983722022134l77jr1e

Status: Accepted Jurisdiction: Federal Type: 8868 Sub Type: Extension Service Center: Unknown Refund: 0

Status Date: 5/16/2022

 ${\bf Current\ Acknowledgement\ Detail}$

Acceptance Code: Accepted Debt Code:

PIN Indicator: Payment Ack: ---

Birth Date Validity: --- Number of Errors: 0

Error Rejected Codes:

Ack Status Date: 5/16/2022

Expected Refund:: 0
EIC Indicator:
State-Only Code:

State Packet:

<u> </u>	
Created	5/16/2022
Transmitted to EFC	5/16/2022
Accepted	5/16/2022

Status History

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury

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/Form990 for instructions and the latest information.

nne	eniai Nevei	ide del vice		ge <i>ur,</i> ereee		and end	in	•		
В	Check if	applicable: C Name of	f organization Frier	nds of the Island	Parks. Inc	and one		Employer identi	fication number	r
	Address	change Doing b	usiness as		<u> </u>					
\Box	Name ch	nange	and street (or P.O. box if	mail is not delivere	ed to street address)	Room/suite		0001681		
	' 	1 Cause					E	Telephone numbe	er	
Ш	Initial ret		iown		State	ZIP code				
	Final retur	n/terminated Dunedin	n country name	Faraign province	FL =/atata/asymty	34698	<u></u>			
	Amende	-	Country name	Foreign provinc	e/state/county	Foreign postal co	oue			802 139
\vdash										
Ш	Application	, -	nd address of principal of						inates?	Yes X No
_		Geor e S	Skalkeas 1 Causewa	a Blvd, Dune	din, FL 34698					Yes No
i	Tax-exe	mpt status: X 501	1(c)(3) 501(c)) ◀ (insert	: no.) 4947(a)(1	l) or 527				
ĸ	Form of	organization: X Cor	rporation Trust	Association	Other ▶			M s	State of legal dor	micile: FL
••	7 01111 01	Summa	poration react							TIONO: FL
	1		ne organization's mis	ecion or most o	significant activitie	ne:				
ģ		•	Organization). CSC		-					
ance			support the goals of			iat spo				
							11	050/ (1)		
	2	Check this box			ued its operations	5	ore tha	n 25% of its r ا م	iet assets.	44
ంర	3	-	members of the gov					3		11
	4	•	endent voting memb dividuals employed	-	600			5		11
	5 6		olunteers (estimate	-				6		0
	7a		siness revenue fron					7a		0
	b		iness taxable incom					7b		0
		Not uniciated busi	IIIC33 taxable IIIC0II	ic iroiii i oiiii a	30-1 <u>,</u>		Prior	Year	Current	_
•	8	Contributions and	grants (Part VIII, lin	ne 1h)		_	, ,,,,	40,012		118,371
nue	9		evenue (Part VIII, li			-		0		0
	10	_	e (Part VIII, column			-		18,381		42,657
	11		art VIII, column (A),	• •	16	· · _ e).		60,654		10,467
	12		l lines 8 throu h 11 n			ne 12		119,047		171,495
	13		amounts paid (Par		<u>,</u>			69,759		926,609
	14		for members (Part		, line 4)			0		. 0
	15	Salaries, other com	,		X, column (A), line			0		0
ns	16a	Professional fundr			ne 11e) . `	-		0		0
	b	Total fundraising e	expenses (P	D), line	25)	0				
ŭ	17	Other expenses (F	Part IX, col	a–11d,	11f-24e)	· · · <u> </u>		13,254		12,000
	18	Total expenses. Ad	dd lines 1	al Part IX	(, column (A), line	25).		83,013		938,609
	19	Revenue less ex		8 from line 1	2			36,034		-767,114
						_ <u>B</u>	leginning of	Current Year	End of	
						_		1,599,167		327,564
						_		6,358		191,949
								1,592,809		135,615
							11 11 1 1			
and	belief it i	s true correct and compl	ve examined this re lete Declaration of prepa	-	ompanying schedules ser) is based on all info				•	
			or propagation or propagation		,	, , , , , , , , , , , , , , , , , , ,	<u> </u>			
Siç		Signature of	officer					Date		
He	re	George S				Preside	ent			
		_	t name and title							
		Print/Type prepare		↑ Prepare			Date		PTIN	
Pa	id			110000	Mariso	CPA	14/0/00	Check	if	7547
	eparer	Joseph E Garı			n E <u>Gatrison</u> CPA	\	11/9/20		•	1511
	e Only		 Joseph E Garrisor 	n CPA PA			Firm's	EIN ► 59-36	16514	
			 Post Office Box 12 	221, Dunedin,	FL 34697-1221		Phone	eno. (727)	535-2257	
Ма	y the IR	S discuss this retur	rn with the preparer	shown above	See instructions	S .			X Yes	s 🔲 No

Friends of the Island <u>Parks</u>, Inc Statement of Program Service Accomplishments

	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	Friends of the Island Parks, Inc., as provided in its bylaws, is to act as a Florida		
	Citizen Support Organization in order to generate additional resources and support for and		
	in the best interest of Honeymoon Island and Caladesi Island state parks, through		
	fundraising, educational, and outreach programs. In 2019 "Friends" membership reached 671.		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	Yes	X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest progr		
7	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of		
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 17,879 including grants of \$) (Revenue \$)
	The Friends of the Island Parks Inc continued to support the Florida Park Service mission		
	provide resource based recreation while preserving, interrpreting and restoring neal and		
	cultural resources" by developing and promoting educational tours, ecological displ		
	learning activities at the Honeymoon Island Rotary Centennial Nature Center oneymoon		
	Island for all visitros to enjoy. The RCNC is open 365 days a year and in 2 visitors.		
	The Friends contributed a cook group of \$45,000 to find a Danger party.		
	park and trail guides, \$1,500 for RCNC WiFi access, and \$49 fo		
	, , , , , , , , , , , , , , , , , , ,		
4.			
4b	(Code:) (Expenses \$9,182 Iu ing grants of \$) (Revenue \$\$ The Friends of the Island Parks continued to assist heir mission by making a \$7,297		
	The Friends of the Island Parks continued to assist heir mission by making a \$7,297 contribution towards the purchase of a new Informati purchasing a \$895 copier for the		
	park administration office, purchasing a \$439 pri ature Center. and \$551 for other		
	miscellaneous general support of park activitie		
4c	(Code: \$ 897,992 including grants of \$) (Revenue \$		<u> </u>
	s nc paid \$897,992 for various aspects of pre-construction and		′
	scovery Center.		

4d	Other program services (De	escribe on Schedule O.)			
	(Expenses \$	1,556 including grants of \$	0)(Revenue \$	0)	

Ра е 3

Checklist of Re uired Schedules

			Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	_	· ·	
	complete Schedule A	1 -	<u> </u>	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors See instructions? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2 -	Х	
	candidates for public office? If "Yes," complete Schedule C, Part I	3 _		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule	_ 5		Χ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which don			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts in such funds or accounts.			.,
7	"Yes," complete Schedule D, Part I	6 _		Х
7	Did the organization receive or hold a conservation easement, including easements to preserv the environment, historic land areas, or historic structures? If "Yes," complete Schedule	7		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other si	' -		
Ū	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account li ity, serve as a	-		
	custodian for amounts not listed in Part X; or provide credit counseling, debt manag ent, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Χ
10	Did the organization, directly or through a related organization, hold assets in do d endowments			
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	_10		Χ
11	If the organization's answer to any of the following questions is "Yes," then VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equip X, line 10? If "Yes," complete			
-	Schedule D, Part VI	11a	Χ	
b	Did the organization report an amount for investments—othe es in art X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete ule D, Part VII	11b		Χ
С	Did the organization report an amount for investments—program re ed in Part X, line 13, that is 5% or more	44.		V
А	of its total assets reported in Part X, line 16? <i>If</i> "Yes," co chedule D, Part VIII	<u>11c</u>		Χ
u	reported in Part X, line 16? If "Yes," complete Schedui IX	11d		Χ
е	Did the organization report an amount for other lia art X, line 25? If "Yes," complete Schedule D, Part X.	11e		Х
f	Did the organization's separate or consolidated fina			
	the organization's liability for uncertain tax positi IN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	_11f		Х
12a	Did the organization obtain separate, indep dited financial statements for the tax year? If "Yes," complete	120	Х	
h	Schedule D, Parts XI and XII Was the organization included in continuous independent audited financial statements for the tax year? If "Yes,"	<u>12a</u>	^	
b	and if the organization answered "N a, then completing Schedule D, Parts XI and XII is optional	12b		Χ
13	Is the organization a school desc in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
	Did the organization maintain a ployees, or agents outside of the United States?	14a		Χ
b	Did the organization have ag evenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, in d program service activities outside the United States, or aggregate			.,
15	foreign investments ,000 or more? If "Yes," complete Schedule F, Parts I and IV	<u>14b</u>		Х
15	Did the organizati rt IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign or "Yes," complete Schedule F, Parts II and IV	15		Χ
16	Did the organization r n Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	_17		Χ
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		~
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	_18		<u>X</u>
	If "Yes," complete Schedule G, Part III	19		Χ
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic overnment on Part IX, column A, line 1? If "Yes," com lete Schedule I, Parts I and II	21	Х	
		Form	990 (2	020)

