



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

Citizen Support Organization (CSO) Name:

Mailing Address:

Telephone Number:

Website Address (*required if applicable*):

Check to confirm your Code of Ethics is posted conspicuously on your website.

**Statutory Authority:**

**Section 20.2551, F.S., Citizen support organizations; use of property; audit; public records; partnerships.** In summary, the statute specifies the organizational requirements, operational parameters, duties of a CSO to support the Department of Environmental Protection (Department), or individual units of the Department, use of Department property, audit requirements, public records requirements, and authorizes public-private partnerships to enhance lands managed by the Department.

**Section 258.015, F.S., Citizen support organizations; use of property; audit.** In summary, the statute defines a CSO, requires authorization by the Division of Recreation and Parks, and specifies the use of property. This statute authorizes the Partnerships in Parks (PIP) program for state parks, the program's operational parameters, CSO's operational parameters, and donor recognition.

**YOUR MISSION AND LAST CALENDAR YEAR'S PROGRAM ACCOMPLISHMENTS:**

**CSO's Mission:** (Consistent with your Articles and Bylaws)

**Describe Last Calendar Year's Results Obtained:** Brag! (List or discuss the past calendar year's accomplishments and contributions. Cite specific support from last calendar year's Annual Program Plan.)

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

**CSO's LAST CALENDAR YEAR STATISTICS:**

**Total Number of CSO General Membership:**

**Total Number of Board of Directors:**

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

**PARK & CSO RELATIONSHIP:**

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

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

Provide your perspective on

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

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

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

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

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

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

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

**Visitor Services Revenue**

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

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

**NET ASSETS: \$**

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

**CSO AUDIT THRESHOLD:**

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

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

This information is complete to the best of my knowledge pursuant to Section 20.058 Florida Statutes		
CSO President	<b>DIANA GREGORY</b>	
Park Manager		

CSO's Code of Ethics is attached

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

*DIANA GREGORY*



## Friends of Savannas Preserve State Park, Inc. Citizen Support Organization (CSO)

### CODE OF ETHICS

#### PREAMBLE

- 1) It is essential to the proper conduct and operation of Friends of Savannas Preserve State Park, Inc. (herein "CSO") that its board members, officers, and employees be independent and impartial and that their position not to be used for private gain. Therefore, the Florida Legislature in Section 112.3251, Florida Statute (Fla. Stat.), requires that the law protect against any 2conflict 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 Savannas Preserve State Park, Inc. board members, officers, and employees in the performance of their official duties.

#### STANDARDS

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

##### **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.

##### **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.

## **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.

## **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.

## **Prohibition of Misuse of Privileged Information**

No CSO board member, officer, or employee shall not 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.

## **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.

## **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.

## **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.

## **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 **COPY**  
Return of Organization Exempt From Income Tax

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

**A** For the 2021 calendar year, or tax year beginning January 1, 2021, and ending December 31, 2021

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  **FRIENDS OF THE SAVANNAS PRESERVE STATE PARK, INC**  
 Number and street (or P.O. box if mail is not delivered to street address)  Room/suite  
2541 SE WALTON ROAD  
 City or town, state or province, country, and ZIP or foreign postal code  
PORT ST LUCIE, FL 34952

**D** Employer identification number  650124775  
**E** Telephone number 772-398-2779  
**F** Group Exemption Number

**G** Accounting Method:  Cash  Accrual  Other (specify)                     

**I** Website: FRIENDSOFSAVANNAS.ORG

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**H** Check  if the organization is not required to attach Schedule B (Form 990).

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ.                      \$

**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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21								
Revenue	1	Contributions, gifts, grants, and similar amounts received																													12331						
	2	Program service revenue including government fees and contracts																												1585							
	3	Membership dues and assessments																													505						
	4	Investment income																																			
	5a	Gross amount from sale of assets other than inventory																																			
	5b	Less: cost or other basis and sales expenses																																			
	5c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)																																			
	6	Gaming and fundraising events:																																			
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																																			
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																																			
c	Less: direct expenses from gaming and fundraising events																																				
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																																				
7a	Gross sales of inventory, less returns and allowances																																				
b	Less: cost of goods sold																																				
c	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	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																																				
10	Grants and similar amounts paid (list in Schedule O)																																				
11	Benefits paid to or for members																																				
12	Salaries, other compensation, and employee benefits																																				
13	Professional fees and other payments to independent contractors																																				
14	Occupancy, rent, utilities, and maintenance																																				
15	Printing, publications, postage, and shipping																																				
16	Other expenses (describe in Schedule O)																																				
17	Total expenses. Add lines 10 through 16																																				
18	Excess or (deficit) for the year (subtract line 17 from line 9)																																				
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																																				
20	Other changes in net assets or fund balances (explain in Schedule O)																																				
21	Net assets or fund balances at end of year. Combine lines 18 through 20																																				

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

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	21,376	25,544
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	24,750	22,092
26 Total liabilities (describe in Schedule O)	46,126	47,636
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	46,126	47,636

