

Florida Department of Environmental Protection CITIZEN SUPPORT ORGANIZATION 2021 LEGISLATIVE REPORT

(pursuant to Section 20.058 Florida Statutes)

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: <u>Brag!</u> 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 Apricot, 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. Braq 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
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
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
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
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
Amenities (e.g., water fountains, benches, picnic tables, recreational equipment, kiosks etc.) \$428.77
Park ampleyees or valunteers support (e.g. interns, training uniforms, awards, or recognition) \$221.20
raik employees of volunteers support (e.g., interns, training, uniforms, awards, of recognition) \$351.20
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

Rentals (e.g., bikes, canoe, kayak, SUPs, etc.) \$0

In-park donation boxes \$2353.51

Other visitor services revenue(Membership) \$860.00

Programs and Special Events (Turtle Walks and concerts) \$2077.34

Total Visitor Services Revenue \$42801.36

Vending (vending machine-1) \$272.14

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>U.S. GAO</u> 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.

CSO President	306 Fredericks that & Sent stone	6/8/21
Park Manager	ENNIFER E. ROBERTS GUIL PROPERTS	06/08/2021

 [□] 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.

FRIENDS OF SEBASTIAN INLET STATE PARK CODE OF ETHICS

PREAMBLE

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

STANDARDS

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

1. Prohibition of Solicitation or Acceptance of Gifts

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

2. Prohibition of Accepting Compensation Given to Influence a Vote

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

3. Salary and Expenses

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

4. Prohibition of Misuse of Position

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

5. Prohibition of Misuse of Privileged Information

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

6. Post-Office/Employment Restrictions

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

7. Prohibition of Employees Holding Office

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

8. Requirements to Abstain From Voting

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

9. Failure to Observe CSO Code of Ethics

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

Form 990-EZ

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)

2020

OMB No. 1545-0047

Open to Public Inspection

Department of the Tressury Internal Revenue Service

▶ 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 F	or the	2020 calendar year, or tax year beginning , 2020, and ending			20
B	theck If eş	opticable: C Name of organization	D Emp	loyer identi	fication number
	Addrese c	Friends of Sebastian Inlet State Park	59	-316475	4
=	Name che	The state of the s	E Tele	phone numb	61,
7	hilligal restur	TOTOU NOTCH RIGHWAY ALA	77:	2388275	0
	rınsı retun Amended	Transminated City or town, state or province, country, and ZIP or foreign postal code	F Gro	up Exempt	ilon
=		n pending Vero Beach, FL 32963	Nur	nber 🕨	
_			Check	▶ ⊠ If the	e organization is not
i v	Vebalte				Schedule B
J T	вх-ехеп	npt status (check only one) — 🔀 501(c)(3) 🔲 501(c) ((Form 9	90, 990-EZ	Z, or 990-PF).
		organization: Corporation Trust Association Other			
		s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if tot	al assets		
(Par	t II, coli	umn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ s	50,517.
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the	instru	ctions fo	
_		Check if the organization used Schedule O to respond to any question in this Part			
	1	Contributions, gifts, grants, and similar amounts received		1	2,354.
	2	Program service revenue including government fees and contracts	0.00	2	
	3	Membership dues and assessments	2 2	3	860.
	4	Investment (scorne	88	4	
	5a	Gross amount from sale of assets other than inventory 5a		1 01	
	ь	Less: cost or other basis and sales expenses		5 -	
	G	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	11.7	5c	
	6	Gaming and fundraising events:	8 8		
	a	Gross income from garning (attach Schedule G if greater than		1000	
Revenue	_	\$15,000)		100	
ğ	b	Gross Income from fundraising events (not including \$ of contribution)	ns		
2		from fundraising events reported on line 1) (attach Schedule G if the		150	
		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 fundralsing events (add lines 6a and 6b and st	ibtract		
		line 6c)		6d	
	7a		,691.	HE U	
	b		,066.		
	C	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	3,625.
	8	Other revenue (describe in Schedule O)	nt	8	3,612.
_	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. •	9	10,451.
	10	Grants and similar amounts paid (list in Schedule O)		10	
	11	Benefits paid to or for members		11	
8	12	Salaries, other compensation, and employee benefits 🐇		12	
2	13	Professional fees and other payments to independent contractors		13	2,138.
Expense	14	Occupancy, rent, utilities, and maintenance		14	
ń	15	Printing, publications, postage, and shipping		15	85.
	16	Other expenses (describe in Schedule O) . 2 2 2 2 See. Line 16. St		16	32,676.
	17	Total expenses, Add lines 10 through 16	▶	17	34,899.
gr	18	Excess or (deficit) for the year (subtract line 17 from line 9)		18	-24,448.
8	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree	e with	- 120 m	
\$		end-of-year figure reported on prior year's return)		19	125,457.
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
Z	21	Net assets or fund balances at end of year. Combine lines 18 through 20	. ▶	21	101,009.