Checklist of Re uired Schedules continued

		١,	'es No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	, X
	organization's current and former officers, directors, trustees, key employees, and highest compensated		
	employees? If "Yes," complete Schedule J	<u>23</u>	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	240	~
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b	X
	Did the organization maintain an escrow account other than a refunding escrow at any time during	240	
	to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the y	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in a		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Parts	_25a	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqu end		
	prior year, and that the transaction has not been reported on any of the organization's p	OFI	V
26	990-EZ? If "Yes," complete Schedule L, Part I	_25b	X
20	or former officer, director, trustee, key employee, creator or founder, substantial		
	controlled entity or family member of any of these persons? <i>If "Yes," complete S</i>	26	Х
27	Did the organization provide a grant or other assistance to any current or fo ctor, trustee, key		
	employee, creator or founder, substantial contributor or employee thereof		
	member, or to a 35% controlled entity (including an employee thereo		
	persons? If "Yes," complete Schedule L, Part III	27	X
28	Was the organization a party to a business transaction with on g parties (see Schedule L,		
•	Part IV instructions, for applicable filing thresholds, condition ns): A current or former officer, director, trustee, key employee, crea		
а	If"Yes," complete Schedule L, Part IV	28a	Х
b		28b	$\frac{x}{x}$
	A 35% controlled entity of one or more individuals and/o tions described in lines 28a or 28b? If		
	If"Yes," complete Schedule L, Part IV	28c	X
29	Did the organization receive more than \$25,000 in a contributions? If "Yes," complete Schedule M.	29	Х
30	Did the organization receive contributions of art, his reasures, or other similar assets, or qualified		
04	conservation contributions? If "Yes," complet & M	30	X
31 32	Did the organization liquidate, terminate, or and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dis ansfer more than 25% of its net assets?	31	X
32	Did the organization sell, exchange, dis ansfer more than 25% of its net assets? If "Yes." complete Schedule N. Part	32	Х
33	Did the organization own 100% of regarded as separate from the organization under Regulations		
	sections 301.7701-2 and 301.770 s, " complete Schedule R, Part I	33	X
34	Was the organization related to empt or taxable entity? If "Yes," complete Schedule R, Part II,		
	III, or IV, and Part V, line 1.	_34	X
35a	entity within the meaning of section 512(b)(13)?	_35a	
b	If "Yes" to line 35a, zation receive any payment from or engage in any transaction with a controlled entity within the zontrolled ion 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36	Section 501(c)(3) ns. Did the organization make any transfers to an exempt non-charitable related	้วอก	
-	organization? If "Yes,	36	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	_ 37	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		
	19? Note: All Form 990 filers are re uired to com lete Schedule O	38 X	
	Statements Regarding Other IRS Filings and Tax Compliance		
	Check if Schedule O contains a response or note to any line in this Part V	· · · ·	##
1-	Enter the number reported in Boy 2 of Form 1006. Enter 0, if not applicable	Ye	s No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .	0	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	 	
	gaming (gambling) winnings to prize winners?.	1c X	
		Form 99	

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a	<u>0</u> ,		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
•	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)	•		v
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<u>3a</u> 3b		Χ
b 4a	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	30		
-1 a	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Χ
b	If "Yes," enter the name of the foreign country	<u> 14</u>		<u> </u>
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acco n			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax yea	5 a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tr	5b		Χ
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, a			
	organization solicit any contributions that were not tax deductible as charitable contrib ** ?.	_6a		Χ
b	If "Yes," did the organization include with every solicitation an express statement that s			
_	gifts were not tax deductible?	_6b		
7	Organizations that may receive deductible contributions under section 170(c)			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution of disparation of disparation of the payment in excess of \$75 made partly as a contribution of disparation of disparation of the payment in excess of \$75 made partly as a contribution of disparation of disparation of the payment in excess of \$75 made partly as a contribution of disparation of the payment in excess of \$75 made partly as a contribution of disparation of the payment in excess of \$75 made partly as a contribution of disparation of the payment in excess of \$75 made partly as a contribution of the payment in excess of \$75 made partly as a contribution of the payment in excess of \$75 made partly as a contribution of the payment in excess of \$75 made partly as a contribution of the payment in excess of \$75 made partly as a contribution of the payment in excess of \$75 made partly as a contribution of the payment in excess of \$75 made partly as a contribution of the payment in excess of \$75 made payment in excess of \$75	7.		V
L	and services provided to the payor?	<u>7a</u> 7b		Х
b c	If "Yes," did the organization notify the donor of the value of the goods or s Did the organization sell, exchange, or otherwise dispose of tangible pe	_/"		
C	required to file Form 8282?	7c		Χ
d	If "Yes," indicate the number of Forms 8282 filed during the year			<u> </u>
e	Did the organization receive any funds, directly or indirectly, t on a personal benefit contract?.	⊣ 7е		Х
f	Did the organization, during the year, pay premiums, directl tly, n a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual pr id the organization file Form 8899 as required?	7		
h	If the organization received a contribution of cars, boats, airplanes, or o vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised fun . Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdin sa an me during the year?	_ 8		
9	Sponsoring organizations maintaining donor advi			
a	Did the sponsoring organization make any taxabl	9a		
b	Did the sponsoring organization make a distrib onor, donor advisor, or related person?	<u>9b</u>		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions inclu 10a			
a b	Gross receipts, included on Form 990, 12, for public use of club facilities . 10b	_		
11	Section 501(c)(12) organizations.	_		
 а	Gross income from members or s			
b	Gross income from other source net amounts due or paid to other sources	_		
	against amounts due or receiv m.)			
I2a	Section 4947(a)(1) non-ex ritable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amo pt interest received or accrued during the year	→		
13	Section 501(c)(29) rofit health insurance issuers.			
а	Is the organizati ue qualified health plans in more than one state?	13a		
	Note: See the ins additional information the organization must report on Schedule O.			
b	es the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans	_		
c l4a	Enter the amount of reserves on hand	14a		Х
b b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14a 14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year	15		Χ
	If "Yes," see instructions and file Form 4720, Schedule N.	10		- `
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .	16		Χ
J	If "Yes" com lete Form 4720 Schedule O.	10		<u>^</u>
	n ros com roto i dilli 4/20 donedule O.			

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Sec	tion A. Governin Bod and Wana ement								
			—	Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year .	1a ·	<u> 1</u>						
	If there are material differences in voting rights among members of the governing body, or								
	if the governing body delegated broad authority to an executive committee or similar								
	committee, explain on Schedule O.	46							
	b Enter the number of voting members included on line 1a, above, who are independent . 11								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	inip wit	•						
2	any other officer, director, trustee, or key employee?		2_		X				
3	3 Did the organization delegate control over management duties customarily performed by or under its annual performance of afficiency directors, two tops of the control over management duties customarily performed by or under its annual performance of the control over management duties are performed by or under its annual performance of the control over management duties are performed by or under its annual performance of the control over management duties are performed by or under its annual performance of the control over management duties are performed by or under its annual performance of the control over management duties are performed by or under its annual performance of the control over management duties are performed by or under its annual performance of the control over management duties are performed by or under its annual performance of the control over management duties are performed by or under its annual performance of the control over management duties are performed by or under its annual performance of the control over management duties are performed by or under its annual performance of the control over management duties are performed by or under its annual performance of the control over management duties are performed by or under its annual performance of the control over management duties are performed by the control over manag								
4	supervision of officers, directors, trustees, or key employees to a management company or other		3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 9		4		X				
5	Did the organization become aware during the year of a significant diversion of the orga 🕱		<u>5</u>	Х					
6 7a	Did the organization have members or stockholders?								
<i>i</i> a	Did the organization have members, stockholders, or other persons who had the powe one or more members of the governing body?		7a	~					
b	Are any governance decisions of the organization reserved to (or subject to appro		<u> </u>	Х					
D	stockholders, or persons other than the governing body?		7 b		Χ				
8	Did the organization contemporaneously document the meetings held or written		<u> </u>						
O	the year by the following:								
a	The governing body?		8a	Х					
b	Each committee with authority to act on behalf of the governing bod		8b	$\frac{\lambda}{X}$					
9		eached							
			9		Χ				
Sect		Internal Revenue							
	<u></u>			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		10a		X				
b	If "Yes," did the organization have written policies and pr ures governing the activities of such of	hapters,							
	affiliates, and branches to ensure their operations are c en with the organization's exempt pu		10b						
11a	Has the organization provided a complete copy of this For all members of its governing body before	re filing the form?.	11a	Х					
b	Describe in Schedule O the process, if any, used by anization to review this Form 990.								
12a	Did the organization have a written conflict of int y? If "No," go to line 13		12a		_X_				
b	Were officers, directors, or trustees, and key em uired to disclose annually interests that could g		12b						
С	Did the organization regularly and consiste tor and enforce compliance with the policy? If "	Yes,"							
	describe in Schedule O how this was do		12c						
13	Did the organization have a written ower policy?		_13_		<u>X</u>				
14	Did the organization have a written etention and destruction policy?		_14		Χ				
15	Did the process for determining n of the following persons include a review and approve								
	independent persons, comparabi and contemporaneous substantiation of the deliberation and contemporaneous substantiation	and decision?							
a	The organization's CEO, Ex ctor, or top management official		15a		<u>X</u>				
b	Other officers or key eng e organization		15b		<u>X</u>				
16a	,	am ant							
Iva	Did the organiza ntribute assets to, or participate in a joint venture or similar arrange with a taxable e the year?		160		v				
b	If "Yes," did the orga in follow a written policy or procedure requiring the organization to evaluation to evaluat		<u>16a</u>		<u>X</u>				
D	participation in joint vent re arrangements under applicable federal tax law, and take steps to safeg								
	the organization's exempt status with respect to such arrangements?		16b						
Sect	ion C. Disclosure		100						
17	List the states with which a copy of this Form 990 is required to be filed FL								
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 990-T (Section	501(c)						
	(3)s only) available for public inspection. Indicate how you made these available. Check all that app		. ,						
		Dlain on Schedule O)						
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	conflict of interest po	olicy,						
	and financial statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's be	ooks and records	•						
	Joseph Nixon	(917) 304-8459	<u> </u>						
	1 Causeway Blyd. Dunedin, FL 34698								

