Citizen Support Organization (CSO) Name: Friends of Sebastian Inlet State Park
Mailing Address: 13180 Highway A1A, Vero Beach, FL 32963
Telephone Number: 772-589-2147
Website Address (required if applicable): friendsofsebastianinletstatepark.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
The Friends of Sebastian Inlet State Park, Inc, is a non-profit 501 (C) (3) organization dedicated to supporting the park and its two museums. The organization enhances the state’s mission to provide and preserve resource-based recreation such as fishing, surfing and enjoying the outdoors.

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.

Obviously, last year wasn’t a normal year, to say the least, but it gave us a chance to find new ways to support the Park and start setting us up for the next several years. Some of those changes included switching our website to Wild Apricots, which has been successful in getting information out to our members and Public faster. We have also started a new membership program with a new brochure which is doing very well in its first year!

Our Currant Turtle Fundraiser in conjunction with The Mental Health Association has been very successful to start! We were able to raise the initial $10,000 to purchase the 5 foot tall turtle statue and once it’s made, it'll be shipped to a local artist for painting.

With our new membership program our counting of members has changed. Our paying members amount to 48 people or families. We are currently looking to change our by-laws, as everyone became a general member when they reached 50 hours of service. This will hopefully make it easier to track in the future.
Describe the CSO’s Plans for the Next Three Calendar Years:

Continue to raise funds for the Sea Turtle Museum by partnering with the Mental Health Association. Ongoing throughout the summer & into the Fall we will be raising monies which will be split 50-50 with the MHA, over which time we hope to raise at least $25,000 or more that will go towards our vision of a Turtle Museum near the Fishing Museum. Additional funds will be raised by online donations, events, and raffles to contribute to this interpretive enhancement. We will continue to assist with turtle walks and night sounds concerts and continue with fund raising for the park thru gift shop sales, firewood and ice vending.

CSO’s LAST CALENDAR YEAR STATISTICS:

Total Number of CSO General Membership: 48
Total Number of Board of Directors: 11
Total Volunteer Hours for the Board of Directors: 4,509.22

PARK & CSO RELATIONSHIP:

Keep the summary simple. Save time. Don’t duplicate by describing accomplishments and contributions in the summary. Brag in the above Results Obtained. Describe the relationship here.

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

The Friends of Sebastian Inlet State Park have made significant progress over this past year despite the many challenges faced with temporary reduced visitor capacity at the park, lack of park events and loss of board members. I am continuously impressed with the dedication of the members and their desire to assist the park in any way possible. The relationship I have developed with the Board of Directors continues to be strong, with great communication and a clear understanding of the park’s goals.

The CSO continues to be successful with gift shop sales, ice and firewood sales, and a campground vending machine. They have established a membership committee that has been effective in bringing in new members and have made connections with other local non-profits, such as the Chamber of Commerce, to broaden their membership base. They gained one new board member this year, but remain without a vice president which has placed a lot of the responsibility on the president. Although they are actively searching for someone to take on this role, they have not been unable to do so thus far.

This year the Friends switched from their old website, which was in dire need of updating, to Wild Apricot. The previous website had not changed much in the past ten years and lacked some of the basic features of most websites today. This allowed them to add a donation button for ease of obtaining funding, a social media link, new events page, membership options, updated photos and an overall restructured appearance. They had their first reoccurring donation this year through the new system.

The Friends assisted the park in a joint fundraising venture this past year with the Mental Health Association (MHA) of Indian River County and have several events planned for later this summer. I am looking forward to restarting events such as the Night Sounds concerts, fishing clinics and outreach activities as well as creating new opportunities to raise funds to improve the park. All of which will significantly increase profits for the year.
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?

As President, I am very happy with the relationship with everyone at the Park! Everyone is willing to go above & beyond when working with the CSO. The support received on the membership program & the Turtle Fundraiser has been outstanding. I couldn't ask for a more supportive group· to work with.

