



**Florida Department of Environmental Protection
CITIZEN SUPPORT ORGANIZATION
2022 LEGISLATIVE REPORT
(pursuant to Section 20.058 Florida Statutes)**

Citizen Support Organization (CSO) Name: Friends of Blue Spring State Park

Mailing Address: 2100 W French ave, Orange City, FL 32763

Telephone Number: 386-775-1599

Website Address (*required if applicable*): <https://friendsofbluespringstatepark.org/>

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)

To support the Parks Mission Statement and the Park Service Directives, through volunteering support and fundraising efforts to assist with budget needs.

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.)

In 2021 we raised \$41,556.31 less expenses, costs of goods & funds to the Park leaving a carry-over amount of \$22,348.66 going into 2022. Due to Covid-19 the Annual Manatee Festival was Cancelled. We did raise money from Firewood Sales (\$16,055.10), Fireflies Lights at Night (\$6,469.53), T-Shirt Sales through the Gift Shop (\$2,840.00) and weekly Bingo for part of the year (\$3,997.00). We started fundraising for a new Manatee Release & Rescue Ramp (\$5,715.43). We purchased a new storage shed for the park and some smaller projects were funded.

Describe the CSO's Plans for the Next Three Calendar Years:

2022 started with new Volunteers & re-organization. The first big change was switching from the Wild Apricot platform to Shopify and creating a new more user friendly website. Our Membership has been increasing steadily since the new website was launched. We are continuing to build our Social Media presence. The Memorial Brick Campaign was launched and 1st quarter sales are promising! Weekly Bingo was re-started and is doing very well. We are looking forward to starting Moonlight Kayaking. We have joined the West Volusia Chamber of Commerce and are looking forward to networking with area business, and hopefully adding some new Corporate Sponsors. Fundraising & planning for a New Manatee Release & Rescue Ramp is ongoing.

CSO's LAST CALENDAR YEAR STATISTICS:

Total Number of CSO General Membership: 63

Total Number of Board of Directors: 13

Total Volunteer Hours for the Board of Directors (Hours from VSys - Work with your parks' volunteer manager):2,511

PARK & CSO RELATIONSHIP:

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

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?

Friends of Blue Spring are always communicating and offer advice or changes in any new developments in the park. The CSO is efficiency fulfilling their purpose to support the park and makes it easy during difficult situations. The Board of Directors has no problem in completing their Annual Program Plan. The relationship between the park and CSO can only get better since both have a strong drive to give back to the community and make Blue Spring State Park amazing.

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?

Building on the past relationships with the Park Management & Staff, we are growing and changing as both the Park Management and CSO Officers have changed. We are excited with the new ideas that are being implemented, having more Park Volunteers involved with the CSO and working in cooperation with Guest Services and the other vendors at the Park. This combined support is making it easier and more enjoyable to move forward with new projects to support our Mission!

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 expenses that directly support the park(s). 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	\$ 4360.00
Cultural resources (e.g., historic structure restoration/ renovation)	\$
Natural resources (e.g., native plants, natural lands restoration)	\$
Maintenance equipment (e.g., mowers, chippers, blowers, chainsaws)	\$
Other facilities and landscape maintenance	\$
Vehicles (e.g., trucks/cars, UTVs, golf carts, accessible devices, etc.)	\$
Amenities (e.g., water fountains, benches, picnic tables, recreational equipment, kiosks etc.)	\$
Park employees or volunteers support (e.g., interns, training, uniforms, awards, or recognition)	\$
Big ticket visitor center exhibits or interpretation updates	\$

Park exhibits, displays, signage	\$
Park publications, brochures, maps, etc.	\$
Programing/interpretation support material purchases	\$
Other program services	\$
Total Program Service Expenses	\$ 4,360.00

Visitor Services Revenue

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

Park gift shops, craft stores, and concession sales	\$ 2,840.00
Merchandise sales (e.g., plants, firewood, ice, t-shirts, hats, etc.)	\$ 16,055.10
Programs and Special Events (e.g., fundraising workshops, seasonal events, concerts, etc.)	\$ 6,469.53
Vending (e.g., drink machines, penny press, laundry, Wifi, etc.)	\$ 1,426.00
Rentals (e.g., bikes, canoe, kayak, SUPs, etc.)	\$
In-park donation boxes	\$
Other visitor services revenue	\$
Total Visitor Services Revenue	\$ 26,790.63

NET ASSETS: \$ 32,583.00

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

CSO AUDIT THRESHOLD:

Last Calendar Year's Total Expenses (including grants) \$ 21,492.26

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.