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$1 00 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employee \$100,000 of reportable compensation from the organization and any related organizations.

more than

• List all of the organization's **former directors or trustees** that received, in the capacity as a for organization, more than \$10,000 of reportable compensation from the organization and any rel see instructions for the order in which to list the persons above.

X Check this box if neither the organization nor any related organization compensated any

er, director, or trustee.

Check this box if heither the organization not an	y relateu organiz	auon	compens	saleu a	Пу	ei, uii	ector, or trustee	•
			(C)			_		
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)					organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) George Skalkeas	15.00							
President	0,,00							
(2) Ray Dabkowski		-						
Director		_	Χ					
(3) Joseph Nixon								
Treasurer	_	_	Χ					
(4) Barbara Greenfield								
Secreta		_X_,	X					
(5) Jean Barnes	1.00	'		'			'	
Director	0.00	X		 -	 			
(6) Brian Crockatt	1.00							
<u>Director</u>	0.00	Χ,						
(7) Bill Francisco	1.00							
Vice President	0.00	<u>X</u> ,		 -	+			
(8) Diane Hood	1.00							
<u>Director</u>	0.00	_X_,						
(9) Robert Fortner	1.00							
Director	0.00	<u>-</u> X →					·	
(10) Barbara Ross	1.00							
Director	0.00	X						
(11) Julie Scales	1.00							
Director	0.00	Х						
<u>(12)</u>								
(42)								
<u>(13)</u>								
(14)								
_\								

	Section A. Officers, Directors, Trus	A. Officers, Directors, Trustees, Key Employees, and Highest Co								s (continued)			
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, u	Post check nless per and a cofficer Institutional trustee	erson direct	is bot	h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	Repo compe from r	E) rtable nsation related zations 19-MISC)	cor i orga	(F) nated am of other mpensati from the inization I organiz	on and
<u>(15)</u>							-	•					
(16)							-		_				
<u>(17)</u>							-		_				
(18)							-						
<u>(19)</u>					•	•			-				
(20)									-				
(21)									-				
(22)									-				
(23)									-				
(24)								I	-				
(25)													
1b	Subtotal	-		<u> </u>			▶ ,	0		0,			0
c d	Total from continuation sheets to Part VII, Se Total add lines 1b and 1c						▶	0		0,			<u>0</u> 0
2	Total number of individuals (including but reportable compensation from the or a	to those list ▶	ted abo	ove) w	/ho r	ecei	ved	more than \$100,	000 of				0
3	Did the organization list any former offi ct	or, trustee, key			or hi	ghes	t co	mpensated		Γ	\exists	Yes	No
4		e J for such inc						pensation from		• •	3	\dashv	X
•		•	0? If "	Yes," (com	plete		hedule J for such			4		Х
5	Did any person listed o eceive or accrue for services rende nization? If "Yes	•		-			_				5		х
	tion B. Independent ors												
1	Complete this table for y r five highest compensation from the organization. Report com										x yea	ar.	
	(A) Name and business addres	ss						(B) Description of serv	ices	Co	(C) mpens		
													0
						-				_			0
													0
													0
2	Total number of independent contractors (includir more than \$100 000 of compensation from the or	•		ose li	sted	abo	ve) v 0	who received					

Page 9

Check if Schedule	O contains	a rachanca a	r noto to ony	line in this Bort V	/111
Check if Schedule	O contains	a response o	r note to anv	line in this Part v	/III

		Official in Schedule O contains a responsi	e or not	e to arry line in	uno i ait viii			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
25 V	1a	Federated campaigns .	1a	0				
rant	b	Membership dues .	1b '	28,554				
مَ و	С	Fundraising events .	1c	0				
ifts	d	Related organizations .	1d	0				
ລ, ເ	е	· · · · · · · · · · · · · · · · · · ·	1e	0				
Sir	f	All other contributions, gifts, grants, and	1			1		
ber di	!	-	1f	89,817				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in						
in d			1 \$	0				
	h	Total. Add lines 1a–1f						
a)	_		E	Business Code				
<u>.</u>	2a							
gram Service Revenue	b		-					
n S	C		-					
Ze Ze	d		-				-	
ם_	_	All all and an arrangement of the control of the co	. —					
	f	All other program service revenue	I					
	3	Total. Add lines 2a–2f						
	3	other similar amounts)						1 770
	4	Income from investment of tax-exempt bond						1,779
	5	Royalties	procee	us.	0			
	J	(i) Real		_				
	6a	Gross rents . 6a		-				
	b	Less: rental expenses . 6b	 -					
	C	Rental income or (loss) 6c .						
	d	Net rental income or (loss)			0			
	7a	Gross amount from						
		sales of assets						
		other than inventory . 7a		0				
ne	b	Less: cost or other basis						
er Revenue		and sales expenses		0				
Še	С	Gain or (loss)		0				
<u>-</u>	d	Net gain or (loss)		, ▶	40,878			
Ö	8a	Gross income from fundraisin						
O		events (not including \$						
		of contributions reported on						
		-	Ва	0				
	b		3b	0				
	C	raising events		· · · · •		1900	···	- American de la companion de
	9a	g activities.		0				
	L	<u> </u>	<u>a</u> ,	0,				
	b		9b <u>, </u>			-	·	men.
	C 10a	Net income or (lo from gaming activities.	·					
	10a	Gross sales of inventory, less	0 -	21 000				
	h		_0_a 0b∵	31,989 21,522				
	b	Less: cost of goods sold <u>1</u> Net income or loss from sales of invento	<u>ub,</u>	21,522,	10,467		200	cs —
	С	Net income or 1055 from Sales of free fill	Ri	usiness Code	10,407			
0 11	11a				0			_
në	b				0			
s e	C				0			
scellaneo Revenue	d	All other revenue			0			
	е	Total. Add lines 11a–11d		. ▶	0			
	12	Total revenue. See instructions		. ▶	171 495	0	0	1 779

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	domestic governments. See Part IV, line 21.	926,609	926,609		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,	•		•	
_	trustees, and key employees	0	_	0	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0	_		
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions).				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management . Legal				
b	Accounting			1,950	
d	Lobbying			1,930	
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)	0		0	
12	Advertising and promotion	0			
13	Office expenses	6,781		6,781	
14	Information technology	0,701		0,701	
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment exp				
	for any federal, state, or local public	0			
19	Conferences, conventions, and m	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and	346	0	346	C
23	Insurance	0			
24	Other expenses. I				
	above (List misc				
	line 24e amount				
	(A) amount, list line 2 enses on Schedule O.)				
а	Donor Recognition Program	0			
b	Membership Expenses	1,130		1,130	
С	Canceled Fundraising Expenses	<u>1,</u> 790		1,790	
d	Foreign Dividend Tax	3		3	
е	All other expenses	0			
25	Total functional ex enses. Add lines 1 throu h 24e.	938,609	926,609	12,000	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	followin SOP 98-2 ASC 958-720				