SUMMARIZE FINANCIAL ACTIVITY FOR LAST CALENDAR YEAR, SPECIFIC PARK(S) SUPPORT:

Program Service Expenses are

- Building improvement, construction or renovations $357.85
- Cultural resources (e.g., historic structure restoration/ renovation) $0
- Natural resources (e.g., native plants, natural lands restoration) $0
- Maintenance equipment (e.g., mowers, chippers, blowers, chainsaws) $2193.00
- Other facilities and landscape maintenance $2543.59
- Vehicles (e.g., trucks/cars, UTVs, golf carts, accessible devices, etc.) $94.50
- Amenities (e.g., water fountains, benches, picnic tables, recreational equipment, kiosks etc.) $428.77
- Park employees or volunteers support (e.g., interns, training, uniforms, awards, or recognition) $331.20
- Big ticket visitor center exhibits or interpretation updates $0
- Park exhibits, displays, signage $1622.45
- Park publications, brochures, maps, etc. $0
- Programing/interpretation support material purchases $406.73
- Other program services $8702.91

(Includes Park Support and Small Equipment Expenses-See P&L-$0.22) Total Program Service $16681.00

Total Operating Expenses (Overhead including fees, memberships, postage, rent, utilities, etc.) $50656.78

Visitor Services Revenue

- Park gift shops, craft stores and concession sales $35722.70
- Merchandise sales (firewood and ice) $1,515.67
- Programs and Special Events (Turtle Walks and concerts) $2077.34
- Vending (vending machine-1) $272.14
- Rentals (e.g., bikes, canoe, kayak, SUPs, etc.) $0
- In-park donation boxes $2353.51
- Other visitor services revenue(Membership) $860.00

Total Visitor Services Revenue $42801.36

Net Assets $101,009.00

CSO AUDIT:

Total of Last Calendar Year’s Expenses (including grants)

Section 215.981(2), Florida Statute requires an independent CPA audit using Government Audit Standards (U.S. GAO Yellow Book) when the CSOs annual expenses are $300,000 including grants. 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.

<table>
<thead>
<tr>
<th>CSO President</th>
<th>Bob Fredericks</th>
<th>06/01/21</th>
</tr>
</thead>
<tbody>
<tr>
<td>Park Manager</td>
<td>Jennifer E. Roberts</td>
<td>06/08/21</td>
</tr>
</tbody>
</table>

☒ 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 990 and schedules.
PREAMBLE

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

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

STANDARDS

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

1. Prohibition of Solicitation or Acceptance of Gifts

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

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

3. Salary and Expenses

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

4. Prohibition of Misuse of Position

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

5. Prohibition of Misuse of Privileged Information

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

6. Post-Office/Employment Restrictions

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

7. Prohibition of Employees Holding Office

No person may be, at one time, both a CSO employee and a CSO board member at the same time.
8. Requirements to Abstain From Voting

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

9. Failure to Observe CSO Code of Ethics

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

**Return of Organization Exempt From Income Tax**

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

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

A For the 2020 calendar year, or tax year beginning , 2020, and ending , 2020.

<table>
<thead>
<tr>
<th>Box</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>Check if applicable:</td>
</tr>
<tr>
<td></td>
<td>Name of organization: Friends of Sebastian Inlet State Park</td>
</tr>
<tr>
<td>C</td>
<td>Employer Identification number: 59-3164754</td>
</tr>
<tr>
<td></td>
<td>Telephone number: 7723882750</td>
</tr>
<tr>
<td></td>
<td>Group Exemption Number:</td>
</tr>
<tr>
<td>D</td>
<td>Address: 13180 North Highway A1A, Room/suite: Vero Beach, FL 32963</td>
</tr>
<tr>
<td></td>
<td>Email:</td>
</tr>
<tr>
<td></td>
<td>Website:</td>
</tr>
<tr>
<td></td>
<td>Form of organization: Corporation</td>
</tr>
<tr>
<td>K</td>
<td>Tax-exempt status (check only one) - 501(c)(3)</td>
</tr>
<tr>
<td></td>
<td>IRS reg no:</td>
</tr>
<tr>
<td>J</td>
<td>Check □ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).</td>
</tr>
</tbody>
</table>