This information is complete to the best of my knowledge pursuant to Section 20.058 Florida Statutes		
CSO President Karen L Kellerman	DocuSigned by: <i>Karen L Kellerman</i> C935CAECBBC8492...	5/26/2022
Park Manager Dustin Allen	DocuSigned by: <i>Dustin Allen</i> 2F82FDA49086414...	5/26/2022

- 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.

CODE OF ETHICS

FRIENDS OF BLUE SPRING STATE PARK

CODE OF ETHICS - JUNE 2014

PREAMBLE

(1) It is essential to the proper conduct and operation of [Friends of Blue Spring State Park] (herein "CSO") that its board members, officers, and employees be independent and impartial and that their position not be used for private gain. Therefore, the Florida Legislature in Section 112.3251, Florida Statute (Fla. Stat.), requires that the Law protect against any conflict of interest and establish standards for the conduct of CSO board members, officers, and employees in situations where conflicts may exist.

(2) It is hereby declared to be the policy of the state that no CSO board member, officer, or employee shall have any interest, financial or otherwise, direct or indirect, or incur any obligation of any nature which is in substantial conflict with the proper discharge of his or her duties for the CSO. To implement this policy and strengthen the faith and confidence of the people in Citizen Support Organizations, there is enacted a code of ethics setting forth standards of conduct required of Friends of Blue Spring State Park board members, officers and employees in the performance of their official duties.

STANDARDS

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

(1) Prohibition of Solicitation or Acceptance of Gifts

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

(2) Prohibition of Accepting Compensation Given to Influence a Vote

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

(3) Salary and Expenses

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

(4) Prohibition of Misuse of Position

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

(5) Prohibition of Misuse of Privileged Information

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

(6) Post-Office/Employment Restrictions

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

(7) Prohibition of Employees Holding Office

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

(8) Requirements to Abstain from Voting

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

(9) Failure to Observe CSO Code of Ethics

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

Short Form Return of Organization Exempt From Income Tax

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

2021

Open to Public Inspection

- ▶ Do not enter social security numbers on this form, as it may be made public.
- ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2021 calendar year, or tax year beginning _____, and ending _____							
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">C Name of organization FRIENDS OF BLUE SPRING STATE PARK, INC</td> <td style="width: 30%;">D Employer identification number 57-1199346</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2100 WEST FRENCH AVENUE</td> <td>E Telephone number (386) 775-3663</td> </tr> <tr> <td>City or town, state or province, country, and ZIP or foreign postal code ORANGE CITY, FL 32763</td> <td>F Group Exemption Number ▶</td> </tr> </table>	C Name of organization FRIENDS OF BLUE SPRING STATE PARK, INC	D Employer identification number 57-1199346	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2100 WEST FRENCH AVENUE	E Telephone number (386) 775-3663	City or town, state or province, country, and ZIP or foreign postal code ORANGE CITY, FL 32763	F Group Exemption Number ▶
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City or town, state or province, country, and ZIP or foreign postal code ORANGE CITY, FL 32763	F Group Exemption Number ▶						
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____	H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990).						
I Website: ▶ _____							
J Tax-exempt status (check only one) - <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527							
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other _____							
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 38,726.							