Part X

Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X .			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	35 <u>,</u> 344	1	28,776
	2	Savings and temporary cash investments	0	2	272,142
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	873,700	4	0
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons			
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			
Assets	7	Notes and loans receivable, net			0
SS	8	Inventories for sale or use			8,916
∢	9	Prepaid expenses and deferred charges		9	748
	10a	Land, buildings, and equipment: cost or	•		
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation	<u>1,345</u> ,	10c_	998
	11	Investments—publicly traded securities	671,423	11	15,984
	12	Investments—other securities. See Part IV, line 11.	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	ual line 33 .	1,599,167	16	327,564
	17	Accounts payable and accrued expenses	6,358	17	191,949
	18	Grants payable	0	18	
	19	Deferred revenue	0	19	
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV Sche	0	21	
S	22	Loans and other payables to any current or former o			
		trustee, key employee, creator or founder, subst			
		controlled entity or family member of any of th	0	22	
	23	Secured mortgages and notes payable to un	0	23	0
	24	Unsecured notes and loans payable to unr parties .	0	24	0
	25	Other liabilities (including federal incom les to related third			
		parties, and other liabilities not includ 17–24). Complete			
		Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17	6,358	26	191,949
		Organizations that follow FASE 58, check here ▶ X			
e =		and complete lines 27, 28, d33.			
	27	PS	129,455	27	135,615
	28		1,463,354	28	0
_		flow FASB ASC 958, check here ►	· ·		
		ugh 33.			
ţ	29	Capital stoc →ipal, or current funds	0	29	
	30	Paid-in or capit , or land, building, or equipment fund	0	30	
et Ass	31	Retained earnings, dowment, accumulated income, or other funds .	0	31	
a F	32	Total net assets or fund balances	1,592,809	32	135,615
	33	Total liabilities and net assets/fund balances	1 599 167	33	327 564
					Form 990 (2020)

Form 990 (2020) Friends of the Island Parks, Inc

· سنسدسه د	conciliation of Net Assets
	r richas of the island r arks, ino

	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12) .	1		171	1,495
2	Total expenses (must equal Part IX, column (A), line 25)	2		938	3,609
3	Revenue less expenses. Subtract line 2 from line 1	3		-767	⁷ ,114
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).	4		1,592	2,809
5	Net unrealized gains (losses) on investments	5		2	2,060
6	Donated services and use of facilities	6			
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain on Schedule O)			-692	2,140
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32)				
	column (B))			135	,615
	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1		ified Cas			
	If the organization changed its method of accounting from a prior year or checked "Othe				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an indepe		<u>2a</u>		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the y				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Donsolidated basis Both consolid				
b	Were the organization's financial statements audited by an independit		2b	Χ	
	If "Yes," check a box below to indicate whether the financial stat the				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis				
С	If "Yes" to line 2a or 2b, does the organization have a committ assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and sele on of an independent accountant?		2c	Χ	
	If the organization changed either its oversight process ion process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization o undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133? .		3a		Х
b	If "Yes," did the organization undergo the requir r audits? If the organization did not undergo the				
	re uired audit or audits, ex lain wh on Sc d describe an ste s taken to under o such audits.		3b		
			Form	990 c	2020)

SCHEDULE D

(Form 1040)

Capital Gains and Losses

► Attach to Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service 99 Go to www.irs.gov/ScheduleD for instructions and the latest information.

Use Form 8949 to list our transactions for lines 1b, 2, 3, 8b, 9, and 10.

Attachment Se uence No. 12

1,515

Name(s) shown on return Your social security number 27-0001681 Friends of the Island Parks, Inc. Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? X No Yes If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.		(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions				
	on Form 8949, leave this line blank and go to line 1b.]			0
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked .	32,453,	30,938		1,515
2	Totals for all transactions reported on Form(s) 8949 with Box B checked .	-, -	55,255		0
3	Totals for all transactions reported on Form(s) 8949 with Box C checked .				0
4	Short-term gain from Form 6252 and short-term gain or (los	. 4			
5	Net short-term gain or (loss) from partnerships, S corporati Schedule(s) K-1.	ons, estates, and tr	rusts from	5	
6	Short-term capital loss carryover. Enter the amount, if any	from line 8 of your	Canital Lose Carr	10Ver	

- Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions.
- Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back .

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents		(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustme to gain or los Form(s) 8949, line 2, colum	s from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
to w	nole dollars.			iiric z, coluir	··· (9)	column (g)
8a	Totals for all long-term transactions reported on Form					
	1099-B for which basis was reported to the IRS and for					
	which you have no adjustments (see instructions).					
	However, if you choose to report all these transactions					
	on Form 8949, leave this line blank and go to line 8b.	1				0
8b	Totals for all transactions reported on Form(s) 8949	_				
	with Box D checked .	617,547	578,185			39,362
9	Totals for all transactions reported on Form(s) 8949	017,017	070,100			50,552
	with Box E checked .					0
10	Totals for all transactions reported on Form(s) 8949					
	with Box F checked					0
11	Gain from Form 4797, Part I; long-term gain from Forms 24	130 and 6252: and	long-term gain or (loce)		
••	from Forms 4684, 6781, and 8824.	100 and 0202, and	iong-term gain or (033)	11	
12		actatos and trusts for	om Cobodulo(a) K 1		12	
	Net long-term gain or (loss) from partnerships, S corporations, &	estates, and trusts in	om ochedule(s) K-1	•		
13	Capital gain distributions. See the instructions.				13	
14	Long-term capital loss carryover. Enter the amount, if any, t	from line 13 of your	Capital Loss Car	ryover		
	Worksheet in the instructions.				14	()
15	Net long-term capital gain or (loss). Combine lines 8a thr	rough 14 in column	(h). Then, go to Pa	art III on		
	the back.				15	39 362

Part II Summary

16	Combine lines 7 and 15 and enter the result .	16	40,877
	 If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7 Then, go to line 17 below. If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. 		
	 complete line 22. If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 		
17	Are lines 15 and 16 both gains?		
	X Yes. Go to line 18.		
	No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet.	▶ _18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	▶ 19	
20	Are lines 18 and 19 both zero or blank and are you not filing Form 4952?		
	X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.		
	No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:		
	 The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500) 	21 ()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?		
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.		
	No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Attachment Se uence No.

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Social security number or taxpayer identification number

Name(s) shown on return Friends of the Island Parks. Inc. 27-0001681 Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check. Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. (e) If you enter an amount in column (g), 1 (c) (d) Cost or other basis. enter a code in column (f). Gain or (loss). (a)

Date acquired	Date sold or	Proceeds	See the Note below			_ Subtract column (e)
(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
V arious	3/13/2020	32,453	30,938			1,515
			-			
checked), line 2 (if	Вох В	32 453	30 038		n	1,515
	Various Various	(Mo., day, yr.) disposed of (Mo., day, yr.) Various 3/13/2020 Various (e), (g), and (h) (subtract re and include on your checked), line 2 (if Box B	(Mo., day, yr.) disposed of (Mo., day, yr.) (see instructions) Various 3/13/2020 32,453	(Mo., day, yr.) disposed of (Mo., day, yr.) (see instructions) and see Column (e) in the separate instructions Various 3/13/2020 32,453 30,938	(Mo., day, yr.) disposed of (Mo., day, yr.) (see instructions) and see Column (e) in the separate instructions Various 3/13/2020 32,453 30,938 Various 3/13/2020 32,453 30,938	(Mo., day, yr.) disposed of (see instructions) and see Column (e) in the spearate instructions adjustment Various 3/13/2020 32,453 30,938 Various (e), (g), and (h) (subtract re and include on your thecked), line 2 (ff Box B

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side Friends of the Island Parks. Inc

Social security number or taxpayer identification number 27-0001681

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and male even tell ou which box to check.

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X	(D) Long-term transactions (E) Long-term transactions (F) Long-term transactions	reported on F	orm(s) 1099-	B showing basis	•		Note above)	
1	(a) Description of property	(b) Date acquired	(c) Date sold or	Pate sold or Proceeds S lisposed of (sales price) a		Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e)
	(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)			(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
Lifesti	rategy Income Fund	Various	3/9/2020	200,000	184,578			15,422
Lifestı	rategy Income Fund	Various	3/11/2020	250,000	233,881			16,119
Lifestr	rategy Income Fund	Various	3/13/2020	167,547	159,726			7,821
					-			
nega Sch	als. Add the amounts in columns (d), ative amounts). Enter each total here edule D, line 8b (if Box D above is o ve is checked), or line 10 (if Box F a	e and include on yo checked), line 9 (if l	ur	617,547	578,185		0	39,362

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Alternative Minimum Tax—Individuals

Go to www.irs.gov/Form6251 for instructions and the latest information.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

► Attach to Form 1040, 1040-SR, or 1040-NR.