**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: X

- **Revenue**
  - Contributions, gifts, grants, and similar amounts received: 1, 2,354.
  - Program service revenue including government fees and contracts: 2.
  - Membership dues and assessments: 3, 860.
  - Investment income: 4.
  - Gross amount from sale of assets other than inventory: 5a.
    - Less: cost or other basis and sales expenses: 5b.
      - Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a): 5c.
  - Gaming and fundraising events:
    - Gross income from gaming (attach Schedule G if greater than $15,000,000): 6a.
      - 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 $15,000,000): 6b.
      - Less: direct expenses from gaming and fundraising events: 6c.
      - Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c): 6d.
  - Gross sales of inventory, less returns and allowances:
    - Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a): 7c.
    - Other revenue (describe in Schedule O): 8.
  - Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8: 9, 10, 451.
- **Expenses**
  - Benefits paid to or for members: 11.
  - Salaries, other compensation, and employee benefits: 12.
  - Professional fees and other payments to independent contractors: 13, 2,138.
  - Occupancy, rent, utilities, and maintenance: 14.
  - Printing, publications, postage, and shipping: 15, 85.
  - Other expenses (describe in Schedule O): 16, 32, 676.
  - Total expenses. Add lines 10 through 16: 17, 34, 899.
- **Net Assets**
  - Excess (or deficit) for the year (subtract line 17 from line 9): 18, -24, 448.
  - 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, 125, 457.
  - Other changes in net assets or fund balances (explain in Schedule O): 20.
  - Net assets or fund balances at end of year. Combine lines 18 through 20: 21, 101, 009.

For Paperwork Reduction Act Notice, see the separate instructions.
**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  

<table>
<thead>
<tr>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 Cash, savings, and investments</td>
<td>49,814</td>
</tr>
<tr>
<td>23 Land and buildings</td>
<td>23</td>
</tr>
<tr>
<td>24 Other assets (describe in Schedule O)</td>
<td>76,032</td>
</tr>
<tr>
<td>26 Total assets</td>
<td>125,847</td>
</tr>
<tr>
<td>26 Total liabilities (describe in Schedule O)</td>
<td>390</td>
</tr>
<tr>
<td>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>125,457</td>
</tr>
</tbody>
</table>

**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? **Support of the Sebastian Inlet State Park and its two museums**  
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.  

28 Purchase, maintain & repair park equipment and volunteer gear including shirts, hats, badges.  
   (Grants $ 0)  
   If this amount includes foreign grants, check here  
   28a 17,495  

29  

30  
   (Grants $ 0)  
   If this amount includes foreign grants, check here  
   28a 17,495  

31 Other program services (describe in Schedule O)  
   (Grants $ 0)  
   If this amount includes foreign grants, check here  
   31a 17,495  

32 Total program service expenses (add lines 28a through 31a)  
   32 17,495  

**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  

<table>
<thead>
<tr>
<th>(a) Name and title</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC, if not paid, enter 0)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Robert Fredericks</td>
<td>20.00</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Jane Bushnell</td>
<td>6.00</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Wayne Bushnell</td>
<td>10.00</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
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.

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conforming copy of the amended documents if they reflect a change to the organization’s name. Otherwise, explain the change on Schedule O. See instructions.

35a Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.

37a Enter amount of political expenditures, direct or indirect, as described in the instructions.

b Did the organization file Form 1126-POL for this year?

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

b If "Yes," complete Schedule L, Part II, and enter the total amount involved.

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9.

b Gross receipts, included on line 9, for public use of club facilities.

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911 >>; section 4912 >>; section 4955 >>

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4812, 4855, and 4858.

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.

41 List the states with which a copy of this return is filed.

42a The organization’s books are in care of Books2Tax, LLC

Located at 466 Sanyan St., Sebastian, FL 32958

Telephone no. (772) 205-5154

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country.

See the Instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country.

43 Section 4947(a)(1) tax-exempt charitable trusts filing Form 990-EZ in lieu of Form 1041. Check here and enter the amount of tax-exempt interest received or accrued during the tax year.

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.

c Did the organization receive any payments for indoor tanning services during the year?

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions.

REV 09/09/21 PRO
48 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

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>47</td>
<td></td>
<td></td>
</tr>
<tr>
<td>48</td>
<td></td>
<td></td>
</tr>
<tr>
<td>49a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

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."

<table>
<thead>
<tr>
<th>(a) Name and title of each employee</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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."

<table>
<thead>
<tr>
<th>(a) Name and business address of each independent contractor</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

52 Did the organization complete Schedule A? Notes: All section 501(c)(3) organizations must attach a completed Schedule A

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.

Signature of officer

Robert Fredericks, President

Date

06/01/2021

Preparer's signature

Candice J. LaPlante

Date

06/01/2021

Check ☑ if self-employed

PTIN

P01628733

Preparer's name

Books2Tax LLC

Firm's EIN

82-2064901

Firm's address

466 Banyan St, Sebastian, FL 32958

Phone no.

(772) 205-5154

May the IRS discuss this return with the preparer shown above? See instructions

☐ Yes ☐ No
### Additional Information from your Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

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

**Line 8: Other Revenue**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concession</td>
<td>1,928.</td>
</tr>
<tr>
<td>Turtle Walk</td>
<td>1,596.</td>
</tr>
<tr>
<td>Sales Tax Discounts</td>
<td>88.</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>3,612.</td>
</tr>
</tbody>
</table>

**Line 16: Other Expenses**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank charges</td>
<td>4,286.</td>
</tr>
<tr>
<td>Concerts</td>
<td>1,447.</td>
</tr>
<tr>
<td>CSO</td>
<td>5,062.</td>
</tr>
<tr>
<td>Office expenses</td>
<td>1,629.</td>
</tr>
<tr>
<td>Park support</td>
<td>16,681.</td>
</tr>
<tr>
<td>Depreciation</td>
<td>3,571.</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>32,676.</td>
</tr>
</tbody>
</table>

Friends of Sebastian Inlet State Park
Public Charity Status and Public Support

Complete if the organization is 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.

Name of the organization: Friends of Sebastian Inlet State Park

59-3164754

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.)

☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).

☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iv).

☐ 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)(v). (Complete Part II.)

☐ 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)(v). (Complete Part II.)

☐ 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)(vii) 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:

☐ An organization 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.)

☐ An organization organized and operated exclusively for public safety. See section 509(a)(4).

☐ 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 12a, 12f, and 12g.

☐ 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 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.

☐ 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.

☐ 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.

☐ 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.

☐ Provide the following information about the supported organization(s):

<table>
<thead>
<tr>
<th>(A) Name of supported organization</th>
<th>(B) EIN</th>
<th>(C) Type of organization described in lines 1-10 above (see instructions)</th>
<th>(D) Is the organization listed in your governing document?</th>
<th>(E) Amount of monetary support (see instructions)</th>
<th>(F) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A)</td>
<td>(B)</td>
<td>(C)</td>
<td>(D)</td>
<td>(E)</td>
<td>(F)</td>
</tr>
</tbody>
</table>

Total

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.
### 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.)

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2016</th>
<th>(b) 2017</th>
<th>(c) 2018</th>
<th>(d) 2019</th>
<th>(e) 2020</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received (Do not include any &quot;unusual grants.&quot;)</td>
<td>6,645</td>
<td>8,750</td>
<td>3,892</td>
<td>3,783</td>
<td>3,214</td>
<td>26,284</td>
</tr>
<tr>
<td>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</td>
<td>52,990</td>
<td>60,853</td>
<td>82,252</td>
<td>82,443</td>
<td>47,215</td>
<td>325,753</td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Total, Add lines 1 through 5</td>
<td>59,635</td>
<td>69,603</td>
<td>86,144</td>
<td>86,226</td>
<td>50,429</td>
<td>352,037</td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Public support. (Subtract line 7b from line 6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>352,037</td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2016</th>
<th>(b) 2017</th>
<th>(c) 2018</th>
<th>(d) 2019</th>
<th>(e) 2020</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10c Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Total support. (Add lines 9, 10c, 11, and 12)</td>
<td>59,635</td>
<td>69,603</td>
<td>86,144</td>
<td>86,226</td>
<td>50,429</td>
<td>352,037</td>
</tr>
<tr>
<td>14 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2016</th>
<th>(b) 2017</th>
<th>(c) 2018</th>
<th>(d) 2019</th>
<th>(e) 2020</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))</td>
<td>100</td>
<td>100</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Public support percentage from 2019 Schedule A, Part III, line 15</td>
<td>100</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section D. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2016</th>
<th>(b) 2017</th>
<th>(c) 2018</th>
<th>(d) 2019</th>
<th>(e) 2020</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 Investment Income Percentage for 2020 (line 10c, column (f), divided by line 13, column (f))</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Investment Income Percentage from 2019 Schedule A, Part III, line 17</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19a 33 1/3% Support Test—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19b 33 1/3% Support Test—2019. If the organization did not check the box on line 14 or line 19a, and line 18 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Other Addl Info: We are a volunteer organization that manages two (2) gift shops in the Sebastian Inlet State Park to support the Sebastian Inlet State Park.

We have no other income except for donations, recycle of aluminum cans, scrap metal etc. None of our donations were $5,000 or more. All donations are small amounts per person.
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.

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

Friends of Sebastian Inlet State Park

Pt I, Line 8:

Description: Concession $1,926

Description: Turtle Walk $1,596

Description: Sales Tax Discounts $88

Pt I, Line 16:

Description: Bank charges $4,286

Description: Concerts $1,447

Description: CSO $5,062

Description: Office expenses $1,629

Description: Park support $16,631

Description: Depreciation $3,571

Pt II, Line 24:

Description: Inventories for sale Beginning of Year: $49,637 End of Year: $28,962

Description: Improvements net of accumulated depreciation Beginning of Year: $22,568 End of Year: $22,912

Description: Equipment net of accumulated depreciation Beginning of Year: $2,828 End of Year: $15,462

Pt II, Line 26:

Description: Sales Tax Payable Beginning of Year: $390 End of Year: $693
Federal Depreciation Options

Name as Shown on Return
Friends of Sebastian Inlet State Park

Employer Identification No.
59-3164754

MACRS Convention

☐ Compute convention (result shown below)

When 'Compute convention' is checked, the program determines which convention applies to MACRS personal property assets placed in service in 2020, and checks the appropriate box below.
The program uses the 'Half-year convention' unless the 'Mid-quarter convention' box is checked.

1 ☒ Half-year convention
2 ☐ Mid-quarter convention

MACRS Computation

Use IRS tables for all MACRS property placed in service this year? ................. ☐ Yes ☐ No
Treat all MACRS assets for this activity as qualified Indian reservation property? ....... ☐ Yes ☐ No
Treat all assets acquired after Aug 27, 2005 as qualified GO Zone property? ......... ☐ Reg ☐ Ext
Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? ................. ☐ Yes ☐ No
Was this business located in a Qualified Disaster Area? ......................... ☐ Yes ☐ No

Form 990-T Section 179 Information

1 Taxable income computed without the Section 179 or contribution deduction .... 1
2 Contribution deduction for purposes of Section 179 limitation ....................... 2
3 Taxable income computed for the Section 179 limitation .......................... 3
4 Elect to treat Qualified Real Property as "Section 179 Property" ................. 4
5a Calculated "Total cost of Section 179 property placed in service" .................. 5a
5b Additions or subtractions to calculated value ........................................ 5b
6a Yes ☒ No

Issued:02/01/1970, 01/1877
**Part I**

**Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1. Maximum amount (see instructions) .................................................. 1
2. Total cost of section 179 property placed in service (see instructions) ... 2
3. Threshold cost of section 179 property before reduction in limitation (see instructions) .................................................. 3
4. Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 4
5. Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0- if married filing separately, see instructions .................................................. 5

(a) Description of property (b) Cost (business use only) (c) Elected cost

7. Listed property. Enter the amount from line 29 .................................. 7
8. Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8
9. Tentative deduction. Enter the smaller of line 5 or line 8 ....................... 9
10. Carryover of disallowed deduction from line 13 of your 2019 Form 4562 ... 10
11. Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See Instructions .................................................. 11
12. Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 .................................................. 12
13. Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 .................................................. 13

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II**

Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14. Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions .................................................. 14
15. Property subject to section 168(f)(1) election ...................................... 15
16. Other depreciation (including ACRS) .................................................. 16

**Part III**

MACRS Depreciation (Don't include listed property. See instructions.)

**Section A**

17. MACRS deductions for assets placed in service in tax years beginning before 2020 .................................................. 17
18. If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here .................................................. 18

**Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System**

<table>
<thead>
<tr>
<th>(a) Classification of property</th>
<th>(b) Month and year placed in service</th>
<th>(c) Basis for depreciation (business/investment use only—see instructions)</th>
<th>(d) Recovery period</th>
<th>(e) Convention</th>
<th>(f) Method</th>
<th>(g) Depreciation deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>19a 3-year property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b 5-year property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c 7-year property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d 10-year property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e 15-year property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f 20-year property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g 25-year property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Residential rental property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i Nonresidential real property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System**

<table>
<thead>
<tr>
<th>(a) Class life</th>
<th>(b) 12-year property</th>
<th>(c) 30-year property</th>
<th>(d) 40-year property</th>
</tr>
</thead>
<tbody>
<tr>
<td>20a Class life</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b 12-year</td>
<td>12 yrs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c 30-year</td>
<td>30 yrs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d 40-year</td>
<td>40 yrs.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Part IV**

Summary (See instructions.)

21. Listed property. Enter amount from line 28 ................................ 21
22. Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions ................................ 22
23. For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 280A costs ................................ 23

For Paperwork Reduction Act Notice, see separate instructions. BAA