Part II	Bolomes Charles (see the leaster)	etions for Deat IN				
	Balance Sheets (see the instru Check if the organization used So		ny nuestion in this l	Part II		🗷
	Crieck if the organization used Sk	Ciledote O to respond to a		(A) Beginning of year	(E) End of year
22 Cas	h, savings, and investments			49,814.	22	34,366.
	and buildings				23	
	er assets (describe in Schedule O)			76.033.	24	67.336.
25 Tota	al assets		[125,847.	25	101,702.
28 Tota	al liabilities (describe in Schedule O)		[390.	26	693.
	assets or fund balances (line 27 of	column (B) must agree wit	h line 21)	125,457.	27	101,009.
Part III What is the	Statement of Program Service A Check if the organization used So organization's primary exempt purp	chedule O to respond to a	ny question in this F	Part III 🔲		Expenses red for section 3) and 501(c)(4)
as measure	e organization's program service ac ed by expenses. In a clear and con nefited, and other relevant information	ncise manner, describe the				zations; optional for
	hase, maintain & repair uding shirts, hats, badg		volunteer gea	r		
Grant	s\$ 0.) If this	amount includes foreign gra	ants, check here .	> 0	28a	17.496
29						
Grant	s \$ If this	amount includes foreign gra	ants, check here		29a	
30						
		***************************************			-	
Grant 31 Other	program services (describe in Sched				30a	
Grant	s\$) If this	amount includes foreign gra	ants, check here .	> 🗆	31a	
THE RESERVE AND PERSONS ASSESSED.	program service expenses (add lin				32	17,496.
Part IV	List of Officers, Directors, Trustees, Check if the organization used So					
	Check if the organization used Sc		(c) Reportable	(d) Health benefits,		
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and deferred compensation	oth	itimated amount of er compensation
A . L	redericks					
	·	20.00	0.	0		0.
Presider		20.00	0.	0		0.
Presider Jane Bus	shnell		1			
Presider Jane Bus Secreta	shnell	20.00	HT.	0		0.
Presider Jane Bus	shnell ry ushnell		0.			
Presider Jane Bus Secreta Wayne Bu	shnell ry ushnell	6.00	0.	0		0.
Presider Jane Bus Secreta Wayne Bu	shnell ry ushnell	6.00	0.	0		0.
Presider Jane Bus Secreta Wayne Bu	shnell ry ushnell	6.00	0.	0		0.
Presider Jane Bus Secreta Wayne Bu	shnell ry ushnell	6.00	0.	0		0.
Presider Jane Bus Secreta Wayne Bu	shnell ry ushnell	6.00	0.	0		0.
Presider Jane Bus Secreta Wayne Bu	shnell ry ushnell	6.00	0.	0		0.

REV 05/05/21 PRO

Part				-
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part	Yes	No.
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	100	×
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		×
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		×
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b		×
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		×
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a Did the organization file Form 1120-POL for this year?	37b		×
38a	Did the organization hereoff in 120-For this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	50V (×
39 a	If "Yes," complete Schedule L, Part II, and enter the total amount involved Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
b 40a	Gross receipts, included on line 9, for public use of club facilities			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		×
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		W. He	
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
•	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	540	×
41	List the states with which a copy of this return is filed ▶	1 000		
42a	The organization's books are in care of ➤ Books2Tax, LLC Telephone no. ➤ (772 Increted at ➤ 466 Banyan St., Sebastian FL ZIP+4 ➤ 3295		2-21	54
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	_	×
	If "Yes," enter the name of the foreign country ▶ See the Instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country >>	42c		×
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	» 🗆 No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	163	×
þ	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		×
d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		×
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	458	E L	×
	Form 990-EZ. See instructions	45b		X