**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 SAVANNAS PRESERVE STATE PARK

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

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	PIONEER DAY AND OTHER SPECIAL EVENTS DESIGNED SO THAT VISITORS EXPERIENCE LIVING HISTORY AS THEY EXPLORE HOW PEOPLE IN FLORIDA LIVED CIRCA MID-19TH CENTURY, FAMILIES ENJOYED OLD-FASHIONED GAMES, CRAFTS, HAYRIDES, AND EXHIBITS.	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	804
29	CANOE AND KAYAK PROGRAM. TRAINED GUIDES LEAD TOURS THAT EDUCATE THE PUBLIC BY EXPLAINING THE ECOLOGY OF THE SAVANNAS TO INCLUDE THE PARK'S RESPONSIBILITY IN MAINTAINING THE VARIOUS FRAGILE ECCOSYSTEMS.	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	82
30	EDUCATION PROGRAM. USES COMMUNITY OUTREACH TO PROVIDE THE PUBLIC AND SCHOOL TEACHERS WITH INFORMATION THAT ENCOURAGES STEWARDSHIP AND PRESERVATION OF THE NATURAL RESOURCES WITHIN THE PARK.	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	362
31	Other program services (describe in Schedule O)	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	5240
32	Total program service expenses (add lines 28a through 31a)		32	6488

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DIANA GREGORY PRESIDENT				
SHARON MUNSON SECRETARY		0	0	0
SUSAN HAMBURGER TREASURER		0	0	0
		0	0	0



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

	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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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)?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
35b 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		<input checked="" type="checkbox"/>
35c		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <input type="text" value="37a"/>		<input checked="" type="checkbox"/>
b Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
37b		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II, and enter the total amount involved		<input checked="" type="checkbox"/>
38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9		
39a		
b Gross receipts, included on line 9, for public use of club facilities		
39b		
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		<input checked="" type="checkbox"/>
40b		<input checked="" type="checkbox"/>
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		
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		<input checked="" type="checkbox"/>
40e		<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed ▶ FLORIDA		
42a The organization's books are in care of ▶ SUSAN HAMBURGER Located at ▶ 2541 SE WALTON ROAD, PORT ST LUCIE, FL Telephone no. ▶ 772-398-2779 ZIP + 4 ▶ 34952		
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).	Yes	No
42b		<input checked="" type="checkbox"/>
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 ▶ _____		<input checked="" type="checkbox"/>
42c		<input checked="" type="checkbox"/>
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 ▶ <input type="text" value="43"/>		<input type="checkbox"/>
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	Yes	No
44a		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
44b		<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?		<input checked="" type="checkbox"/>
44c		<input checked="" type="checkbox"/>
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
44d		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
45b		<input checked="" type="checkbox"/>

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . 

Yes	No
	<input checked="" type="checkbox"/>

**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 . . . . .

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 . . . . . 

Yes	No
	<input type="checkbox"/>

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

47		<input checked="" type="checkbox"/>
48		<input checked="" type="checkbox"/>
49a		<input checked="" type="checkbox"/>
49b		

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."

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

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

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

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

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

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

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

Sign Here 

Signature of officer	<i>Diana Gregory</i>	Date	02/15/2022
Type or print name and title	DIANA GREGORY		PRESIDENT

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
CHARLES O COFFMAN, NOT PAID	<i>Charles Coffman</i>	12/17/22		P00054912
Firm's name ▶ TAX SERVICE	Firm's EIN ▶		Phone no. 772-337-3097	
Firm's address ▶ 2101 SE HARLOW STREET, PORT ST LUCIE, FL 34952				

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

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization

FRIENDS OF THE SAVANNAS PRESERVE STATE PARK, INC

Employer identification number

65-0124775

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

- The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)
- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
  - 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
  - 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
  - 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
  - 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
  - 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
  - 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
  - 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
  - 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
  - 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
  - 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
  - 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
    - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
    - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
    - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
    - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
    - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations
  - g Provide the following information about the supported organization(s).

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11131	12017	7775	3132	12331	46386
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 . . . . .	12284	11713	22792	8032	3596	46133
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 . . . . .	10000	10000	8000	4200	6750	38950
6 <b>Total.</b> Add lines 1 through 5 . . . . .	33415	33730	38567	14364	17433	137509
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
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 . . . . .						
c Add lines 7a and 7b . . . . .						
8 <b>Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6 . . . . .	33415	33730	38567	14364	17433	137509
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on . . . . .						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
14 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . <input type="checkbox"/>						

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

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) . . . . .	15	100 %
16 Public support percentage from 2020 Schedule A, Part III, line 15 . . . . .	16	100 %

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

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) . . . . .	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17 . . . . .	18	%
19a <b>33 1/3% support tests—2021.</b> 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 . . . . . <input checked="" type="checkbox"/>		
b <b>33 1/3% support tests—2020.</b> If the organization did not check a box on line 14 or line 19a, and line 16 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 . . . . . <input checked="" type="checkbox"/>		
20 <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . <input type="checkbox"/>		

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

FRIENDS OF THE SAVANNAS PRESERVE STATE PARK, INC

Employer identification number

65-0124775

FORM 990-EZ, PART 1, LINE 16: EDUCATION CENTER MANAGEMENT, BUSINESS AND OFFICE: \$3432

PART 1, LINE 16: ANIMAL CARE: \$2141

PART 1, LINE 16: SHADE HOUSE: \$304

PART 1, LINE 16: GIFT SHOP SUPPLIES: \$61

PART I, LINE 16: GENERAL PARK SERVICE SUPPORT: \$5240

PART 11, LINE 22: UNDEPOSITED FUNDS: \$245

PART 11, LINE 24: OTHER ASSETS: DEPRECIABLE ASSETS BEGINNING OF YEAR: \$14,428; END OF YEAR: \$14,015

PART 11, LINE 24: OTHER ASSETS: GIFT SHOP INVENTORY BEGINNING OF YEAR: \$9,438; END OF YEAR: \$8,077

PART IV: OFFICERS AND DIRECTORS HOURS WORKED: TOTAL VOLUNTEER HOURS LISTED SEPARATELY IN OVERALL

PARK SERVICE REPORT

**Depreciation and Amortization**  
(Including Information on Listed Property)

▶ Attach to your tax return.  
▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return

FRIENDS OF THE SAVANNAS PRESERVE STATE PARK

Business or activity to which this form relates  
990-EZ

Identifying number  
65-0124775

**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	
6	(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 2020 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 2022. 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	4630

**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 2021	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 <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

**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	4630
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

## FRIENDS OF THE SAVANNAS PRESERVE STATE PARK: ASSETS BY CLASSIFICATION: 2021

DESCRIPTION	DATE PLACED IN SERVICE	BUSINESS USE %	COST	RECOVERY BASIS	RECOVERY 'PERIOD	METHOD ALL SL	CONVEN- TION	PRIOR ACCUM DEPREC	2021 DEPREC	2021 ACCUM DEPREC
QUICKBOOKS	02272017	100	269	269	3	SL	HY	269	0	0
COMPUTER	04192010	100	786	786	5	SL	HY	786	0	0
COMPUTER	01032016	100	400	400	5	SL	HY	320	80	400
COMPUTER	11092017	100	516	516	5	SL	HY	309	103	412
COMPUTER	05172018	100	406	406	5	SL	HY	240	81	321
CASH REGISTER	05052014	100	209	209	5	SL	HY	209	0	0
PRINTER	09232015	100	230	230	5	SL	HY	230	0	0
ICE MAKER	01052012	100	1199	1199	7	SL	HY	1199	0	0
DVD PLAYER	05132008	100	300	300	7	SL	HY	300	0	0
INFOCUS PROJECTOR	06052009	100	959	959	7	SL	HY	656	137	793
VIDEO CAMERA	08212010	100	274	274	7	SL	HY	274	0	0
DVD PLAYER	04152012	100	375	375	7	SL	HY	375	0	0
PROJECTOR	12202012	100	993	993	7	SL	HY	993	0	0
PROJECTOR	01262017	100	366	366	7	SL	HY	208	52	260
STACKING CHAIRS	04192016	100	2295	2295	7	SL	HY	1312	328	1640
SOUND SYSTEM	04282016	100	4874	4874	7	SL	HY	3480	696	4176
CASH REGISTER SYSTEM	07172017	100	824	824	7	SL	HY	472	118	590
TEN TRAINING TABLES	10032016	100	516	516	7	SL	HY	370	74	444
COMPOSTER	08272010	100	235	235	7	SL	HY	235	0	0
ONE KAYAK	12172017	100	500	500	7	SL	HY	284	71	355
TWO KAYAKS	08302018	100	1000	1000	7	SL	HY	572	143	715
TWO TENTS	09092015	100	200	200	7	SL	HY	174	26	200
WASHING MACHINE	05102015	100	429	429	7	SL	HY	366	63	429
WATER DROP DISPLAY	07142009	100	850	850	7	SL	HY	850	0	0
CLASSROOM SHADES	05172018	100	5300	5300	7	SL	HY	3028	757	3785
MEMORIAL BENCH	03092018	100	439	439	7	SL	HY	252	63	315
Gas Weed Trimmer	01292018	100	420	420	5	SL	HY	336	84	420
Snake Enclosure	09192019	100	1800	1800	7	SL	HY	605	257	862
ONE KAYAK	02182019	100	500	500	7	SL	HY	286	243	529
ONE KAYAK	08162019	100	500	500	7	SL	HY	286	243	529
TWO KAYAKS	01022020	100	1438	1438	7	SL	HY	400	248	648
CLOTHES DRYER	08102020	100	617	617	7	SL	HY	144	44	188
DRONE QUADCOPTER	03142021	100	2726	2726	7	SL	HY	0	719	719
TOTALS			32745	32745				19820	4630	18730