Sequence No.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

| Your social security number

Frie	ends of the Island Parks, Inc	27-000168	31
F.	Alternative Minimum Taxable Income (See instructions for how to com	plete each line.)	
1	Enter the amount from Form 1040 or 1040-SR, line 15, if more than zero. If Form 1040 or 1040-SR, line 15,		
	is zero, subtract lines 12 and 13 of Form 1040 or 1040-SR from line 11 of Form 1040 or 1040-SR and enter		
	the result here. (If less than zero, enter as a negative amount.).	1	
2a	If filing Schedule A (Form 1040), enter the taxes from Schedule A, line 7; otherwise, enter the amount from		
	Form 1040 or 1040-SR, line 12 .	2a	
b	Tax refund from Schedule 1 (Form 1040), line 1 or line 8.	2b()
С	: Investment interest expense (difference between regular tax and AMT)	2c	
d	Depletion (difference between regular tax and AMT) .	2d	
е	Net operating loss deduction from Schedule 1 (Form 1040), line 8. Enter as a positive amount .	2e	
f	Alternative tax net operating loss deduction .	2f ()
g	Interest from specified private activity bonds exempt from the regular tax .	2g	
h	Qualified small business stock, see instructions .	2h	
i	Exercise of incentive stock options (excess of AMT income over regular tax income).	2i	
j	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) .	2j	
k	Disposition of property (difference between AMT and regular tax gain or loss).	2k	
ı	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT).	21	
m	Passive activities (difference between AMT and regular tax income or loss) .	<u>2m</u>	
n	Loss limitations (difference between AMT and regular tax income or loss).	2n	
0	Circulation costs (difference between regular tax and AMT) .	2o	
р	Long-term contracts (difference between AMT and regular tax income) .	2 <u>p</u>	
q	Mining costs (difference between regular tax and AMT) .	2 q	
r	Research and experimental costs (difference between regular tax and AMT).	2r	
s	Income from certain installment sales before January 1, 1987.	2s ()
t	Intangible drilling costs preference .	2t	
3	Other adjustments, including income-based related adjustments.	3	
4	Alternative minimum taxable income. Combine lines 1 through 3. (If married filing separately and line 4 is		
	more than \$745,200, see instructions.) .	4	0
PET)	▲ Alternative Minimum Tax (AMT)		
5	Exemption.		
	IF your filing status is AND line 4 is not over THEN enter on line 5		
	Single or head of household . \$ 518,400 . \$ 72,900		
	Married filing jointly or qualifying widow(er) 1,036,800 . 113,400		
	Married filing separately . 518,400 . 56,700	5	
	If line 4 is over the amount shown above for your filing status, see instructions.		
6	Subtract line 5 from line 4. If more than zero, go to line 7. If zero or less, enter -0- here and on lines 7, 9,		
	and 11, and go to line 10.	6	0
7	 If you are filing Form 2555, see instructions for the amount to enter. 		
	If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 7; you reported		
	qualified dividends on Form 1040 or 1040-SR, line 3a; or you had a gain on both lines 15 and	_	
	16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the	7	
	back and enter the amount from line 40 here.		
	• All others: If line 6 is \$197,900 or less (\$98,950 or less if married filing separately), multiply		
	line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$3,958 (\$1,979 if		
•	married filing separately) from the result.		
8	Alternative minimum tax foreign tax credit (see instructions)	8	
9	Tentative minimum tax. Subtract line 8 from line 7.	9	0
10	Add Form 1040 or 1040-SR, line 16 (minus any tax from Form 4972), and Schedule 2 (Form 1040), line 2.		
	Subtract from the result any foreign tax credit from Schedule 3 (Form 1040), line 1. If you used Schedule J	ŀ	
	to figure your tax on Form 1040 or 1040-SR, line 16, refigure that tax without using Schedule J before completing this line (see instructions).	10	
11	AMT. Subtract line 10 from line 9. If zero or less enter -0 Enter here and on Schedule 2 (Form 1040), line 1	. 10	0
11	Americantina to more medical mineral in a fero or least enter "0". Linter nicle and on conclude a (Continuos), linter		U

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service

► Attach to your tax return. Go to www.irs. ov/Form4562 for instructions and the latest information.

Attachment

22

23

346

Form 4562 (2020)

	rnal Revenue Service (99)	► Go to www.irs. ov/Form	n4562 for instructi	ons and the la	atest information	on.	Sequence No. 179
Nar	me(s) shown on return		ctivity to which this	form relates		ldentifying nun	nber
Frie	ends of the Island Parks, Inc	990				27-0001681	
	-	nse Certain Property U					
		isted property, complete Part V	before you comple	te Part I.			
	Maximum amount (see instruct						
_	Total cost of section 179 prope	• •					2
3	Threshold cost of section 179		•	tructions) .			3
4	Reduction in limitation. Subtract			0 16	CI.		4
5	Dollar limitation for tax year. Su	ubtract line 4 from line 1. If z	ero or less, enter	-0 If married	filing		
_	separately, see instructions		1 "			() = ()	5
_6	(a) Descriptio	n or property	(b) C	ost (business use	only)	(c) Elected co	st
_	Listed was subj. Enter the succe	int from line 20					
	Listed property. Enter the amou		!	and 7	7 _		
	Total elected cost of section 17		column (c), lines c	and /			8 (
	Tentative deduction. Enter the		0 Form 4560				9 (
	Carryover of disallowed deduct	•		an -aua\ au lis	aa E. Caa inatm	. ati a ma	10
	Business income limitation. En				ie 5. See instit	ictions .	11
	Section 179 expense deduction			nine II.	.▶ 13		0
	Carryover of disallowed deduct te: Don't use Part II or Part III be				13		<u> </u>
MOI		ion Allowance and Oth		n Don't inc	luda listad - r	o ort Socies	etructions
4.4						o ert. See ins	
	Special depreciation allowance during the tax year. See instruc		triari listeu propei	ty) placed in	service		14
	Property subject to section 168						14
	Other de reciation includin A				•		16
10	Other de reciation inciddin A						10
			Section A				
17	MACRS deductions for assets a	nlaced in service in tax years		2020			17 346
	MACRS deductions for assets p		s beginning before				17 346
18	If you are electing to group any		s beginning before			▶ □	17 346
18	If you are electing to group any asset accounts, check here .	assets placed in service du	s beginning before ring the tax year in	nto one or mo	re general	▶ □	17 346
18	If you are electing to group any asset accounts, check here .	assets placed in service du sets Placed in Service Dui	s beginning before ring the tax year in ring 2020 Tax Yea	nto one or mo	re general	► □	17 346
18	If you are electing to group any asset accounts, check here Section B - As	assets placed in service du sets Placed in Service Dur (b) Month and (c) Ba	s beginning before ring the tax year in ring 2020 Tax Yea sis for depreciation	nto one or mo	re general General Depre		
18	If you are electing to group any asset accounts, check here .	sets Placed in Service Dur (b) Month and (c) Bayear placed (busin	s beginning before ring the tax year in ring 2020 Tax Yea sis for depreciation ess/investment use	nto one or mo	re general	ciation System	(g) Depreciation deduction
18	If you are electing to group any asset accounts, check here . Section B - As (a) Classification of property	sets Placed in Service Dur (b) Month and (c) Bayear placed (busin	s beginning before ring the tax year in ring 2020 Tax Yea sis for depreciation	nto one or mo	re general General Depre		
18	If you are electing to group any asset accounts, check here . Section B - As (a) Classification of property a 3-year property	sets Placed in Service Dur (b) Month and (c) Bayear placed (busin	s beginning before ring the tax year in ring 2020 Tax Yea sis for depreciation ess/investment use	nto one or mo	re general General Depre		
18	If you are electing to group any asset accounts, check here Section B - As (a) Classification of property a 3-year property b 5-year property	sets Placed in Service Dur (b) Month and (c) Bayear placed (busin	s beginning before ring the tax year in ring 2020 Tax Yea sis for depreciation ess/investment use	nto one or mo	re general General Depre		
18	If you are electing to group any asset accounts, check here Section B - As (a) Classification of property a 3-year property b 5-year property c 7-year property	sets Placed in Service Dur (b) Month and (c) Bayear placed (busin	s beginning before ring the tax year in ring 2020 Tax Yea sis for depreciation ess/investment use	nto one or mo	re general General Depre		
19	If you are electing to group any asset accounts, check here Section B - As (a) Classification of property a 3-year property b 5-year property c 7-year property d 10-year property	sets Placed in Service Dur (b) Month and (c) Bayear placed (busin	s beginning before ring the tax year in ring 2020 Tax Yea sis for depreciation ess/investment use	nto one or mo	re general General Depre		
19	If you are electing to group any asset accounts, check here Section B - As (a) Classification of property a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property	sets Placed in Service Dur (b) Month and (c) Bayear placed (busin	s beginning before ring the tax year in ring 2020 Tax Yea sis for depreciation ess/investment use	nto one or mo	re general General Depre		
18 	If you are electing to group any asset accounts, check here Section B - As (a) Classification of property a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property	sets Placed in Service Dur (b) Month and (c) Bayear placed (busin	s beginning before ring the tax year in ring 2020 Tax Yea sis for depreciation ess/investment use	r Using the ((d) Recovery period	re general General Depre	(f) Method	
19	If you are electing to group any asset accounts, check here Section B - As (a) Classification of property a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property	sets Placed in Service Dur (b) Month and (c) Bayear placed (busin	s beginning before ring the tax year in ring 2020 Tax Yea sis for depreciation ess/investment use	r Using the ((d) Recovery period	re general General Depre (e) Convention	(f) Method	
19	If you are electing to group any asset accounts, check here Section B - As (a) Classification of property a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental	sets Placed in Service Dur (b) Month and (c) Bayear placed (busin	s beginning before ring the tax year in ring 2020 Tax Yea sis for depreciation ess/investment use	cr Using the (d) Recovery period 25 yrs. 27.5 yrs.	General Depre (e) Convention	(f) Method S/L S/L	
18 	If you are electing to group any asset accounts, check here Section B - As (a) Classification of property a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property	sets Placed in Service Dur (b) Month and (c) Bayear placed (busin	s beginning before ring the tax year in ring 2020 Tax Yea sis for depreciation ess/investment use	control one or modern Using the (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs.	MM MM	(f) Method S/L S/L S/L S/L	
18 	If you are electing to group any asset accounts, check here . Section B - As (a) Classification of property a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real	sets Placed in Service Dur (b) Month and (c) Bayear placed (busin	s beginning before ring the tax year in ring 2020 Tax Yea sis for depreciation ess/investment use	cr Using the (d) Recovery period 25 yrs. 27.5 yrs.	MM MM MM	S/L S/L S/L S/L S/L	
18 	If you are electing to group any asset accounts, check here . Section B - As (a) Classification of property a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property	assets placed in service dui sets Placed in Service Dui (b) Month and (c) Ba year placed (busin in service only-	s beginning before ring the tax year in the tax year in ring 2020 Tax Yea sis for depreciation ess/investment use—see instructions)	25 yrs. 27.5 yrs. 39 yrs.	MM MM MM MM MM	S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
18 	If you are electing to group any asset accounts, check here . Section B - As (a) Classification of property a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Asset	sets Placed in Service Dur (b) Month and (c) Bayear placed (busin	s beginning before ring the tax year in the tax year in ring 2020 Tax Yea sis for depreciation ess/investment use—see instructions)	25 yrs. 27.5 yrs. 39 yrs.	MM MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
18	If you are electing to group any asset accounts, check here . Section B - As (a) Classification of property a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Asset a Class life	assets placed in service dui sets Placed in Service Dui (b) Month and (c) Ba year placed (busin in service only-	s beginning before ring the tax year in ring 2020 Tax Yea sis for depreciation ess/investment use —see instructions)	25 yrs. 27.5 yrs. 39 yrs.	MM MM MM MM MM	S/L	(g) Depreciation deduction
18	If you are electing to group any asset accounts, check here . Section B - As (a) Classification of property a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property f 20-year property h Residential rental property i Nonresidential real property Section C - Asset a Class life b 12-year	assets placed in service dui sets Placed in Service Dui (b) Month and (c) Ba year placed (busin in service only-	s beginning before ring the tax year in ring 2020 Tax Yea sis for depreciation ess/investment use —see instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs.	MM	S/L	(g) Depreciation deduction
18	If you are electing to group any asset accounts, check here Section B - As (a) Classification of property a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Asset a Class life b 12-year c 30-year	assets placed in service dui sets Placed in Service Dui (b) Month and (c) Ba year placed (busin in service only-	s beginning before ring the tax year in ring 2020 Tax Yea sis for depreciation ess/investment use —see instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Using the Alt	MM	S/L	(g) Depreciation deduction
18	If you are electing to group any asset accounts, check here Section B - As (a) Classification of property a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Asset a Class life b 12-year c 30-year d 40-year	assets placed in service dui sets Placed in Service Dui (b) Month and year placed (busin in service only- ets laced in Service Durir	s beginning before ring the tax year in ring 2020 Tax Yea sis for depreciation ess/investment use —see instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs.	MM	S/L	(g) Depreciation deduction
18 	If you are electing to group any asset accounts, check here Section B - As (a) Classification of property a 3-year property b 5-year property c 7-year property d 10-year property f 20-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Asset a Class life b 12-year c 30-year d 40-year Summary (See ins	assets placed in service during sets Placed in Service During (b) Month and year placed (busing in service) only- ets laced in Service During service buring service burin	s beginning before ring the tax year in ring 2020 Tax Yea sis for depreciation ess/investment use —see instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Using the Alt	MM	S/L	(g) Depreciation deduction
18 	If you are electing to group any asset accounts, check here Section B - As (a) Classification of property a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Asset a Class life b 12-year c 30-year d 40-year	assets placed in service during sets Placed in Service During (b) Month and year placed (busing in service) analysis only- ets laced in Service During tructions.) rom line 28	s beginning before ring the tax year in ring 2020 Tax Years is for depreciation ess/investment use—see instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Using the Alt 12 yrs. 30 yrs.	MM MM MM MM ternative Depr	S/L	(g) Depreciation deduction

23 For assets shown above and placed in service during the current year, enter the

here and on the appropriate lines of your return. Partnerships and S corporations—see instructions .

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

Go to www.irs. ov/Form990 for instructions and the latest information. Name of the organization **Employer identification number** Friends of the Island Parks, Inc 27-0001681 Reason for Public Charit See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membershipf ees, and gross 10 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12q. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

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

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III

its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

functionally integrated, or Type III non-functionally integrated supporting organization.

C

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	<u>unij</u> unuon uno c		m, <u>prodos com</u>	, <u> </u>		
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees		(,	(3, = 2	(,	(-,	(-,
	received. (Do not include any "unusual grants.")	41,389	119,740	53,056	40,012	118,371	372,568
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 .	76,371	121,233	110,301	120,710	31,989	460,604
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 .	447.700	040.070	100.057	100 700	450,000	000.470
6	Total. Add lines 1 through 5.	117,760	240,973	163,357	160,722	150,360	833,172
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						0
L	Amounts included on lines 2 and 3						- 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.) .						833,172
Sec	tion B Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6.	117,760	240,973	163,357	160,722	150,360	833,172
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources	9,165	12,347	19,621	17,874	1,779	60,786
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b .	9,165	12,347	19,621	17,874	1,779	60,786
11	Net income from unrelated business						
	activities not included in 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						0
12	(Explain in Part VI.) .						U
13	Total support. (Add lines 9, 10c, 11, and 12.) .	126,925	253,320	182,978	178,596	152,139	893,958
14	First 5 years. If the Form 990 is for the organ	•	•			102, 109	000,000
	organization, check this box and stop here .			•	20011011 201(0)(0)		▶
Sec	tion C. Com utation of Public Su	ort Percenta					
	Public support percentage for 2020 (line 8, co))		15	93.20%
	Public su ort ercenta e from 2019 Schedu			=	_	16	92.57%
	tion D. Com utation of Investment						
17	Investment income percentage for 2020 (line	10c, column (f), div	ided by line 13, co	lumn (f))		17	6.80%
18	Investment income percentage from 2019 Sci	hedule A, Part III, Iir	ne 17			18	7.43%
19a	33 1/3% support tests—2020. If the organiz				•		
	not more than 33 1/3%, check this box and st						. ▶ X
b	33 1/3% support tests—2019. If the organiz						▶□
20	line 18 is not more than 33 1/3%, check this b					mzaliuii	· 【

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

Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	•	j	
	organizations, in excess of income from activity			
3		oses of supported organiza	ations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required-	provide details in Part VI)	
6	Other distributions (describe in Part VI). See instructions.		<u></u>	
7	Total annual distributions. Add lines 1 through 6.			0
8	Distributions to attentive supported organizations to which	n the organization is respor	nsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2020 from Section C, line 6			0
10	Line 8 amount divided by line 9 amount			0.000
;	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2020	_		
<u>a</u>	From 2015 .	0		
b	From 2016 .	0		
<u> </u>	From 2017 .	0		
d	From 2018 .	0		
<u>е</u>	From 2019.	0		
f	Total of lines 3a through 3e	0		
	Applied to underdistributions of prior years		0	
<u>h</u>	Applied to 2020 distributable amount			0
<u> </u>	Carryover from 2015 not applied (see instructions)	^		
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4	Distributions for 2020 from Section D, line 7: \$	0		
		0	0	
a	Applied to underdistributions of prior years Applied to 2020 distributable amount		0	0
<u>b</u>	Remainder. Subtract lines 4a and 4b from line 4.	0		0
<u>с</u> 5		<u> </u>		
9	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.		0	
6	Remaining underdistributions for 2020. Subtract lines 3h			
U	and 4b from line 1. For result greater than zero, explain			
	in Part VI. See instructions.			0
7	Excess distributions carryover to 2021. Add lines 3			
•	and 4c.	0		:
8	Breakdown of line 7:	1		:
		0		
<u>a</u> b		0		<u> </u>
		0		
d		0		•
<u>u</u>	Excess from 2020	ol .		

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

Friends of the Island Parks, Inc

Schedule of Contributors

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

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

2020

OMB No. 1545-0047

Employer identification number 27-0001681

Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)(3) (enter number) organization 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** 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 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

27-0001681

Part I	Contributors (see instructions). Use duplicate cop	oies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Redacted for Privacy	\$265,153	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	Redacted for Privacy	\$35,000	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.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
 Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 ► Attach to Form 990.

OMB No. 1545-0047

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 Friends of the Island Parks, Inc 27-0001681 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990 Part IV. line 6. (a) Donor advised funds Total number at end of year. 1 Aggregate value of contributions to (during year). 2 Aggregate value of grants from (during year). 3 Aggregate value at end of year. 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes Part I Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a). 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the tax year ▶ Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 rred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

	Or anizations Maintainin	Collections of A	rt, Histo	rical Tre	asures, or	Other	Similar Asset	s con	tinued	1
3	Using the organization's acquisition, ac	ccession, and othe	r records,	check any	of the follow	ving tha	it make significant	use of	its	
	collection items (check all that apply):		_	_						
а	Public exhibition		d	Loan or	r exchange p	rogram				
b	Scholarly research		е 🗌	Other						
С	Preservation for future generations	5								
4	Provide a description of the organization XIII.		l explain l	now they fo	urther the or	ganizati	on's exempt purp	ose in F	'art	
5	During the year, did the organization so assets to be sold to raise funds rather							<u> </u>	res _] No
Par	Complete if the organization a 990 Part X line 21.	•	n Form	990, Part	IV, line 9,	or repo	orted an amount	on Fo	orm	
 1a	Is the organization an agent, trustee, c	ustodian or other ir	ntermedia	rv for cont	ributions or o	other as	sets not			
	included on Form 990, Part X?							Y	es _] No
b	If "Yes," explain the arrangement in Pa	nt Am and complete	e trie iolio	wing table	:.			Amount		
С	Beginning balance					. 1		Amount		(
d	Additions during the year					10				
е	Distributions during the year									
f	Ending balance					. 1	f			(
2a	Did the organization include an amount	on Form 990, Par	t X, line 2	1, for escr	ow or custoc	dial acco	ount liability?		'es X	No
b	If "Yes," explain the arrangement in Pa	t XIII. Check here	if the expl	anation ha	as been prov	ided on	Part XIII .			_
Par	V Endowment Funds.									
	Complete if the organization a	nswered "Yes" o	n Form 9	990, Part	IV, line 10					
		(a) Current year	(b) Pri	or year	(c) Two years	s back	(d) Three years back	(e) F	our year	s back
1a	Beginning of year balance .	0		0		0		0		(
b	Contributions .									
С	Net investment earnings, gains,									
	and losses .									
d	Grants or scholarships .									
е	Other expenditures for facilities and programs .									
f	Administrative expenses .					-				
g	End of year balance .	0		0		0	()		
2	Provide the estimated percentage of the		balance (line 1g, co	lumn (a)) he		·	-		
а	Board designated or quasi-endowment		%	O.	(//					
b	Permanent endowment	%								
С		<u>%</u>								
	The percentages on lines 2a, 2b, and 2	•								
3a	Are there endowment funds not in the p	ossession of the o	rganizatio	n that are	held and ad	ministe	red for the			
	organization by:							0.40	Yes	No
	(i) Unrelated organizations							3a(i)	<u> </u>	
b	(ii) Related organizations							3a(ii) 3b	 	
4	Describe in Part XIII the intended uses		-					30		
7	Land, Buildings, and Equipm		3 CHGOWI	nont fanac	·					
	Complete if the organization a		n Form 9	90 Part	IV line 11a	. See l	Form 990 Part	X line	10	
	Description of property	(a) Cost or oth		·	or other basis		Accumulated	•	Book valu	e
		(investme			other)		lepreciation			
1a	Land .		0		0					0
b	Buildings .		0		0		0			0
С	Leasehold improvements .		0		0		0			0
d	Equipment .		0		3,465		2,467			998

e Other.

0

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

	Complete if the organization answered "Yes" on Form 990, Part I	V, line	e 12a.		
1	Total revenue, gains, and other support per audited financial statements.			1	156,350
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments .	2a			
b	Donated services and use of facilities .	2b			
С	Recoveries of prior year grants .	2c		. i	
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d.			2e	0
3	Subtract line 2e from line 1			3	156,350
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			ĺ	
а	Investment expenses not included on Form 990, Part VIII, line 7b.	4a		_	
b	Other (Describe in Part XIII.) .	4b	15,145		
С	Add lines 4a and 4b.			4c	15,145
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).			5	171,495
¥11	Reconciliation of Expenses per Audited Financial Statements	s With	n Expenses per F	Return	
	Complete if the organization answered "Yes" on Form 990, Part I	V, line	12a.		
1	Total expenses and losses per audited financial statements.			1	964,343
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		•		
а	Donated services and use of facilities .	2a		ľ	
b	Prior year adjustments .	2b			
С	Other losses.	2c			
d	Other (Describe in Part XIII.)	2d	25,734		
е	Add lines 2a through 2d.			2e	25,734
3	Subtract line 2e from line 1.			3	938,609
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b.	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b.			4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) .			5	938,609
26121	Supplemental Information.			·	
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, li	nes 1b and 2b; Part	V, line	4; Part X, line
2; Pa	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prov	ide an	y additional informa	tion.	
Part >	(I Line 4b Books Long Term Capital Gain treated for audit as reclassfication of				
	<u> </u>				
Unrea	alized investment gains and losses. For tax return Cost of Goods Sold netted again	nst			
nven	ory sold. For audit Cost of Goods Sold shown as an expense.				
			:		
Part >	(II Line 2d For tax return Cost of Goods Sold netted against inventory sold. For				
audit	Cost of Goods Sold shown as an expense.				

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ.

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

	- G	to www.iis. owi oringso for instruc	tions and the latest information						
Name	of the organization			Employer identificat	tion number				
Frien	ds of the Island Parks, Inc			27-00	01681				
	Fundraising Activities. C	omplete if the organization	answered "Yes" on Fo	rm 990, Part IV, I	ne 17.				
	Form 990-EZ filers are not	required to complete this	oart.						
1	Indicate whether the organization ra	ised funds through any of the	following activities. Check	all that apply.					
а	X Mail solicitations	e X Solic	itation of non-government	grants					
b	X Internet and email solicitations	f X Solic	X Solicitation of government grants						
С	X Phone solicitations	g X Spec	ial fundraising events						
d	X In-person solicitations								
2a	Did the organization have a written key employees listed in Form 990, I	•	, -		Yes X No				
b	If "Yes," list the 10 highest paid indibe compensated at least \$5,000 by	,	pursuant to agreements u	under which the fund	draiser is to				
				(v) Amount paid to					

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody c	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1	1			0	0	0
2				. 0	0	0
3			-	0	0	0
4				0	0	0
5				0	0	
6						0
7				0	0	0
8				0	0	0
9				0	0	0
10				0	0	0
				0	0	0
Total .			•	0	0	0

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

FL

		more than \$15,000 of the events with gross received.	_		come on Form 990-EZ	, lines 1 and 6b. List
		overlie with gross rose	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
ø			(event type)	(event type)	(total number)	col. (c))
Φ	1	Gross receipts .			0	0
Re	2	Less: Contributions .			0	0
	3	Gross income (line 1 minus line 2) .			0	0
	4	Cash prizes .			0	0
	5	Noncash prizes .			0	0
Expenses	6	Rent/facility costs .		1	0	0
EXP	7	Food and beverages .			0	0
<u>S</u>	8	Entertainment .			0	0
	9	Other direct expenses .			0	0
	10 11	Direct expense summary. Add Net income summary. Subtract	•	• •	>	(0)
4	Y 2	Gaming. Complete if the	ne organization answe		0, Part IV, line 19, or re	eported more than
a)		than \$15,000 on Form		(b) Pull tabs/instant		(d) Total gaming (add
enne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Re	1	Gross revenue.	<u> </u>			0
ses	2	Cash prizes .				0
ect Expenses	3	Noncash prizes .				0
Direct	4	Rent/facility costs .				0
	5	Other direct expenses .				0
	6	Volunteer labor .	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add	I lines 2 through 5 in colu	mn (d)	•	(0)
	8	Net gaming income summary.	. Subtract line 7 from line	1, column (d) .	•	0
9		nter the state(s) in which the org	ganization conducts gami	ing activities:		
		the organization licensed to collino," explain:	• •	each of these states?.		. Yes No
10: I		ere any of the organization's ga 'Yes," explain:	aming licenses revoked, s	suspended, or terminated	during the tax year?	. Yes No

SCHEDULE I (Form 990)

HTA

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

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

Employer identification number

Friends of the Island Parks Inc General Information	on on Grants :	and Assistance				2	7-0001681
 Does the organization maint the selection criteria used to Describe in Part IV the organ 	ain records to sul award the grants	bstantiate the amous or assistance? .					X Yes No
			nizations and Dome more than \$5,000. P				ed "Yes" on Form
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) State of Florida 3800 Commonwealth Blvd Tallahasser	59-6007353	501(c)(3)	15,966	910,643	FMV	Paid Park Costs	Support of the Park
(2)	-						
(3)	-						
(4)							
(5)	-						
(6)	-						
(7)	-						
(8)	-						
(9)	J						
(10)	-						
(11)	-						
(12)	-						
2 Enter total number of sectio 3 Enter total number of other For Paperwork Reduction Act Noti	organizations list	ed in the line 1 tabl	e				Schedule I (Form 990) 2020

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2020

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.

Employer identification number

27-0001681

Friends of the Island Parks, Inc Form 990, Part III, Line 4d: Program Service Expenses: 1,556, Grants and allocations: 0, Revenue: 0 The Friends of the Island Parks Inc received a grant from the Audubon Society for \$1556. These funds were spent on protecting varouus nesting areas. Form 990, Part VI, Section B, Line 11a: The accounting and tax return were made available to the Board of Directors at a regular meeting for review and discussion prior to filing. Form 990, Part VI, Section B, Line 11a: The accounting and tax return were made available to the Board of Directors at a regular meeting for review and discussion prior to filing.

The following questions should be answered in the context of the **FEDERAL** return being electronically filed. Responses for state efiles are below.

	F	orm family	<u>/ applicabi</u>	ility	
Check ("x") this column to see more information, when available.	1065	1120/F	1120S	990	1041
X Name of signing officer or fiduciary . <u>Joseph</u> Nixon					
Check ("X") if foreign officer and does not have a SSN/TIN					
OR					
Check ("X") if officer opts not to provide SSN/ITIN					
OR					
Enter SSN/EIN of signing officer or fiduciary	Υ	Y	Υ	Y	Υ
			•	•	<u> </u>
NOTE: 999-00-9999 cannot be used on any other form other than the AUTH.					
Using this IRS provided number on another form may result in processing errors.					
If a financial institution is the figure in the figure in the financial institutions are a bould be automated					
If a financial institution is the fiduciary then the financial institution's name should be entered.					
		l .	<u> </u>		
	V			7	V
Total Income from Prior Year return	Y	Y	<u> </u>		Υ
If claiming deduction for Salary & Wages on current year return, mark this box					
and enter the COUNT of original W2's reported to SSA for this tax year	Υ	Y	Y		
If claiming Compensation of Officers on current year return, mark this box					
and enter the number of officers		Υ	Y		
Parent Company Name					
Parent Company EIN	Υ	Υ	Υ		
Business's Primary Physical Address:					
Street					
Line 2				3 - 1	
City St Zip					
Country Province Postal Code	Υ	Υ	Υ		
- Towned - T	'	•			
Grantor Name					
Grantor SSN					Υ
Giantoi GGN			l .		ı
Indicate which if any of the fill with a few attributes and the file					
Indicate which, if any, of the following forms this entity is required to file.					
940941943945	Y	Y	Y		Y
Were estimated tax payments made for this entity towards the current tax year's liability?					
Yes X No		Υ	Y		Υ
Note: For EFTPS Confirmation Number, if more than 15 digits, enter the first 15 digits.					
First Payment, regardless of quarter or date paid.					
Method Direct Debit/ACH Cash Check EFTPS					
Amount paid with first quarter					
Date payment was requested to be debited					
For Cash payments, date cash was deposited. For Check payments, date on check.					
Last 4 digits of account number for Direct Debit/ACH or EFTPS payment					
EFTPS Confirmation Number					
Note: For EFTPS Confirmation Number, if more than 15 digits, enter the first 15 digits.					
Last Payment, regardless of quarter or date paid.					
Do NOT use if only one estimated payment was made.					
Method Direct Debit/ACH Cash Check EFTPS					
Amount of lost novment					
Amount of last payment					
Date payment was requested to be debited					
For Cash payments, date cash was deposited. For Check payments, date on check.					
Last 4 digits of account number for Direct Debit/ACH or EFTPS payment					
EFTPS Confirmation Number					

Form 4562 Statement - 990

Friends	of the Island Parks, Inc	27-0001681														
		Date		Business	Cost or								Con-	Prior Accum.	2020	2020
Item	Description of	Placed	Asset	Use	Other	Sec. 179		Special	Salvage	Recovery	Recovery		vention	Deprec.,		Accum.
No.	Prope	In Service	Code	%	Basis	Deduction	Credit	Allowance	Value	Basis	Period	Method	Code	179, Bonus	Deprec.	Deprec.
<u>Depre</u>	ciation Detail															
MACRS	deductions for prior year	ers (Line 17)														
	Penny Machine	10/23/2013	F-10	100.00%	3,465	0		0 0	0	3,465	10	SL/ADS	MQ4	2,120	346	2,467
	Total MACRS deductions	for prior years (Lin	ie 17)	_	3,465	0		0 0	0	3,465	-			2,120	346	2,467
	Iotal MACNO deductions for prior years (Line 17)									·	-					•
	Subtotal Depreciat	ion			3,465	0		0 0	0	3,465				2,120	346	2,467
	Total Depreciation	and Amortizat	tion	=	3,465	0		0 0	0	3,465	=			2,120	346	2 467
Form	n 4562 Reconcilia	tion														
	Annual depreciation ar	nd amortization (in	ncluding	Sec 168(f) el	ected amount	s)									346	
	Special allowance exc	ept listed property	(Line 14	4) - current ye	ear assets										0	
	Special allowance - list	ted property (Line	25) - cu	rrent year as	sets										0	
	Section 179 amoun	t claimed (include	es prior y	ear disallowe	ed)									0		
	Section 179 amoun	t carried forward	to future	year										0		
	Section 179 deduction	(Line 12)													0	
	Less amortization inclu	uded in total annu	al depre	ciation and a	mortization (Li	ne 44 <u>)</u>									0	
	Form 4562, Line 22														346	

Summary of Unadjusted Basis of Qualified Property (4562)

12/31/2020

Summary of Qualified Property by Activity

	, , , , , , , , , , , , ,	Unadjusted
	Activity	Cost or Basis
1	990 .	3,465

Detail of Qualified Property

			Date In	Recovery	Years in	Total Cost	Business/Time	Unadjusted
	Activity	Asset Description	Service	Period	Service	or Basis	Use Percent	Cost or Basis
2	990	Penny Machine	10/23/2013	7	8	3,465	100.00%	3,465

Part VII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

			Cash	Noncash
1	Federated Campaigns	1		
2	Membership dues	2	28,554	
3	Fundraising events	3		
4	Related organizations	4		
	Government grants (contributions)	5		
	All other contributions, gifts, grants, and similar amounts not included above:			
	General Donations		10,037	
	Restricted Gifts		240	
		_		
	Audubon Donations		1,556	
	Caladesi Discovery Center Donations		77,984	
	Other contributions total	6	89,817	0
_7	Total	7	118,371	0

Part VIII, Line 7 (990) - Gain/Loss from Sale of Assets Other than Inventory

	Gross	Cost, other
	sales	basis and expenses
Total Public Securities:	650,000	609,122
Total Non-Public Securities:	0	0
Total Other Sales:	0	0

		Check if	Check if									Expense		
		gain/loss is	gain/loss is	Check if					' I	Cost or ot	her basis	of sale and		
		from sale	from sale of	purchaser						(Enter one	field only)	cost of		
		of public	non public	is a		Date	Acquisition	Date	Gross sales		Donated	improve-		Description of
Description	CUSIP#	securities	securities	business	Purchaser	acquired	method	sold	price	Cost	value	ments	Depreciation	Basis Method
1 Form 8949 Short Term Sales		Х					Purchase	3/10/2020	32,453	30,938				
2 Form 8949 Short Term Sales		Х					Purchase	3/10/2020	617,547	578,184				

Part VIII, Line 10 (990) - Gross Sales of Inventory

	Total:	31,989	21,522	10,467
			Cost of	
	Category	Gross Sales	Goods Sold	Net
1	Nature Center Sales	31,989	21,522	10,467

Part IX, Line 22 (990) - Depreciation, Depletion, and Amortization

i art ix, Eine LL (000) Depresiation, i	opicaon, and			
	(A)	(B)	(C)	(D)
	Total	Program	Management	Fundraising
		services	and general	
1 Depreciation	346		346	
2 Depletion	0			
3 Amortization	0			
4 Total	346	0	346	0

Part X, Line 4 (990) - Accounts Receivable

	· · · ·		Accounts receivable			Allowance for doubtful accounts		
			Beginning		End	Beginning	End	
1	Sponsorships	1	0			0		
2	CDC Grant, Levett Foundation	2	189,000	'		0		
3	CDC Grant, Dunedin Rotary	3	35,000			0		
4	Jean Barnes Donation	4	500			0		
5	State of Florida	5	320,000			0		
6	State of Florida	6	329,200			0		
7		7	0			0		
8		8	0			0		
9		9	0			0		
10		10	0			0		
_11	Total accounts receivable	. 11	873,700		0	0	0	

Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

		Before Disposition:	3,465	2,120	1,345				
		Less Disposed:	0						
	* Asset disposed during tax year	After Disposition:	3,465			346	2,467	998	
	Asset Description and Cla	Asset Description and Classification		Beginning of Year			End of Year		
Check (X) if				Beginning		Current	Ending		
Investment		Asset	Cost/Other	Accumulated	Beginning	Year	Accumulated	Ending	
Asset	Category or Item	Classification	Basis	Depreciation	Balance	Depreciation	Depreciation	Balance	
1	Penny Machine	Equipment	3 465	2 120	1 345	346	2,467	998	

Part X, Lines 11 and 12 (990) - Investments - Securities

					Total:	0	671,423	15,984
		Check if		Check if			Beginning	Ending
		Publicly	Check if	Closely-Held	Number	Value	Balance	Balance
		Traded	Financial	Equity	of Shares/	at Time of	Book Value	Book Value
	Description	Securities?	Derivatives	Interests	Face Value	Donation	FMV	FMV
1	Vanguard LifeStrategy Income Fund	X			21,496.02		671,423	0
2	Vanguard LifeStrategy Income Fund	X						15,984