46	Did the organization engage directly or	indimatks in national	and a second sec	- 1 -1 -15 - 5 -			1	Yes	No
=	Did the organization engage, directly or to candidates for public office? If "Yes,"	" complete Schedule	Campaign activities of	n denait of (ır in oppos	ition	46	X 14 (4)	×
Part V	Section 501(c)(3) Organization	ns Only					- 1		
	All section 501(c)(3) organization	ons must answer qu	estions 47-49b and	52, and co	omplete th	e tabl	es for	r line	s
	ou and 61.								
	Check if the organization used S	chedule O to respon	d to any question in	this Part VI					
47	Did the omenization engage in Johnson	a acthitica ar bara e					1	700	No
,	Did the organization engage in lobbyin year? If "Yes," complete Schedule C, Pi	gacuvilles of have a art II	section 501(n) election	on in effect	during the	tax			
	s the organization a school as described		//////////////////////////////////////	Schodule E			47	-	×
49a	Old the organization make any transfers	to an exempt non-ch	varitable related organi	zation?	200		49a	+	â
b	f "Yes," was the related organization a	section 527 organizati	ion?			. 1	49h		
50 (Complete this table for the organization	's five highest compe	nsated employees (att	er then offic	cers direct	ore tri	etage	, and	ke
	employees) who each received more that	in \$100,000 of compe	ensation from the orga	nization. If t	here is non	e, ente	r "Nor	ne." .	
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	benefit plans,	to employee and deferred		mated a		
None				compa	ISSUON	_	_		_
					-				
	9 Bring 4 St. vo 2 St. vy 2 St. vo 2 St. vy 4 Chinột (10 St. biny 4 St. vy 2 St. vy 2 St. vy 2 St. vy 2 St. vy								
	9 h = 4 <u>2 h fortag 8 dripped 5 = = 9 h fr</u> 2 hh = 6 l fr = 42 history 2 h = 42 h l a 4 d 4 h fr a 4								
	7 2 2 2 - 2 2 2 2 - 7 2 2 2 - 7 2 2 2 2								
51 C	Complete this table for the organization 100,000 of compensation from the organization	inization. If there is no	ensated independent one, enter "None." (b) Type of serv			Comper		ore t	naı
None									_
_									_
	ر معمور و معمور و قد الفروب شاه المورو و في المورود و المورود المورود المورود المورود المورود المورود المورود ا		+						
							_		-
	ه ها به چه دانان به پیچ ۱۰ که به موسطه به به باز آن مانه بر محسول به به مصورت باز بر ۱۰ کافیان به به به ۱۰ که ۱۰ م								
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2									
	88 to 188 to 18 to 19 colory 2 to to 19 colory 2 to								
d T									_
	otal number of other independent control								_
G C	lid the organization complete Schedi		Ction 501(c)(3) organ				700 F	7 No	
Under pens	alties of pertury. I declare that I have examined this	mtum lockuding accompany	Ving achadulas and statema	nte and to the	heat of my love				
true, correc	at, and complete. Declaration of preparer (other tha	n officer) is based on all info	rmation of which preparer h	as any knowled	ga.	a middigo		POST, SE N	,
Olam				06/	01/2021				
Sign Here	Signature of officer			Date					
пого	Robert Fredericks, Pr	esident							_
	Print/Type preparer's name	Preparer's signature	Dat	•		. PTI	N		
Paid Proper	031 0.0.00	Candice J. La	_	, /01/2021	Check X	H. I		733	
Prepar Use On	OI -				s EIN ▶82-	_	_		-
	Firm's address > 466 Banyan St.			Phon		2)20		54	
Viay the	IRS discuss this return with the prepare	shown above? See is	nstructions	2800		≥ ⊠ Y			-5
		REV 05/05/21 P	RO			Form !	990-E	Z (20	20)

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

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

Line 8: Other Revenue

Continuation Statement

Description	Amount
Concession	1,928.
Turtle Walk	1,596.
Sales Tax Discounts	88.
Total	3,612.

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

Line 16: Other Expenses

Continuation Statement

Description	Amount
Bank charges	4,286.
Concerts	1,447.
CSO	5,062.
Office expenses	1,629.
Park support	16,681.
Depreciation	3,571.
Total	32,676.

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. ➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 2020 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

(C)

(D)

(E) Total

Friends of Sebastian Inlet State Park

Employer Identification number

59-3164754 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)(f). 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)(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.) 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)(fix) 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 10 🖾 An organization that normally receives (1) more than 331/a% 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 331/8% 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 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) d 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). (i) Name of supported organization (II) EIN (iv) is the organization (fil) Type of organization (v) Amount of monetary (vi) Amount of listed in your governing other support (see (described on lines 1-10 support (see document? above (see instructions)) Instructions) Instructions) Yee No (A) (B)

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.)