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)	
Check if the organization used Schedule O to respond to any question in this Part I <input type="checkbox"/>	
Revenue	1 Contributions, gifts, grants, and similar amounts received 1 37,763.
	2 Program service revenue including government fees and contracts 2
	3 Membership dues and assessments 3 963.
	4 Investment income 4
	5 a Gross amount from sale of assets other than inventory 5a
	b Less: cost or other basis and sales expenses 5b
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c
	6 Gaming and fundraising events:
	a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). 6b
c Less: direct expenses from gaming and fundraising events 6c	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d	
7 a Gross sales of inventory, less returns and allowances 7a	
b Less: cost of goods sold 7b	
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c	
8 Other revenue (describe in Schedule O). 8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. ▶ 9 38,726.	
Expenses	10 Grants and similar amounts paid (list in Schedule O). 10
	11 Benefits paid to or for members 11
	12 Salaries, other compensation, and employee benefits 12
	13 Professional fees and other payments to independent contractors 13 400.
	14 Occupancy, rent, utilities, and maintenance 14
	15 Printing, publications, postage, and shipping. 15
	16 Other expenses (describe in Schedule O). 16 21,834.
17 Total expenses. Add lines 10 through 16. ▶ 17 22,234.	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9). 18 16,492.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 19 10,234.
	20 Other changes in net assets or fund balances (explain in Schedule O). 20 5,857.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20. ▶ 21 32,583.

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II.

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	10,234.22	32,583.
23	Land and buildings	0.23	0.
24	Other assets (describe in Schedule O)	0.24	0.
25	Total assets	10,234.25	32,583.
26	Total liabilities (describe in Schedule O)	0.26	0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	10,234.27	32,583.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III.

What is the organization's primary exempt purpose? **ASSIST BLUE SPRING STATE PARK WITH SERVICES**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28	FRIENDS OF BLUE SPRING STATE PARK, INC SELLS WOOD DURING THE YEAR TO RAISE FUNDS. THEY PAID OUT \$11,450 FOR THE WOOD TO SELL.	28a	11,450.
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		
29	FRIENDS OF BLUE SPRING STATE PARK, INC CONDUCTS FIRE FLY TOURS DURING THE YEAR TO RAISE FUNDS. THEY DID NOT HAVE ANY EXPENSES FOR THE TOURS.	29a	
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		
30		30a	
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		
31	Other program services (describe in Schedule O)	31a	
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		
32	Total program service expenses (add lines 28a through 31a)	32	11,450.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MELISSA GIBBS				
PRESIDENT				
VACANT				
VICE PRESIDENT				
CORA BERCHEM				
SECRETARY				
STACEY E TYSON				
TREASURER				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 33 through 45b regarding organizational activities, financials, and governance.

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000. **▶ 0**

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 **▶ 0**

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A. **▶ Yes No**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date
	MELISSA GIBBS, PRESIDENT	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name DEBORAH L MORAN	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00573697
	Firm's name ▶ DEBORAH L MORAN CPA PA			Firm's EIN ▶ 27-3266198	
	Firm's address ▶ PO BOX 722083 ORLANDO, FL 32872-2083			Phone no. (407) 625-1696	

May the IRS discuss this return with the preparer shown above? See instructions **▶ Yes No**

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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

▶ Attach to Form 990 or Form 990-EZ.

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

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

FRIENDS OF BLUE SPRING STATE PARK, INC

Employer identification number

57-1199346

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 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).)
- 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: _____
- 5 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)**.
- 7 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.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **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.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	17,154.	21,474.	27,288.	23,339.	38,726.	127,981.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3.	17,154.	21,474.	27,288.	23,339.	38,726.	127,981.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						127,981.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	17,154.	21,474.	27,288.	23,339.	38,726.	127,981.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						127,981.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	100.00%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	100.00%
16a 33 1/3 % support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here . The organization qualifies as a publicly supported organization	► <input checked="" type="checkbox"/>	
b 33 1/3 % support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here . The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.	► <input type="checkbox"/>	
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.	► <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	► <input type="checkbox"/>	

Name of the organization

Employer identification number

FRIENDS OF BLUE SPRING STATE PARK, INC

57-1199346

Part I Line 16

Other office expenses \$1042.00

Part I Line 16

Insurance \$100.00

Part I Line 16

REPAIRS \$5581.00

Part I Line 16

MISCELLANEOUS EXPENSES \$2619.00

Part I Line 16

PROGRAM SERVICES EXPENSES \$12492.00

Part I Line 20

\$5857.00