Sect	ion A. Public Support						
	ndar 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					1-1	117 11111
	received. (Do not include any "unusual grants.")	6,645.	8,750.	3.892.	3,783.	3,214.	26,284.
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	52,990.	60,853.	82,252.	82,443.	47,215.	325,753.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	59,635.	69,603.	86,144.	86,226.	50,429.	352,037.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8 8	Add lines 7a and 7b						352,037.
Sect	on B. Total Support						332,037.
	dar year (or fiscal year beginning in) 🕪	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	59,635.	69,603.	86,144.	86,226.	50,429.	352,037.
10a	Gross Income from Interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.			0.			0_
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b			0.	1		0.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			- 1			
13	Total support. (Add lines 9, 10c, 11, and 12.)	59,635.	69,603.	86,144.	86.226.	50,429.	352,037.
14	First 5 years. If the Form 990 is for the organization, check this box and stop here	organization's	first, second,	third, fourth,	or fifth tax yea	r as a section	501(c)(3)
Secti	on C. Computation of Public Support	Percentage					
15	Public support percentage for 2020 (line 8,					15	100 %
16	Public support percentage from 2019 Sche	dule A. Part III	line 15 .			18	100 %
	on D. Computation of Investment Inco						
17	Investment income percentage for 2020 (lin	e 10c, column	(f), divided b	y line 13, colun	nn (f))	17	0 %
18 19a	investment income percentage from 2019 \$ 331/a% aupport tests—2020, if the organiza					18 190 331-04	p %
I-met	17 is not more than 331%, check this box ar	adon did not 0 n d stop hare . T	he organizatio	ତମ ॥ମଧ (4, ଅମି(In qualifies es e	onplich ander Our sier og sin i	ted organizatio	n, and line
b	331/a% support tests—2019. If the organization 18 is not more than 331/a%, check this bo	ion did not che	eck a box on f	ine 14 or line 19	a, and line 16 i	is more than 33	31/a%, and
20	Private foundation. If the organization did						
				,			

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Other 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.
9998664418A
45-499988-49876-49876-49876-49886-49888-4988-49888-49888-49888-49888-4988-49888-49888-49888-49888-49888-49888-49888-49888-49888
4######################################
\$4
######################################
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
41479877A4888

### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# 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.

2020
Open to Public Inspection

Friends of Sebastian Inlet State Park	59-3164754
Pt I, Line 8:	
Description: Concession \$1,928	
Description: Turtle Walk \$1,596	
Description: Sales Tax Discounts \$88	
Pt I, Line 16:	1986
Description: Bank charges \$4,286	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Description: Concerts \$1,447	
Description: CSO \$5,062	
Description: Office expenses \$1,629	
Description: Park support \$16,681	
Description: Depreciation \$3,571	
Pt II, Line 24:	8 N d prop priside historica (1 N November 1911 and 1911
Description: Inventories for sale Beginning of Year: \$49,637 End	of Year: \$28,962
Description: Improvements net of accumulated depreciation Beginning of Year: \$	23,568 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 Yea	r: \$693
	PQ 8 d = = 9 <u>8 8 d   ppp                             </u>
488	100 d Bly - v B Blory w w Blo - yw w Bli d y w y B B b b 195 w GO y 11 B por
	An
	1886 - 4488 - 4666 pp 1186 468 4786 448 bosp 48

# Federal Depreciation Options ► Keep for your records

eciation Options 2020

_			
	e as Shown on Return ends of Sebastian Inlet State Park		yer identification No. 164754
MA	CRS Convention		
×	Compute convention (result shown below)		
pers	on 'Compute convention' is checked, the program determines which convention appropriate property assets placed in service in 2020, and checks the appropriate box be program uses the 'Half-year convention' unless the 'Mid-quarter convention' box is	low. checke	
	Half-year convention 2 Mid-quarter convent	ion	
MA	CRS Computation		
Trea Trea Trea qual	IRS tables for all MACRS property placed in service this year?	Reg	Yes No Yes No Ext No No Yes No No No
For	m 990-T Section 179 Information		
1 2 3 4 5 a	Taxable income computed without the Section 179 or contribution deduction	3 4	Yes No

teew/7901.SCR 04/13/17

# Form 4562

Department of the Treasury

# Depreciation and Amortization

(including information on Listed Property)

► Attach to your tax return.

► Go to www.irs.gov/Form4582 for instructions and the latest information.

OMB No. 1545-0172 2020

Attacriment Sequence No. 179

Internal Revenue Service (#9) Business or activity to which this form relates identifying number Friends of Sebastian Inlet State Park Form 990 / Form 990EZ 59-3164754 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 2 Total cost of section 179 property placed in service (see instructions) . . . . . Threshold cost of section 179 property before reduction in limitation (see instructions) 3 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 filling separately, see instructions . . . . . . . . . . . . . . . . . 6 (a) Description of property (c) Elected cost (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 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 13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 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 14 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 . . . . . . . . 1,349. 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B-Assets Placed in Service During 2020 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (business/investment use only—see instructions) (d) Recovery (a) Classification of property (e) Convention placed in (f) Method (a) Depreciation deduction 19a 3-year property b 5-year property c 7-year property 15,549.7.0 VIS HV 200 DB 2,222. d 10-year property 15-year property 1 20-year property g 25-year property 25 yrs. 5/1 h Residential rental 27.5 yrs. MM S/L property 27.5 yrs. MM S/L I Nonresidential real 39 yrs. MM S/L MM S/L Section C-Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/L 30 yrs. c 30-year MM S/L d 40-year 40 vrs. S/L ММ 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 3,571. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . .