

CITIZEN SUPPORT ORGANIZATION 2016 REPORT (pursuant to Florida Statute 20.058)

Citizen Support Org	ganization (CSO) Name:	Friends of the Crystal River State	e Parks, Inc.
Mailing Address:	3266 N Sailboat Ave.	Crystal River, FL 34428	
Telephone Number:	352-228-6028	Website Address (if applicable):	N/A

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.

Brief Description of the CSO's Mission:

The Friends of the Crystal River Preserve State Parks, Inc. provides funding support obtained through membership

and special event fundraising activities to sustain an exceptional visitor experience at the Crystal River Preserve State Park, Crystal River Archaeological State Park and Yulee Sugarmill Ruins Historic State Park.

Brief Description of the CSO's Results Obtained:

The Friends have increased awareness and improved access to well-known visitor use areas of the Crystal River State Parks. Educational outreach and exceptional eco heritage programming both on the land and on the water have generated significant interest and increased visitation and understanding of the value of our natural and cultural resources in the region.

Brief Description of the CSO's Plans for Next Three Fiscal Years:

Improve existing facilities and trails to enhance visitor accessibility and recreational experience. Continue support of established park programming, outreach, and natural and cultural resource management activities.

Copy of the CSO's Code of Ethics attached (Model provided; see CSO 2014 instructions)

Certify the CSO has completed and provided to the Department the organization's most recent Internal Revenue Service (IRS) Form 990, 990-EZ, or 990-N/Annual Financial Statement

The Friends of Crystal River State Parks, Inc. Code of Ethics

Preamble

1. It is essential to the proper conduct and operation of **The Friends of Crystal River State Parks, Inc** (the "CSO") that its board members, officers and employees be independent and impartial and that their position not be used for private gain. The Florida Legislature in Section 112, Florida Statute (FL 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 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 there is enacted a code of ethics setting forth standards of conduct required of **The Friends of Crystal River State Parks, Inc.** board members, officers and employees of their official duties.

Standards

The following standards of conduct are required by Section 112, FI 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.

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 that 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 of officer to file a memorandum before the vote, the memorandum must be filled with the person responsible for recording 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.

	0	00 57	Short Form Return of Organization Exempt From Income Tax		OMB No. 1545-1150						
For	m 9 3	90-EZ	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)		2014						
		Do not enter social security numbers on this form as it may be made public.									
Dep: Inter	artment nal Rev	Open to Public Inspection									
			dar year, or tax year beginning Jul 1 , 2014, and ending Dec 31		,2014						
В		if applicable: C is change	Name of organization	D Employer	identification number						
	Name		IENDS OF THE CRYSTAL RIVER STATE PARKS, INC.		538371						
	Initial r	eturn	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	E Telephone	number						
	Final ret		66 N SAILBOAT AVENUE	(352)	563-5127						
		eo return		F Group E							
			YSTAL RIVER FL 34428		▶						
G I		unting Method: site: ► N/A			organization is not Schedule B						
J					Z, or 990-PF).						
<u>~</u>											
к		of organization									
L	asset	ines 50, 60, and s (Part II. colun	d 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total nn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	⊳ ṡ	24,192.						
Pa			Expenses, and Changes in Net Assets or Fund Balances (see the instr								
0			rganization used Schedule O to respond to any question in this Part I								
	1	Contributions,	gifts, grants, and similar amounts received	1	1,088.						
	2	Program servi	ce revenue including government fees and contracts	2							
	3	Membership d	ues and assessments	3	85.						
	4		xome	4							
			from sale of assets other than inventory								
	b	Less: cost or c	ther basis and sales expenses								
_	6	Gaming and fu	n sale of assets other than inventory (Subtract line 5b from line 5a)	<u>5</u> c							
REVENU			from gaming (attach Schedule G if greater than \$15,000) 6 a								
E	b		from fundraising events (not including \$ of contributions								
Ŭ			ng events reported on line 1) (attach Schedule G if the sum income and contributions exceeds \$15,000) 6 b 22,33	0							
-	с	-	penses from gaming and fundraising events	South States							
			(loss) from gaming and fundraising events (add lines 6a and	<u>.</u>							
	u	6b and subtrac	t line 6c)	6d	-1,795.						
	7 a	Gross sales of	inventory, less returns and allowances 7 a								
			loods sold								
	С	Gross profit or	(loss) from sales of inventory (Subtract line 7b from line 7a)	7c							
	8	Other revenue	(describe in Schedule O)	evenue 8	681.						
	9		e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8................................		59.						
	10		nilar amounts paid (list in Schedule O)								
c	11 12		o or for members								
Ň	12		ees and other payments to independent contractors								
EXPEZSE	14		es and other payments to independent contractors		495.						
SE	15	• •	cations, postage, and shipping		<u> </u>						
S	16		es (describe in Schedule O)		16,065.						
	17		es. Add lines 10 through 16		16,085.						
	18		icit) for the year (Subtract line 17 from line 9)		-16,501.						
A SSETS	19	Net assets or f	und balances at beginning of year (from line 27, column (A)) (must agree with end-of-year								
EE		figure reported	l on prior year's return)		35,859.						
s	20	-	in net assets or fund balances (explain in Schedule O)								
	21		iund balances at end of year. Combine lines 18 through 20.................	► 21	19,358.						
BA/	A Foi	Paperwork R	eduction Act Notice, see the separate instructions.		Form 990-EZ (2014)						

1 0111	990-EZ (2014) FRIENDS OF THE	CRYSTAL RIVER STAT	TE PARKS, INC.	59	-3638	<u>3371</u> Page 2
Par	t II Balance Sheets (see the inst Check if the organization used Scheo	ructions for Part II)	tion in this Part II			Г
	Check in the organization used Schec	die O to respond to any quesi		A) Beginning of year		(B) End of year
22	Cash, savings, and investments			35,859	<u> </u>	19,358.
23	Land and buildings			0	23	0.
24	Other assets (describe in Schedule O) .			0.	. 24	0.
25	Total assets			35,859	25	19,358.
26	Total liabilities (describe in Schedule O)			0.	26	0.
27	Net assets or fund balances (line 27 of c			35,859	27	19,358.
Par	t III Statement of Program Service A Check if the organization used Sch	ccomplishments (see the in	structions for Part III)	X		Expenses
What	is the organization's primary exempt purpose? Se	equie O to respond to any que		····		ired for section 501 and 501(c)(4)
Desc	ribe the organization's program service acc	omplishments for each of its t	hree largest program ser	vices, as		zations; optional
meas	ribe the organization's program service acc sured by expenses. In a clear and concise r fited, and other relevant information for eac	nanner, describe the services	provided, the number of	persons	for oth	ers.)
28	<u>BOAT_REPAIR & MAINTENANCE.</u>					· · · · · · · · · · · · · · · · ·
	STATE, REGIONAL AND LOCAL	VISITORS OF THE	CRYSTAL RIVER F	PRESERVE		
	AREA AS WELL AS THE CRYST					
	(Grants \$ 0,) If th	s amount includes foreign gra	ints, check here		28 a	7,189.
29	MURAL, FOR ARCH PARK					,,200.
		s amount includes foreign gra		· · · · · · · · · · · · · · · · · · ·	29 a	7,419.
30	LAND MANAGEMENT, BUILDING	PARKING & UTILIT	IES			
24	(Grants \$ 0.) If thi Other program services (describe in Sched	s amount includes foreign gra			30 a	3,914.
31		s amount includes foreign gra			24 -	
32	Total program service expenses (add lin	s amount includes foreign gra		· · · · · · · · · · · ·	31 a 32	4,164.
	t IV List of Officers, Directors,					22,686.
1.(41)	Check if the organization used Sche	edule O to respond to any que	stion in this Part IV.		see me	
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and defer compensation	ee	(e) Estimated amount of other compensation
JOH	N ROBERTS			Compensation		
PRE	SIDENT	6.00	0.		0.	0.
GAR	Y_ELLIS					
VIC	E PRES	1.00	0.		0.	0.
	VE_KINGERY					
TRE	ASURER	4.00	0.		0.	0.
			·			
· — –						
·						
		· · · · · · · · · · · · · · · · · · ·				
·						
 BAA		TEEA0812 05				Form 990-EZ (2014)

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	n 990-EZ (2014) FRIENDS OF THE CRYSTAL RIVER STATE PARKS, INC. 59-363837	1	Р	age 3
Pa	t 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			. П
33			Yes	No
55	If Yes, provide a detailed description of each activity in Schedule O	33		x
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		X
35 a	a 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		Х
	o If Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		
(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	35 c		x
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		X
	a Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file Form 1120-POL for this year?	37 b	a in production	X
388	a 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?	00-	<u>ANDERIS</u>	
ł	b If Yes,' complete Schedule L, Part II and enter the total	38 a		X
	amount involved		12.25 25.25	
39	Section 501(c)(7) organizations. Enter:			
a	a Initiation fees and capital contributions included on line 9			
k	Gross receipts, included on line 9, for public use of club facilities			
40 a	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ; section 4912 ; section 4955			
t	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	40 b		x
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 ►			
c	I 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	40 e		X
	List the states with which a copy of this return is filed		[

42 a The organization's

÷

books are in care of 🕨 STEVE KINGERY		Telephone no. 🏲 (352)	464	-475	53
Located at > 3266 N SAILBOAT AVENUE	CRYSTAL RIVER				
b At any time during the calendar year, did the organization ha	ave an interest in or a signature or other	authority over a		Yes	No
financial account in a foreign country (such as a bank accou	unt, securities account, or other financial	account)?	42 b		Х
If 'Yes,' enter the name of the foreign country:					
See the instructions for exceptions and filing requirements for FinCEN For	rm 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
${\bf c}$ At any time during the calendar year, did the organization m	aintain an office outside the U.S.?		42 c		Х
If 'Yes,' enter the name of the foreign country:					

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
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead			
of Form 990-EZ	. 44a		Х
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			Х
c Did the organization receive any payments for indoor tanning services during the year?	. 44 c		Х
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			
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 45a		Х
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).	and a second		den joge Zekaze
Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	. 45 b		Х
TEEA0812 05/28/14	Form 990	-EZ (2	2014)

Form 990-EZ (2014)

Form 990-I	EZ (2014) FR	IENDS OF THE CRYS	STAL RIVER STAT	'E PARKS,	INC.	59-36	38371	Page 4
								Yes No
		engage, directly or indirectly						
		c office? If 'Yes,' complete S			<u></u>		46	
Part VI		01(c)(3) organizations	s only					
	All section	501(c)(3) organization	is must answer que	stions 47-49	9b and 52	2, and complete the	e tables	
	for lines 50) and 51.						
	Check if the c	organization used Schedule	O to respond to any que	estion in this Pa	art VI			🗍
								Yes No
		engage in lobbying activities					47	
•		C, Part II						X
		school as described in sect		•				X
		make any transfers to an ex						X
		ted organization a section 52	-					
50 Com	plete this table f	for the organization's five hig	hest compensated emp	loyees (other th	han officers	, directors, trustees and	l key	
empi	oyees) who eac	ch received more than \$100,	UUU of compensation fro	m the organiza	ation. If ther	e is none, enter 'None.'		
			(b) Average hours	(c) Reportable cor	moensation	(d) Health benefits, contributions to employee	(e) Estimated	amount of
	(a) Name and title	of each employee	per week devoted to position	(c) Reportable cor (Forms W-2/109	99-MISC)	benefit plans, and deferred compensation	other comp	ensation
				<u> </u>		compensation		
NONE								
.								
<u></u>								
	· · · · · ·							
		er employees paid over \$100						
51 Com	plete this table f	or the organization's five hig he organization. If there is n	hest compensated indep	pendent contrac	ctors who e	ach received more that	n \$100,000 o	f
				1		-		
	(a) Name and busine	ess address of each independent con	tractor		(b) Type of	Service	(c) Comp	ensation
NONE								
M								
d Total	number of othe	r independent contractors e	ach receiving over \$100	,000		• • • • • • • • • • • •		
		complete Schedule A? Note					.► XYes	□
		A			· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • •	· Yes	No
true, correct, a	s of perjury, I declare nd complete. Declara	e that I have examined this return, incl ation of preparer (other than officer) is	based on all information of whic	and statements, and h preparer has any l	d to the best of knowledge.	my knowledge and belief, it is		
					-			
Sign	Signature of o	fficer				Date		
Here	JOHN R	OBERTS]	PRESIDENT		
	Type or print r							
	Print/Type prepare	er's name	Preparer's signature	Da	ate		TIN	
Daid	TAMARA S	YOUNG	TAMARA S YOUNG		8/12/1	5 Check L if self-employed E	0063000	5
Paid Preparer	Firm's name ►	TAMARA YOUNG EA						
Use Only	Firm's address 🕨	7888 W DUNNELLO				Firm's EIN ►	26-1124	618
		DUNNELLON		FL 3	4433-25	522 Phone no. (35		
May the IR	S discuss this re	eturn with the preparer show	n above? See instruction	ns			.► \Yes	No
			· · · · · · · · · · · · · · · · · · ·					-EZ (2014)

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		Public Chari	ity Status and F	Public	OMB No. 1545-0047		
SCHEDULE A (Form 990 or 990-EZ)	Con	nplete if the organizat 4947(a	2014				
		► Atta	ach to Form 990 or For	т 990-Е	Ζ.		
Department of the Treasury Internal Revenue Service	► Inf		edule A (Form 990 or 99 at www.irs.gov/form99				
Name of the organization						Employer Identifie	cation number
FRIENDS OF THE	CRYSTAL I	RIVER STATE PA	ARKS, INC.			59-363837	/1
Part I Reason fo	r Public Cha	arity Status (All or	rganizations must c	omplet	e this p	part.) See instructio	ns.
The organization is not a							
			churches described in se		,	(A)(i).	
		170(b)(1)(A)(ii). (Atta					
			ition described in section	n 170/b)	(1) (A)(iii	6	
			ction with a hospital desc	• • •			the heepitel's
name, city, an		on operated in conjune	stori with a hospital dest	inner in	Section		ine nospital s
5 An organizatio		he benefit of a college Part II.)	or university owned or c	perated	by a gov	vernmental unit describe	d in section
			al unit described in secti	on 170(t	o)(1)(A)(v).	
7 An organization in section 170	n that normally 0(b)(1)(A)(vi).(receives a substantial Complete Part II.)	part of its support from a				ublic described
8 A community t	rust described i	n section 170(b)(1)(A)	(vi). (Complete Part II.)				
from activities investment inc	related to its ex come and unrela	empt functions – subie	n 33-1/3% of its support ect to certain exceptions ncome (less section 511 art III.)	and (2)	no more	e than 33-1/3% of its sur	port from gross
10 An organizatio	n organized and	d operated exclusively	to test for public safety.	See sec	tion 509	(a)(4).	
🖵 or more public	ly supported org	janizations described i	for the benefit of, to perf n section 509(a)(1) or s porting organization and	ection 5	09(a)(2)	. See section 509(a)(3)	ourposes of one . Check the box in
organization(s	oorting organiza) the power to re t IV, Sections A	egularly appoint or elec	sed, or controlled by its s ct a majority of the direct	upported ors or tru	l organiz istees of	ation(s), typically by giv the supporting organiza	ing the supported ation. You must
L management of	porting organiza of the supporting t e Part IV, Sect	g organization vested in	trolled in connection with n the same persons that	n its supp control c	ported or or manag	rganization(s), by having ge the supported organi:	g control or zation(s). You
c Type III funct	ionally integrat) (see instruction	ed. A supporting organ ns). You must comple	nization operated in conr ete Part IV, Sections A,	nection w D, and I	/ith, and ∃.	functionally integrated v	vith, its supported
d Type III non-f functionally int instructions). N	unctionally inte egrated. The or ou must comp	egrated. A supporting og ganization generally m blete Part IV, Sections	organization operated in ust satisfy a distribution a A and D, and Part V.	connect requirem	ion with ient and	its supported organization an attentiveness require	on(s) that is not ement (see
e Check this box	if the organizat		determination from the II				
		ganizations	ganization(s).		• • • • •		••••
(i) Name of organi	supported	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is organizati in your go docur	on listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
							1

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

<u>(E)</u>

Total

1

Schedule A (Form 990 or 990-EZ) 2014

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

Section A. Public Support

	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activiti	es, etc (see instruc	tions)			12	
13	First five years. If the Form 990 is organization, check this box and s	for the organization top here	on's first, second, t	hird, fourth, or fifth	tax year as a sect	ion 501(c)(3)	▶
Sec	tion C. Computation of Pul	blic Support P	ercentage				
14	Public support percentage for 201	4 (line 6, column (f) divided by line 11	, column (f))		14	%
15	Public support percentage from 20	13 Schedule A, Pa	art II, line 14			15	%
16 a	a 33-1/3% support test — 2014. If t and stop here. The organization q	the organization did ualifies as a public	d not check the bo by supported organ	x on line 13, and th	ne line 14 is 33-1/3	% or more, check th	nis box
b	33-1/3% support test — 2013. If the and stop here. The organization of	ne organization did qualifies as a public	l not check a box o bly supported orgai	n line 13 or 16a, a nization.....	nd line 15 is 33-1/3	3% or more, check 1	this box · · · · ► □
17 a	10%-facts-and-circumstances te or more, and if the organization me the organization meets the 'facts-a	eets the 'facts-and-	circumstances' tes	t, check this box a	nd stop here. Exp	lain in Part VI how	
	10%-facts-and-circumstances te or more, and if the organization me organization meets the 'facts-and-o	eets the 'facts-and- circumstances' test	circumstances' tes t. The organization	t, check this box a qualifies as a publ	nd stop here. Exp licly supported org	lain in Part VI how f anization	the •••••►
18	Private foundation. If the organization	ation did not check	a box on line 13,	16a, 16b, 17a, or 1	7b, check this box	and see instruction	is ► [
BAA	<u></u>				Sch	edule A (Form 990	or 990-EZ) 2014

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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.)

	to qualify under the tests list						
	tion A. Public Support	1					
	dar year (or fiscal yr beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')	4,706.	3,876.	5,632.	1,984.	1,397.	17,595.
2 3	Gross receipts from admis- sions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 .	47,419.	43,799.	43,043.	53,583.	22,795.	210,639.
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	5,580.	2,869.		2,610.	2,476.	13,535.
7 :	Total. Add lines 1 through 5 . a Amounts included on lines 1, 2, and 3 received from disqualified persons .	57,705.	50,544.	48,675.	58,177.	26,668.	241,769.
ł	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						
	Public support (Subtract line 7c from line 6.)						241,769.
	tion B. Total Support						
	dar year (or fiscal yr beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	dar year (or fiscal yr beginning in) ► Amounts from line 6	(a) 2010 57,705.	(b) 2011 50,544.	(c)2012 48,675.	(d)2013 58,177.	(e) 2014 26,668.	(f) Total 241,769.
9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses						
9 10 a I	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	57,705. 19.	50,544.	48,675.	58,177.	26,668.	241,769. 50.
9 10 a H	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	57,705.	50,544.	48,675.	58,177.	26,668.	241,769.
9 10 a 1	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	57,705. 19.	50,544.	48,675.	58,177.	26,668.	241,769. 50.
9 10 a 11 12 13	Amounts from line 6	57,705. 19. 19. 57,724.	50,544. 19. 19. 19.	48,675. 11. 11. 48,686.	58,177. 1. 1. 58,178.	26,668. 0. 0. 26,668.	241,769. 50.
9 10 <i>a</i> 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	57,705. 19. 19. 57,724. s for the organization top here	50,544. 19. 19. <u>50,563.</u> on's first, second, tl	48,675. 11. 11. 48,686. hird, fourth, or fifth	58,177. 1. 1. 58,178. tax year as a sect	26,668. 0. 0. 0. 26,668. on 501(c)(3)	241,769. 50. 50. 241,819.
9 10a 11 12 13 14 <u>Sec</u>	Amounts from line 6	57,705. 19. 57,724. s for the organization top here blic Support P	50, 544. 19. 19. 50, 563. on's first, second, ti ercentage	48,675. 11. 11. 48,686. hird, fourth, or fifth	58,177. 1. 1. 58,178. tax year as a sect	26,668. 0. 0. 0. 26,668. ion 501(c)(3)	241,769. 50. 50. 241,819. ►
9 10 <i>a</i> 11 12 13 14 <u>Sec</u> 15	Amounts from line 6	57,705. 19. 19. 57,724. s for the organization top here blic Support P 4 (line 8, column (f)	50, 544. 19. 19. 50, 563. on's first, second, tt ercentage o divided by line 13	48,675. 11. 11. 48,686. hird, fourth, or fifth	58,177. 1. 1. 58,178. tax year as a sect	26,668. 0. 0. 0. 0. 26,668. ion 501(c)(3) 	241,769. 50. 50. 241,819. ►
9 10 <i>a</i> 11 12 13 14 <u>Sec</u> 15 16	Amounts from line 6	57,705. 19. 19. 19. 57,724. s for the organizatic top here blic Support P 4 (line 8, column (f) 013 Schedule A, Pa	50, 544. 19. 19. 50, 563. 0, 565. 0, 565.	48,675. 11. 11. 48,686. hird, fourth, or fifth 	58,177. 1. 1. 58,178. tax year as a sect	26,668. 0. 0. 0. 0. 26,668. ion 501(c)(3) 	241,769. 50. 50. 241,819. ►
9 10a 11 12 13 14 <u>Sec</u> 15 16 <u>Sec</u>	Amounts from line 6	57,705. 19. 19. 19. 19. 57,724. s for the organizatic top here	50, 544. 19. 19. 19. 50, 563. 01. 50, 563. 01. 19. 19. 19. 19. 19. 19. 19. 1	48,675. 11. 11. 48,686. hird, fourth, or fifth 	58,177. 1. 1. 58,178. tax year as a sect	26,668. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	241,769. 50. 50. 241,819. ► 99.98 % 99.94 %
9 10 <i>a</i> 11 12 13 14 <u>Sec</u> 15 16	Amounts from line 6	57,705. 19. 19. 19. 57,724. s for the organization top here blic Support P 4 (line 8, column (f) 013 Schedule A, Par restment Incon 2014 (line 10c, col	50, 544. 19. 19. 50, 563. 0, 565. 0, 565.	48,675. 11. 11. 11. 48,686. hird, fourth, or fifth , column (f)) line 13, column (f)	58,177. 1. 1. 1. 58,178. tax year as a sect 	26,668. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	241,769. 50. 50. 241,819. ► 99.98 % 99.94 % 0.02 %
9 10a 11 12 13 14 <u>Sec</u> 15 16 <u>Sec</u> 17 18	Amounts from line 6	57,705. 19. 19. 19. 57,724. s for the organizatic top here blic Support P 4 (line 8, column (f) 013 Schedule A, Pa restment Incon 2014 (line 10c, col m 2013 Schedule A	50, 544. 19. 19. 50, 563. 0, 564. 0, 565. 0, 565.	48,675. 11. 11. 11. 48,686. hird, fourth, or fifth 	58,177. 1. 1. 1. 58,178. tax year as a sect 	26,668. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	241,769. 50. 50. 241,819. ► 99.98 % 99.94 % 0.02 % 0.02 % 0.06 %
9 10a 11 12 13 14 <u>Sec</u> 15 16 <u>Sec</u> 17 18 19a	Amounts from line 6	57,705. 19. 19. 19. 57,724. s for the organizatic top here blic Support P 4 (line 8, column (f) 013 Schedule A, Pa restment Incon 2014 (line 10c, col m 2013 Schedule A the organization di his box and stop he	50, 544. 19. 19. 50, 563. 0, 564. 0, 565. 0, 565.	48,675. 11. 11. 11. 48,686. hird, fourth, or fifth 	58,177. 1. 1. 1. 58,178. tax year as a sect 	26,668. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	241,769. 50. 50. 241,819. 241,819. 99.98 % 99.94 % 0.02 % 0.06 % 17 ► X
9 10a 11 12 13 14 <u>Sec</u> 15 16 <u>Sec</u> 17 18 19a	Amounts from line 6	57,705. 19. 19. 19. 57,724. s for the organization top here blic Support P 4 (line 8, column (f) 013 Schedule A, Pa restment Incon 2014 (line 10c, col m 2013 Schedule A the organization di his box and stop here the organization di the organization di	50, 544. 19. 19. 19. 50, 563. on's first, second, tt ercentage o divided by line 13 irt III, line 15 ne Percentage umn (f) divided by A, Part III, line 17 d not check the bo ere. The organizati d not check ta box	48,675. 11. 11. 48,686. hird, fourth, or fifth , column (f)) lline 13, column (f) x on line 14, and li ion qualifies as a p on line 14 or line 1	58,177. 1. 1. 1. 58,178. tax year as a sect 	26,668. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	241,769. 50. 50. 50. 50. 50. 50. 50. 50. 50. 50
9 10a 11 12 13 14 <u>Sec</u> 15 16 <u>Sec</u> 17 18 19a	Amounts from line 6	57,705. 19. 19. 19. 57,724. s for the organization top here blic Support P 4 (line 8, column (f) 013 Schedule A, Pa restment Incon 2014 (line 10c, col m 2013 Schedule A the organization di the or	50, 544. 19. 19. 19. 50, 563. on's first, second, tt ercentage o divided by line 13 ort III, line 15 ne Percentage umn (f) divided by A, Part III, line 17 d not check the bo ere. The organizati d not check a box stop here. The organizati	48,675. 11. 11. 11. 48,686. hird, fourth, or fifth , column (f)) ine 13, column (f) x on line 14, and li ion qualifies as a p on line 14 or line 1 ganization qualifies	58,177. 1. 1. 1. 58,178. tax year as a sect 	26,668. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	241,769. 50. 50. 50. 241,819. 241,819. 99.98 % 99.98 % 99.94 % 0.02 % 0.02 % 0.06 % 17. [X] ,and

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		- T \	/es	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain			
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)			
3 a	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	<u>a</u>		
t	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination</i>	b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	<u>c</u>		
4 a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	<u>a</u>		
t	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	c		
5 a	 a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organization's organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document). 	a		
Ł	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	c	1001100	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI</i>			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If 'Yes,' complete Part I of Schedule L (Form 990)</i>			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,'			
9 a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI	a		
k	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI</i>	b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If 'Yes,' provide detail in Part VI</i>	c		
10 a	a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below	a		
k	Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	b		

Schedule A (Form 990 or 990-EZ) 2014				CRYSTAL	RIVER	STATE	PARKS,	INC.	59-3638371
Part IV Supporting Organizati	ons (cont	inue	∋d)						

		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
governing body of a supported organization?	11a		
b A family member of a person described in (a) above?			
c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Pa	art VI		
Providen D. Trunc I. Summarting Annoninations			

Section B. Type I Supporting Organizations

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

2

Yes

No

Yes

No

Page 5

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		1

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)</i>	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
 - a The organization satisfied the Activities Test. *Complete line 2 below.*
 - **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
 - The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.

^a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a	
 b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement 	2b	
Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i>	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard</i>	3b	

С

Check here if the organization satisfied the Integral Part Test as a qualifying trust on November 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions).	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B – Minimum Asset Amount	•	(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
é	Average monthly value of securities	1 a		
t	Average monthly cash balances	1 b		
c	Fair market value of other non-exempt-use assets	1 c		
Ċ	i Total (add lines 1a, 1b, and 1c)	1 d		
e	 Discount claimed for blockage or other factors (explain in detail in Part VI): 			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-integrated	d Typ	e III supporting organizatio	on

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

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Schedule A (Form 990 or 990-EZ) 2014

	edule A (Form 990 or 990-EZ) 2014		tions (continued)	Page 7
	rt V Type III Non-Functionally Integrated 509(a)(3) Section D – Distributions	upporting Organiza	tions (continued)	Current Year
1	Amounts paid to supported organizations to accomplish exempt purported organizations to accomplish exempt purpo		Current real	
2				
	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of suppo			
4	Amounts paid to acquire exempt-use assets	<u> </u>	<u></u>	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
	Total annual distributions. Add lines 1 through 6	<u></u>		
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions.	ation is responsive (provid	e details	
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required – see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
c				
d				
е	From 2013			
f	Total of lines 3a through e		8	
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f			The second s
4	Distributions for 2014 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2015. Add lines 3j and 4c		24	
8	Breakdown of line 7:			
a				
b				
C				
d	Excess from 2013			
	Excess from 2014			
-		· sense of the state of the sta		and a second state of the second s

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Schedule A (Form 990 or 990-EZ) 2014

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE G (Form 990 or 990-EZ) Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the						OMB No. 1545-0047		
organization entered more than \$15,000 on Form 990-EZ, line 6a.								
► Attach to Form 990 or Form 990-EZ.								Open to Public Inspection
Internal Revenue Service	 Information 	n about Schedule	G (Form 990	or 990-EZ) a	and its instructions is at w	ww.irs.go		
Name of the organization				THE			Employer identifie	
FRIENDS OF THE					s' to Form 990, Part IV,		59-363837	<u>′ 1</u>
Part I Form 990-E2	filers are not requ	uired to complet	te this part.		s to Form 990, Fait IV,			
1 Indicate whether the	ne organization rai	sed funds throu	igh any of t	he followin	g activities. Check all th	nat apply.		
a Mail solicitatio				е	Solicitation of non-g	~	0	
~	mail solicitations			f	Solicitation of gover	-	ants	
c Phone solicita d In-person solic				g	Special fundraising	events		
2 a Did the organizatio	on have a written on Form 990 Part V	or oral agreeme	nt with any	individual	(including officers, direc sional fundraising service	tors, trust	ees or key	TYes No
	highest paid indiv	iduals or entitie			ant to agreements under			
(i) Name and address or entity (fund		(ii) Activity		undraiser dy or control	(iv) Gross receipts from activity	(or re	ount paid to etained by)	(vi) Amount paid to (or retained by)
	-		of contri	butions?			iser listed in blumn (i)	`organization´
			Yes	No				
1								
2								
3								
4								
5								
-								
6								
7								
8								
9								
10								
	,	<u></u>		L				
	nich the organizati				contributions or has bee	n notified	it is exempt fro	m registration
or licensing.							·	0

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Schedule G (Form 990 or 990-EZ) 2014					Page 2
Part II Fundraising Events. Co	mplete if the orga	nization answered "	Yes' to Form 990	, Part IV, line 18, or report	ied

more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

R			(a) Event #1 BOAT TOURS (event type)	(b) Event #2	(c) Other events	(d) Total events (add column (a) through column (c))			
REVENUE	1	Gross receipts							
Ĕ	2	Less: Contributions							
	3	Gross income (line 1 minus line 2)				÷			
	4	Cash prizes							
	5	Noncash prizes							
DHRECT	6	Rent/facility costs		-					
	7	Food and beverages							
EXP	8	Entertainment							
EXPENSES	9	Other direct expenses							
S	10	Direct expense summary. Add lines 4 through							
Par	11 • •••	Net income summary. Subtract line 10 from Gaming. Complete if the organizati							
Fai	L	\$15,000 on Form 990-EZ, line 6a.	on answered res	10 F0111 990, Fait 1	v, line 19, or reporte				
m⊂ Z m < m Z			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))			
U E	1	Gross revenue							
Е	2	Cash prizes							
П П П П П П П П П П П П П П П П П П П 	3	Noncash prizes							
C S T E S	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	Yes [%] No	Yes %	Yes [%] No				
	7	Direct expense summary. Add lines 2 throug	gh 5 in column (d) . . .						
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)								
	 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If 'No,' explain: 								
	10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?								

	Sch	edule G (Form 990 or 990-EZ) 2014 FRIENDS OF THE CRYSTAL RIVER STATE PARKS, INC. 59-3638371	Page 3
:	11	Does the organization operate gaming activities with nonmembers?	No
	12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	No
	13	Indicate the percentage of gaming activity conducted in:	
		a The organization's facility	olo
		b An outside facility	010
	14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
		Name ►	
		Address ►	
		 a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	No
		Name ►	
		Address •	'
	16	Gaming manager information:	
		Name ►	
		Gaming manager compensation 🎽 💲	
		Description of services provided	
•		Director/officer Employee Independent contractor	
	17	Mandatory distributions	
3	;	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	No
	I	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	
		organization's own exempt activities during the tax year 🎽 💲	
	Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	

SCHEDULE O	Supplemental Information to Form 990 or 990-I	OMB No. 1545-0047				
(Form 990 or 990-EZ)	Complete to provide information for responses to specific questions Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.	2014				
Department of the Treasury Internal Revenue Service	Department of the Treasury Information about Schedule O (Form 990 or 990-EZ) and its instructions is					
Name of the organization	· · · · · · · · · · · · · · · · · · ·	Employer identifica	ation number			
FRIENDS OF THE	CRYSTAL RIVER STATE PARKS, INC.	59-363837	1			
Pt III, Line 3	CONTINUTED AQUARIUM MAINTENANCE INCLUDING AQUAR FRESHWATER), SNAKE FOOD, LIGHTING AND FILTRATION AQUARIUM, SUPPORT OF SPECIAL EVENTS SUCH AS EAR MISCELLANEOUS PARK OFFICE SUPPLIES, PARK PROMOT APPRECIATION.	N SYSTEM F FH DAY, PU	OR FRESHWATER RCHASE OF			

,

4500		Depreciation an	d Amortizat	tion		OMB No. 1545-01/2	
Form 4562		(Including Information on Listed Property)					
Department of the Treasury		► Attach to yo				2014	
Internal Revenue Service (99) Name(s) shown on return	Information about Formation	orm 4562 and its separa	ate instructions is	s at www.	irs.gov/form4562.	Sequence No. 179	
FRIENDS OF THE CI	RVSTAL RIVER ST	ATE PARKS INC				59-3638371	
Business or activity to which this form			•	. <u></u>		100 000071	
Form 990 / Form							
	Expense Certain F ve any listed property, co						
	e instructions)					1	
•	79 property placed in ser					2	
	ion 179 property before r					3	
	. Subtract line 3 from line					4	
	year. Subtract line 4 fror					5	
6	(a) Description of property		(b) Cost (business	use only)	(c) Elected cost		
7 Listed and the F ater	the a new point from the a 00			. 7			
	the amount from line 29 ection 179 property. Add					8	
	Enter the smaller of line 5					9	
	d deduction from line 13					10	
	ation. Enter the smaller o					11	
	deduction. Add lines 9 an				<u></u>	12	
,	d deduction to 2015. Add			▶ 13		and the second second	
Note: Do not use Part II or F	· · · · · · · · · · · · · · · · · · ·			- 4 la - b - d - 1			
	preciation Allowand						
	llowance for qualified pro					14	
y	ction 168(f)(1) election					15	
	cluding ACRS)					16	
	preciation (Do not in						
		Section					
17 MACRS deductions fo	r assets placed in service	e in tax years beginning	before 2014			17 67.	
18 If you are electing to g	roup any assets placed in	n service during the tax	year into one or m	ore genera	^{al} ▶□		
	ion B – Assets Placed i					/stem	
(a)	(b) Month and	(C) Basis for depreciation	(d)	(e)	(f)	(g) Depreciation	
Classification of property	year placed in service	(business/investment use only — see instructions)	Recovery period	Conventio	on Method	deduction	
19 a 3-year property	<u>.</u>						
b 5-year property	• • • • • • • • • • • • • • • • • • •						
c 7-year property	· · · · · · · · · · · · · · · · · · ·						
d 10-year property	· · · · · · · · · · · · · · · · · · ·						
e 15-year property							
f 20-year property			0.5				
g 25-year property	•••	·	25 yrs	D.CD.C	S/L		
h Residential rental			27.5 yrs	MM	S/L S/L		
property	· · · ·		27.5 yrs 39 yrs	MM MM	S/L		
property			yrs	MM	S/L S/L		
	n C – Assets Placed in	Service During 2014 T	ax Year Using th			System	
20 a Class life	and and the state of the state of the state of the	<u> </u>	<u>_</u>		S/L	<u> </u>	
b 12-year	2014 2016 2016 2016 2016 2016 2016 2016 2016		12 yrs		S/L		
c 40-year			40 yrs	MM	S/L		
Part IV Summary (S	See instructions.)						
	amount from line 28				21		
22 Total. Add amounts from li	ne 12, lines 14 through 17, line Ir return. Partnerships and S co	es 19 and 20 in column (g), ar	nd line 21. Enter here a	and on	22	67.	
	ir return. Partnerships and 5 co we and placed in service			<u></u>	22		
the portion of the basi	s attributable to section 2	63A costs		23			
BAA For Paperwork Redu	iction Act Notice, see se	eparate instructions.	FDIZ08	312 06/24/14		Form 4562 (2014)	

OMB No. 1545-0172

Forr	m 4562 (2014)	FRIENDS O	F THE CR	YSTAL	RIVER	STAT	CE PAF	RKS	, I	NC.			59-3	63837	1	Page 2
Pa		Property (Incoment, recreation			in other	vehicles	, certain	aircr	aft, c	certain o	compute	rs, and p	property	used for		
	Note: Fo columns	or any vehicle for (a) through (c) c	r which you are of Section A, a	e using the	e standa. on B, and	rd milea d Sectioi	ge rate c n C if app	or de olical	ducti ble.	ing leas	e expen	se, com	plete on	ly 24a, 2	4b,	
	Sectio	n A – Depreciat	tion and Othe	r Informa	ition (Ca	ution: S	See the i	nstru	ctior	ns for lir	nits for p	asseng	er autom	obiles.)	_	
24	a Do you have evider	nce to support the bu	usiness/investmer	nt use claim	ed?		Yes		No	<u> </u>	'Yes,' is th	e evidenc	e written?	ł	Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(C) Business/ investment Use percentage	(C Cost other	tor	(busin	(e) for deprecia ess/investm use only)		F	(f) Recovery period	М	(g) ethod/ ivention		(h) reciation duction	sec	(i) lected tion 179 cost
25	Special depreci	ation allowance		ted prope	rty place	1		na th	i e tax	vear a	nd					
	used more than	50% in a qualifi	ed business u	se (see in	struction							25				
26	Property used r	nore than 50% ir	n a qualified bu	isiness us	se:	1			<u> </u>				1			
	· ·····															
27	Property used 5	0% or less in a c	qualified busine	ess use:		- I ·							1		1,0073527936	Market Science
									<u> </u>							
										<u></u>					-	
28	Add amounts in	column (h), lines	s 25 through 2	7. Enter h	ere and	on line 2	21. page	1.			! 	28			-	
29	Add amounts in		-											. 29		
				Section	B — Info	ormation	ı on Use	e of \	/ehio	cles						
Con	nplete this section our employees, fir	for vehicles use	d by a sole pro	oprietor, p	artner, o see if voi	r other 'i	more tha	n 5% tion t		ner,' or moletin	related p a this se	person. I	f you pro	ovided ve ehicles.	hicles	
	sur empleyeee, m										- 		Γ.	•	/+	<u> </u>
30	during the year	nvestment miles (do not include s).		Vehi	a) cle 1	(b) Vehi	cle 2		(c) /ehic		(c Vehi	cle 4	(e Vehi	cle 5	Vehi) cle 6
31	0	iles driven during the														
32		ional (noncommu														
~~				·												
33		en during the yea 1 32														
	0			Yes	No	Yes	No	Ye	s	No	Yes	No	Yes	No	Yes	No
34	during off-duty I	available for penours?														
35		or related persor	oy a more n?													
36	Is another vehic personal use?	cle available for														
		Section (C – Question	s for Emp												I,
Ans 5%	wer these questio owners or related	ns to determine persons (see ins	if you meet an structions).	exceptior	n to com	pleting S	Section B	for v	/ehic	les use	d by em	ployees	who are	not mo	re than	
37		a written policy													Yes	No
38	Do you maintair employees? Se	a written policy the instructions	statement that for vehicles u	t prohibits ised by co	persona prporate o	al use of officers,	vehicles directors	, exc s, or	ept o 1% c	commut or more	ing, by y owners	/our				
39 40	Do you treat all Do you provide	more than five ve	ehicles to your	employe	es, obtai	n inform	ation fro	m yo	ur er	nployee	es about	the use	of the			
41	Do you meet the	tain the informati	oncerning qua	lified auto	mobile d	lemonst	ration us	e? (S	See i	nstructi	ons.).					
6	2 (11) margaret 2 (11)	swer to 37, 38, 3	9, 40, 01 41 IS	res, uo		piele Se			5 001							
129	rt VI Amort	(a)			(b)		(c)			(d)		(e)		(f)	
	De	scription of costs		Date an	nortization egins		Amortizabl amount	le		C	ode ction	pe	ortization eriod or centage	1	Amortizatio for this yea	
42	Amortization of	costs that begins	s during your 2	2014 tax y	ear (see	instruct	ions):							- -		······
	A			0111									40			
43 44		f costs that begai ounts in column (-	-									43			
						DIZ0812 06						<u> </u>		 Fo	orm 456	2 (2014)

Form 8879-EO	IRS <i>e-file</i> Signature Au for an Exempt Orga	uthorization		OMB No. 1545-1878
	For calendar year 2014, or fiscal year beginning Jul 1		1 , 2014 .	
	► Do not send to the IRS. Keep for		±-'-====	2014
Department of the Treasury Internal Revenue Service	Information about Form 8879-EO and its instruct		form8879eo.	
Name of exempt organization			Employer ide	entification number
FRIENDS OF THE CI	RYSTAL RIVER STATE PARKS, INC.		59-363	8371
JOHN ROBERTS	PT	ESIDENT		
	rn and Return Information (Whole Dollars C			
Check the box for the return check the box on line 1a , 2a leave line 1b , 2b , 3b , 4b , or	for which you are using this Form 8879-EO and enter the , 3a , 4a , or 5a , below, and the amount on that line for the 5b , whichever is applicable, blank (do not enter -0-). But 5 not complete more than 1 line in Part I.	e applicable amount, if a return being filed with t	his form was bla	nk, then
1 a Form 990 check here	••• b Total revenue, if any (Form 990, Part V	III, column (A), line 12)		1 b
	ere 🕨 🔟 b Total revenue, if any (Form 990-EZ			2b 59.
3 a Form 1120-POL check				3 b
4 a Form 990-PF check he				4 b
5 a Form 8868 check here	b Balance Due (Form 8868, Part I, line 3c	or Part II, line 8c)	•••••	5 b
Declaration a	nd Signature Authorization of Officer			
intermediate service provide the IRS (a) an acknowledge refund, and (c) the date of a funds withdrawal (direct deb organization's federal taxes contact the U.S. Treasury Fi authorize the financial institu answer inquiries and resolve	ount in Part I above is the amount shown on the copy of the r, transmitter, or electronic return originator (ERO) to sere ment of receipt or reason for rejection of the transmission my refund. If applicable, I authorize the U.S. Treasury and the owned on this return, and the financial institution to debit the annual Agent at 1-888-353-4537 no later than 2 busines tions involved in the processing of the electronic paymer issues related to the payment. I have selected a person urn and, if applicable, the organization's consent to electronic payment.	Id the organization's retun, (b) the reason for any d its designated Financia e tax preparation softwan he entry to this account. s days prior to the paym of of taxes to receive cor al identification number	Irn to the IRS an delay in process al Agent to initiat re for payment co To revoke a pay ent (settlement) afidential informa	Id to receive from sing the return or e an electronic f the yment, I must date. I also ation necessary to
Officer's PIN: check one b	ox only			
I authorize		to enter my PIN		as my signature
_	ERO firm name		Enter five numb do not enter all	
on the organization's tax a state agency(ies) regu the return's disclosure c	: year 2014 electronically filed return. If I have indicated v lating charities as part of the IRS Fed/State program, I al onsent screen.	vithin this return that a co so authorize the aforem	opy of the return entioned ERO to	is being filed with enter my PIN on
indicated within this retu	nization, I will enter my PIN as my signature on the orgar rn that a copy of the return is being filed with a state age PIN on the return's disclosure consent screen.	nization's tax year 2014 (ncy(ies) regulating chari	electronically file ties as part of th	d return. If I have e IRS Fed/State
Officer's signature		Date ►		
Part III Certification				
ERO's FEIN/PIN Enter you	six-digit electronic filing identification		·····	
number (EFIN) followed by y	our five-digit self-selected PIN		[50036312345 do not enter all zeros
I certify that the above nume above. I confirm that I am su Authorized IRS <i>e-file</i> Provid	ric entry is my PIN, which is my signature on the 2014 e ibmitting this return in accordance with the requirements ers for Business Returns.	ectronically filed return f of Pub 4163, Modernize	or the organizat d e-File (MeF) I	ion indicated nformation for
ERO's signature		Date ► <u>08/12/</u>	2015	
	ERO Must Retain This Form — S Do Not Submit This Form To the IRS Uni		So	
BAA For Paperwork Redu	ction Act Notice, see instructions.	n		Form 8879-EO (2014)

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TEEA7401 07/11/14

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Part I, Line 8 Other Revenue

Other revenue (describe in Schedule O)	
COKE MACHINE	681.
Total	681.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)	
PURCHASE FOR RESALE	706.
AQUARIUM MAINTENANCE	276.
BUILDING, PARKING, UTILITIES	2,951.
BOAT BUILDERS-CRBB CONTRIB	304.
EDUCATION AND CERTIFICATION	32.
EQUIPMENT RENTAL & MAINTENANCE	858.
LICENSES AND REGISTRATIONS	25.
MISC PARK SUPPLIES	294.
MOON OVER THE MOUNDS	45.
PARK PROMOTION	100.
CHRISTMAS PARADE/DECORATIONS	. 174.
BOAT MAINTENANCE	7,189.
LAND MANAGEMENT	105.
VOLUNTEER APPRECIATION	118.
MISC SPECIAL EVENT	2,672.
Depreciation	67.
PFIZER GRANT	149.
Total	16,065.

Form 990-EZ, Part III, Statement of Program Service Accomplishments Organization's Primary Exempt Purpose

TO ASSIST THE CRYSTAL RIVER PRESERVE STATE PARK, THE CRYSTAL RIVER ARCHAEOLOGICAL STATE PARK AND THE YULEE SUGARMILL RUINS STATE PARK IN PROVIDING RESOURCE-BASED RECREATION, WHILE PRESERVING, INTERPRETING AND RESTORING NATURAL AND CULTURAL RESOURCES.

Form	9	9	0	65		Z
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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.

OMB No. 1545-1150 2015

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Depai ntern	tment of the Treasury al Revenue Service	Information about Form 99	0-EZ and its instructions	is at www.irs.gov/for	m990.	Inspection
_		lar year, or tax year beginning	, 2015	, and ending		,
	Check if applicable: C	Name of organization			D Employer	dentification number
		IENDS OF THE CRYSTAL RIV	/ER STATE PARKS,			38371
	nitial return	Number and street (or P.O. box, if mail is not deliver	ed to street address)	Room/suite	E Telephone	number
		66 N SAILBOAT AVENUE			(352)	563-5127
-		City or town, state or province, country, and ZIP or for	reign postal code		F Group E	remption
	•	YSTAL RIVER	E	TL 34428	Number	••••••
<u></u>	Accounting Method:	X Cash Accrual Other (spe	····		eck ► X if the	organization is not
	Website: N/A			req	uired to attach	Schedule B
		ck only one) - X 501(c)(3) 501(c) () ⊲(insert no.) 4947(a	a)(1) or 527 (Fo	rm 990, 990-EZ	2, or 990-PF).
	Form of organization		Association Other			
	Add lines 5b, 6c, and assets (Part II, colun	d 7b to line 9 to determine gross receipt nn (B) below) are \$500,000 or more, file	s. If gross receipts are \$200 Form 990 instead of Form	0,000 or more, or if tota 990-EZ	al ► \$	50,055.
anv/zet	HI Povonuo	Exponence and Changes in No	Assets or Fund Ba	lances (see the in	nstructions for	or Part I)
22.00	Check if the o	rganization used Schedule O to respon	d to any question in this Pa	art I		<u>X</u>
	1 Contributions,	gifts, grants, and similar amounts recei	ved		1	913.
		ce revenue including government fees a				1,214.
	3 Membership d	lues and assessments			3	915.
	4 Investment inc				4	- 16
		from sale of assets other than inventor		1 1		
		other basis and sales expenses				
					5 c	
	6 Gaming and fu	m sale of assets other than inventory (Subtract I undraising events		1 1		
REVE		from gaming (attach Schedule G if great	ater than \$15,000)	6a		
{	b Gross income	from fundraising events (not including	\$	of contributions		
1	from fundraisi	ng events reported on line 1) (attach So	hedule G if the sum	6b 45	7.0	
		income and contributions exceeds \$15,			<u>,769.</u>	
		xpenses from gaming and fundraising e		6c 18	<u>,292.</u>	
	d Net income or	(loss) from gaming and fundraising eve	ents (add lines 6a and			07 477
	6b and subtra	ct line 6c)				27,477
		f inventory, less returns and allowances				
	b Less: cost of	goods sold	• • • • • • • • • • • • • • • •	7 b		
	c Gross profit o	r (loss) from sales of inventory (Subtrac	t line 7b from line 7a)			
	8 Other revenue	e (describe in Schedule O)		pee roith aan-cr, raiti' fine o'n	ther Revenue 8	1,228
	9 Total revenu	e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		• • • • • • • • • • • •	· · · ► 9	31,763
	10 Grants and si	milar amounts paid (list in Schedule O)			10	
	11 Benefits paid	to or for members			11	
E	12 Salaries, othe	er compensation, and employee benefits			12	
P	13 Professional	fees and other payments to independen	t contractors		13	475
E N	14 Occupancy, r	ent, utilities, and maintenance			14	1,597
EXPENSES	15 Printing publi	ications postage and shipping			15	
s	16 Other expens	es (describe in Schedule O)		See Form 990-EZ, Part I, Line 16.0	ther Expenses 16	32,519
	17 Total expense	ses. Add lines 10 through 16	ia ana ana ama ama ama a		· · · · Pt [] /	34,591
	18 Excess or (de	eficit) for the year (Subtract line 17 from	line 9)		18	-2,828
A						
S	19 Net assets or	fund balances at beginning of year (fro	m line 27, column (A)) (mus	stagiee with enu-ol-ye	ai (*******	19,358
ASSETS	angure reporte	es in net assets or fund balances (explai	n in Schedule O)	See L-20 Stmt		2,515
s	20 Other change	fund balances at end of year. Combine	lines 18 through 20		> 21	19,045
		Fund balances at end of year. Compline				Form 990-EZ (2015

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

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Form 990-EZ (2015) FRIENDS OF THE	CRYSTAL RIVER STAT	E PARKS, ÍNC.	59-	-3638	37 <u>1</u> Page 2
Part II Balance Sheets (see the inst	uctions for Part II)	1			X
Check if the organization used Sched	ule O to respond to any question	on in this Part II	A) Beginning of year	<u>· · · · ·</u>	(B) End of year
22 Cash, savings, and investments			19,358	22	18,221.
			19,990	23	0.
23 Land and buildings		nt	0	. 24	824,
25 Total assets			19,358	. 25	19,045.
26 Total liabilities (describe in Schedule O)			0	. 26	0.
27 Net assets or fund balances (line 27 of c		Contraction of the second s	19,358	. 27	<u>19,045.</u> Expenses
Part III Statement of Program Service A Check if the organization used Sche	ccomplishments (see the ins	structions for Part III)	X	(De suit	red for section 501
What is the organization's primary exempt purpose?	Queeninetion's Drimen / Even	nt Durnaga		(c)(3) a	nd 501(c)(4)
Describe the organization's program service acc	omplishments for each of its th	ree largest program ser	vices, as	organiz	ations; optional
Describe the organization's primary excitive purpoor Sea measured by expenses. In a clear and concise r benefited, and other relevant information for eac	h program title.	NOVIDED, THE HUMBER OF	persons		
28 BOAT_REPAIR_&_MAINTENANCE.	TO PROVIDE EDUCATIO	NAL BOAT TOURS	FOR NATIONAL		
STATE, REGIONAL AND LOCAL	_VISITORS_OF_THE_C	RYSTAL RIVER P	<u>RESERVE</u>		
AREA AS WELL AS THE CRYSI	AL RIVER ARCHEOLOG	SICAL STATE PAR	<u>K_AREA</u>	28 a	20,837.
			· · · · · · · · · · · · · · · · · · ·		2070377
29 MURAL, FOR ARCH PARK					
		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			
(Grants \$0.) If th	s amount includes foreign grar	nts, check here	· · · · · · · · · · · · · · · · · · ·	29 a	1,006.
30 LAND MANAGEMENT, BUILDING	PARKING & UTILIT	ES			
	,				
	is amount includes foreign grai			30 a	.4,291.
		its, check here	· · · · · · · · · · · ·		13/2224
31 Other program services (describe in Sche (Grants \$) If th	is amount includes foreign gra	nts. check here		31 a	
32 Total program service expenses (add lin	nes 28a through 31a)		· · · · · · · · · >	32	26,134.
Part IV List of Officers, Directors,	Trustees, and Key Emi	oloyees (list each one eve	en if not compensated -	- see the	instructions for Part IV)
Check if the organization used Sch	edule O to respond to any que	stion in this Part IV		<u></u>	· · · · · · · · · · · ·
Check if the organization used Sch (a) Name and title	edule O to respond to any que (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits contributions to emplo benefit plans, and defe	yee	(e) Estimated amount of other compensation
Check if the organization used Sch	edule O to respond to any que	stion in this Part IV	(d) Health benefits contributions to emplo	yee	(e) Estimated amount of
Check if the organization used Sch (a) Name and title JOHN_ROBERTS	edule O to respond to any que (b) Average hours per week devoted to position	stion in this Part IV (c) Reportable conjpensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to emplo benefit plans, and defe	yee erred	(e) Estimated amount of other compensation
Check if the organization used Sch (a) Name and title JOHN_ROBERTS PRESIDENT	edule O to respond to any que (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits contributions to emplo benefit plans, and defe	yee	(e) Estimated amount of
Check if the organization used Sch (a) Name and title JOHN_ROBERTS PRESIDENT GARY_ELLIS	edule O to respond to any que (b) Average hours per week devoted to position 6.00	stion in this Part IV (c) Reportable conjpensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to emplo benefit plans, and defe	yee erred	(e) Estimated amount of other compensation
Check if the organization used Sch (a) Name and title JOHN_ROBERTS PRESIDENT GARY_ELLIS VICE_PRES	edule O to respond to any que (b) Average hours per week devoted to position	stion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 .	(d) Health benefits contributions to emplo benefit plans, and defe	yee erred	(e) Estimated amount of other compensation
Check if the organization used Sch (a) Name and title JOHN_ROBERTS PRESIDENT GARY_ELLIS VICE_PRES STEVE_KINGERY	edule O to respond to any que (b) Average hours per week devoted to position 6.00	stion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 .	(d) Health benefits contributions to emplo benefit plans, and defe	yee erred	(e) Estimated amount of other compensation
Check if the organization used Sch (a) Name and title JOHN_ROBERTS PRESIDENT GARY_ELLIS VICE_PRES	edule O to respond to any que (b) Average hours per week devoted to position 6.00 1.00	stion in this Part IV (c) Reportable conjpensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 . 0	(d) Health benefits contributions to emplo benefit plans, and defe	yee srred 0.	(e) Estimated amount of other compensation
Check if the organization used Sch (a) Name and tille JOHN_ROBERTS PRESIDENT GARY_ELLIS VICE_PRES STEVE_KINGERY	edule O to respond to any que (b) Average hours per week devoted to position 6.00 1.00	stion in this Part IV (c) Reportable conjpensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 . 0	(d) Health benefits contributions to emplo benefit plans, and defe	yee srred 0.	(e) Estimated amount of other compensation
Check if the organization used Sch (a) Name and title JOHN_ROBERTS PRESIDENT GARY_ELLIS VICE_PRES STEVE_KINGERY	edule O to respond to any que (b) Average hours per week devoted to position 6.00 1.00	stion in this Part IV (c) Reportable conjpensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 . 0	(d) Health benefits contributions to emplo benefit plans, and defe	yee srred 0.	(e) Estimated amount of other compensation 0.
Check if the organization used Sch (a) Name and title JOHN_ROBERTS PRESIDENT GARY_ELLIS VICE_PRES STEVE_KINGERY	edule O to respond to any que (b) Average hours per week devoted to position 6.00 1.00	stion in this Part IV (c) Reportable conjpensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 . 0	(d) Health benefits contributions to emplo benefit plans, and defe	yee srred 0.	(e) Estimated amount of other compensation 0.
Check if the organization used Sch (a) Name and title JOHN_ROBERTS PRESIDENT GARY_ELLIS VICE_PRES STEVE_KINGERY	edule O to respond to any que (b) Average hours per week devoted to position 6.00 1.00	stion in this Part IV (c) Reportable conjpensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 .	(d) Health benefits contributions to emplo benefit plans, and defe	yee srred 0.	(e) Estimated amount of other compensation 0.
Check if the organization used Sch (a) Name and title JOHN_ROBERTS PRESIDENT GARY_ELLIS VICE_PRES STEVE_KINGERY	edule O to respond to any que (b) Average hours per week devoted to position 6.00 1.00	stion in this Part IV (c) Reportable conjpensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 .	(d) Health benefits contributions to emplo benefit plans, and defe	yee srred 0.	(e) Estimated amount of other compensation 0.
Check if the organization used Sch (a) Name and tille JOHN_ROBERTS PRESIDENT GARY_ELLIS VICE_PRES STEVE_KINGERY	edule O to respond to any que (b) Average hours per week devoted to position 6.00 1.00	stion in this Part IV (c) Reportable conjpensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 .	(d) Health benefits contributions to emplo benefit plans, and defe	yee srred 0.	(e) Estimated amount of other compensation 0.
Check if the organization used Sch (a) Name and title JOHN_ROBERTS PRESIDENT GARY_ELLIS VICE_PRES STEVE_KINGERY	edule O to respond to any que (b) Average hours per week devoted to position 6.00 1.00	stion in this Part IV (c) Reportable conjpensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 .	(d) Health benefits contributions to emplo benefit plans, and defe	yee srred 0.	(e) Estimated amount of other compensation 0.
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Check if the organization used Sch (a) Name and title JOHN_ROBERTS PRESIDENT GARY_ELLIS VICE_PRES STEVE_KINGERY	edule O to respond to any que (b) Average hours per week devoted to position 6.00 1.00	stion in this Part IV (c) Reportable conjpensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 .	(d) Health benefits contributions to emplo benefit plans, and defe	yee srred 0.	(e) Estimated amount of other compensation 0.
Check if the organization used Sch (a) Name and title JOHN_ROBERTS PRESIDENT GARY_ELLIS VICE_PRES STEVE_KINGERY	edule O to respond to any que (b) Average hours per week devoted to position 6.00 1.00	stion in this Part IV (c) Reportable conjpensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 .	(d) Health benefits contributions to emplo benefit plans, and defe	yee srred 0.	(e) Estimated amount of other compensation 0.
Check if the organization used Sch (a) Name and title JOHN_ROBERTS PRESIDENT GARY_ELLIS VICE_PRES STEVE_KINGERY	edule O to respond to any que (b) Average hours per week devoted to position 6.00 1.00	stion in this Part IV (c) Reportable conjpensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 .	(d) Health benefits contributions to emplo benefit plans, and defe	yee srred 0.	(e) Estimated amount of other compensation 0.
Check if the organization used Sch (a) Name and title JOHN_ROBERTS PRESIDENT GARY_ELLIS VICE_PRES STEVE_KINGERY	edule O to respond to any que (b) Average hours per week devoted to position 6.00 1.00	stion in this Part IV (c) Reportable conjpensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 .	(d) Health benefits contributions to emplo benefit plans, and defe	yee srred 0.	(e) Estimated amount of other compensation 0.
Check if the organization used Sch (a) Name and title JOHN_ROBERTS PRESIDENT GARY_ELLIS VICE_PRES STEVE_KINGERY	edule O to respond to any que (b) Average hours per week devoted to position 6.00 1.00	stion in this Part IV (c) Reportable conjpensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 .	(d) Health benefits contributions to emplo benefit plans, and defe	yee srred 0.	(e) Estimated amount of other compensation 0.
Check if the organization used Sch (a) Name and title JOHN_ROBERTS PRESIDENT GARY_ELLIS VICE_PRES STEVE_KINGERY	edule O to respond to any que (b) Average hours per week devoted to position 6.00 1.00	stion in this Part IV (c) Reportable conjpensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 .	(d) Health benefits contributions to emplo benefit plans, and defe	yee srred 0.	(e) Estimated amount of other compensation 0.
Check if the organization used Sch (a) Name and title JOHN_ROBERTS PRESIDENT GARY_ELLIS VICE_PRES STEVE_KINGERY	edule O to respond to any que (b) Average hours per week devoted to position 6.00 1.00	stion in this Part IV (c) Reportable conjpensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 .	(d) Health benefits contributions to emplo benefit plans, and defe	yee srred 0.	(e) Estimated amount of other compensation 0.
Check if the organization used Sch (a) Name and title JOHN_ROBERTS PRESIDENT GARY_ELLIS VICE_PRES STEVE_KINGERY	edule O to respond to any que (b) Average hours per week devoted to position 6.00 1.00	stion in this Part IV (c) Reportable conjpensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 . 0	(d) Health benefits contributions to emplo benefit plans, and defe	yee srred 0.	(e) Estimated amount of other compensation 0.
Check if the organization used Sch (a) Name and title JOHN_ROBERTS PRESIDENT GARY_ELLIS VICE_PRES STEVE_KINGERY	edule O to respond to any que (b) Average hours per week devoted to position 6.00 1.00	stion in this Part IV (c) Reportable conjpensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 . 0	(d) Health benefits contributions to emplo benefit plans, and defe	yee srred 0.	(e) Estimated amount of other compensation 0.

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Form	990-EZ (2015) FRIENDS OF THE CRYSTAL RIVER STATE PARKS, INC. 59-363837	1	Pa	age 3
for the local division of the local division	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			. 🗌
	Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
	If 'Yes,' provide a detailed description of each activity in Schedule O	33		Х
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			v
	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities	35a		x
	(such as those reported on lines 2, 6a, and 7a, among others)?	35b		
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	350		
с	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	35 c		<u>X</u>
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	1000000000	X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions • 37 a 0.			
b	Did the organization file Form 1120-POL for this year?	37b	10050466000	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	38 a		X
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	30 a		
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
-90 a	section 4911 * ; section 4912 * ; section 4955 *			
h	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	40 b		x
	reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	400		
	: 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			
c	I 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	40 e		X
41	List the states with which a copy of this return is filed	<u></u>		

42 a	-	STEVE_KINGERY		Telephone no. ►	<u>(352)</u> 34428	464	-475	3
		SAILBOAT AVENUE	CRYSTAL_RIVER		34420		Yes	No
b	At any time during the financial account in a f	calendar year, did the organization ha	ave an interest in or a signature or other unt, securities account, or other financial	r authority over a l account)? • • • •		42 b		Х
	If 'Yes,' enter the name	e of the foreign country: ►	orm 114, Report of Foreign Bank and Financial A					
c	At any time during the	calendar year, did the organization m	naintain an office outside the U.S.?			42 c		X

If 'Yes,' enter the name of the foreign country:	۵

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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			
	10.0000000000000	Yes	NO
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead			
of Form 990-EZ	. 44 a	त्रस्त्र क्रस्ट स्ट	X
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	. 44b		<u>X</u>
c Did the organization receive any payments for indoor tanning services during the year?	. 44 c		<u>X</u>
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?			302
If 'No,' provide an explanation in Schedule O	. 44 d		
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 45a		X
b) Did the experience receive on promot from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,'			
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)	. 45b		X
TEEA0812 10/12/15	Form 990	-EZ (2	015)

Form	990-EZ (2015) FRIENDS OF THE CRYSTAL RIVER STATE PARKS, INC. 59	9-3638371	-	P	age 4
				Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to	and the second se			
40	candidates for public office? If 'Yes,' complete Schedule C, Part I		46		X
Par	Content of the section sole of the section	te the table	S		_
	Check if the organization used Schedule O to respond to any question in this Part VI				•
	· · · · · · · · · · · · · · · · · · ·			Yes	
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If " complete Schedule C, Part II		47		х
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		48		Х
	a Did the organization make any transfers to an exempt non-charitable related organization?		49 a		Х
		H I I I I I I I I I I I I I I I I I I I			

49b

	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 litle of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				
	-			

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

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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 c	ontractor		(b) Type of servi	ce	(c) Compensa	ition	
NONE								
d Total	number of other independent contractors	each receiving over \$100,0	000					
52 Did th comp	e organization complete Schedule A? No	ote: All section 501(c)(3) or	ganizations ,	must attach a		.► XYes	No	
Under penalties	s of perjury, I declare that I have examined this return, ind complete. Declaration of preparer (other than officer	including accompanying schedules a	and statements	, and to the best of my k any knowledge.	nowledge and belief, it is			
true, correct, ar		Jis Dased on an mornador of mile			05/10/16			
Sian	Signature of officer				Date			
Sign Here	JOHN ROBERTS			PRE	SIDENT			
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Date		PTIN		
B .1.1	TAMARA S YOUNG	TAMARA S YOUNG		05/11/16		200630006		
Paid Preparer		A TAX & ACCT LLC	;					
Use Only	Firm's address ► 7888 W DUNNELL				Firm's EIN ►	Firm's EIN ► <u>26-1124618</u>		
,	DUNNELLON		FL	34433-2522	Phone no. (35	52) 795-24	96	
May the IR	S discuss this return with the preparer sh	own above? See instructior	าร			⊳	No	
						Form 990-E	Z (2015)	

		OMB No. 1545-0047										
SCHEDULE A (Form 990 or 990-EZ)	Com	plete if the organizat 4947(a	ty Status and F ion is a section 501(c))(1) nonexempt charit ch to Form 990 or For	(3) organ able trus	ization t.		2015					
Department of the Treasury Internal Revenue Service	► Infe	Open to Public Inspection										
Name of the organization	*****		at www.irs.gov/form99			Employer identifica	tion number					
FRIENDS OF THE	CRYSTAL R	NIVER STATE PA	RKS, INC.			59-363837						
		lic Charity Status (All organizations must complete this part.) See instruction										
The organization is not a		•		-								
			hurches described in s			A)(i).						
		170(b)(1)(A)(ii). (Attac										
in the second se	•		tion described in sectio				e hospital's					
ليسيا	-	on operated in conjunc	tion with a nospital des	cribed in s	section	170(b)(1)(A)(iii). Enter th	le nospital s					
name, city, and 5 An organization 170(b)(1)(A)(iv		ne benefit of a college art II.)	or university owned or o	operated	by a gov	ernmental unit describec	in section					
			l unit described in sect i									
7 An organization	hit or from the general pu	DIIC Described										
			(vi). (Complete Part II.)									
9 X An organization from activities	n that normally r related to its exe ome and unrelat	described in section 170(b)(1)(A)(vi). (Complete Part II.) at normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts ed to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after e section 509(a)(2). (Complete Part III.)										
			to test for public safety.	See sect	ion 509	(a)(4).						
11 An organizatio	n organized and	anized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one ported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in Id that describes the type of supporting organization and complete lines 11e, 11f, and 11g.										
a Type I. A supp organization(s)	orting organizat	tion operated, supervised, or controlled by its supported organization(s), typically by giving the supported egularly appoint or elect a majority of the directors or trustees of the supporting organization. You must A and B.										
b Type II. A sup management o must complet	porting organiza of the supporting e Part IV, Secti	tion supervised or con organization vested in ons A and C.	n the same persons tha	t control o	or manag	ganization(s), by having je the supported organiz	ation(s). You					
c Type III functi organization(s)	onally integrat (see instruction	ed. A supporting organ ns). You must comple				functionally integrated w						
d Type III non-fi functionally int instructions). Y	unctionally inte egrated. The org ou must comp	grated. A supporting ganization generally m lete Part IV, Sections	organization operated ir ust satisfy a distribution A and D, and Part V.	n connecti requirem	ion with i ient and	its supported organizatio an attentiveness require	n(s) that is not ment (see					
integrated, or	Fype III non-fund	ctionally integrated sup	porting organization.			be I, Type II, Type III fund	tionally					
		about the supported or	anization(s).	• • • •			· · · · · L					
(i) Name of organi	supported	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) is organizati in your go docur	on listed	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)					
				Yes	No							
(A)												
(B)												
(C)							·					
(D)				•		· · · · · · · · · · · · · · · · · · ·						
(E)												

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Schedule A (Form 990 or 990-EZ) 2015 FRIENDS OF THE CRYSTAL RIVER STATE PARKS, INC. 59-3638371

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

Sec	tion A. Public Support				T		
Caleı begir	ndar year (or fiscal year nning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.)						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support		· · · · · · · · · · · · · · · · · · ·	r	r		
Cale begi	ndar year (or fiscal year nning in) Þ	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		, ,				
11	Total support. Add lines 7 through 10					12	
12	Gross receipts from related activity					L	<u></u>
13	organization, check this box and	stop nere		third, fourth, or fift	h tax year as a sec	tion 501(c)(3)	, . Þ
Sec	ction C. Computation of P	ublic Support I	Percentage			T	%
14	Public support percentage for 20	15 (line 6, column ((f) divided by line 1	1, column (f)) • •		<u>14</u> <i></i> <u>15</u>	%
15	•						·
	a 33-1/3% support test – 2015. I and stop here. The organization	i qualifies as a publi	icly supported orga				
	b 33-1/3% support test – 2014. In and stop here. The organization	n qualifies as a publ	liciy supported orga	anization			L
17	a 10%-facts-and-circumstances or more, and if the organization the organization meets the 'facts	meets the facts-and s-and-circumstances	s' test. The organiz	ation qualifies as	a publicly supporte	d organization	,
	b 10%-facts-and-circumstances or more, and if the organization organization meets the 'facts-an	d-circumstances' te	est. The organizatio	n qualifies as a pu	iblicly supported or	ganization	、、、、、、、►
18	Private foundation. If the organ	vization did not chee	ск а box on line 13	, ioa, iob, 17a, 0	TD, CHECK THIS DO	A and see instruction	

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 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.)

	ar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 0	Bifts, grants, contributions						
a r	nd membership fees eceived, (Do not include				1 007	1 0 0 0	14,71
	ny 'unusual grants.')	3,876.	5,632.	1,984.	1,397.	1,828.	14,/1
2 0	Gross receipts from admis-						
S	ervices performed, or facilities						
fi	urnished in any activity that is						
	elated to the organization's ax-exempt purpose	43,799.	43,043.	53,583.	22,795.	48,211.	211,43
3 (Gross receipts from activities						
ti	hat are not an unrelated trade or business under section 513						
	Tax revenues levied for the						
	organization's benefit and						
i	either paid to or expended on						
5]	The value of services or						
Ti C	acilities furnished by a governmental unit to the						
Č	organization without charge.	2,869.		2,610.	2,476.	2,495.	10,45
	Γotal. Add lines 1 through 5 ,,	50,544.	48,675.	58,177.	26,668.	52,534.	236,59
	Amounts included on lines 1,						
	2, and 3 received from						
b A	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						
	or the year						
	Public support. (Subtract line				The second second		
	7c from line 6.) • • • • • • • •						236,59
Sect	ion B. Total Support						
Calend	ar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 /	Amounts from line 6	50,544.	48,675.	58,177.	26,668.	52,534.	236,5
10 a (Gross income from interest, dividends,						
1	payments received on securities loans, rents, royalties and income from						
:	similar sources	19.	11.	1.	0.	16.	
b	Unrelated business taxable income (less section 511						
	taxes) from businesses						
	acquired after June 30, 1975	19.	11.	1.	0.	16.	
	Add lines 10a and 10b	19.	<u> </u>	<u> </u>			
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
	Other income. Do not include						
	gain or loss from the sale of						
	čapital assets (Explain in Part VI.)	<u> </u>					
13	Total support. (Add lines 9,			F.0. 1.70			006-6
	10c 11 and 12).	50,563.	48,686.	58,178.	26,668.	52,550.	236,6
14	First five years. If the Form 990 is organization, check this box and s	s for the organizati top here	ion's first, second,				
	tion C. Computation of Pu				<u>a in an an</u>	<u></u>	
15	Public support percentage for 201	5 (line 8. column (f) divided by line 1	3, column (f))		15	99.98
15	Public support percentage for 201)14 Schedule A. P	art III, line 15.			/ 16	99.98
	tion D. Computation of Inv				······································		
17	Investment income percentage for	2015 (line 10c. co	olumn (f) divided b	v line 13, column (f)))	17	0.02
18	Investment income percentage fro	m 2014 Schedule	A. Part III. line 17			18	0.02
10	22 1/29/ aumport toate	the organization (did not check the b	ox on line 14, and I	ine 15 is more thar	1 33-1/3%, and line	17
						reconstration	1
	is not more than 33-1/3%, check t	his box and stop l	nere. The organiza	ition qualifies as a p	oubliciy supported (Siganization	
	is not more than 33-1/3%, check t	his box and stop l the organization (here. The organiza	ition qualifies as a p con line 14 or line 1	19a, and line 16 is i	more than 33-1/3%	, and
b	is not more than 33-1/3%, check t	his box and stop l f the organization of check this box and	here. The organiza did not check a box d stop here. The c	ition qualifies as a p c on line 14 or line 1 rganization qualifie	19a, and line 16 is s as a publicly sup	more than 33-1/3% ported organization	, and

Sche	edule	A (Forn	1 990 d	or 990)-EZ)	2015	i F	RIE	INDS	; OF	' TH	ΕC	CRYS	STAI	LR	IVEF	R ST	ATE	PARK	KS,	INC.	Ę	59-3	638	371		P	age
Par	ŧ IV	Sup) (Cor A ar Sec	port nplet nd B. tions	ing (e on If yc A, D	Org a nly if ou cl 0, an	aniz you heck nd E.	atio che ed 1 If yo	ns cke 1b ou c	d a of F cheo	box Part cked	(in li 1. co	ine mp	11 olete	on F e Se	⊃ar ectio	t I. If ons A	you ∖an	cheo d C.	cked If vou	11a u ch	a of Pa lecked d D, a	art I, d 11c	c of F	Part I	, com	plet	с е	
Sect	tion	A. Al	Sup	port	ing	Org	aniz	atio	ons																		. 1	
1	If 'N	all of th o,' desc designa	ribe in	Part	VI ho	ow the	e suni	norte	ed or	mani;	zatior	ns ai	re de	asian	ater	d Ìf da	aeian	atod h	wclas	ss or	nurnos	e des	scribe		•	Y 	'es	No
2	509(the orga (a)(1) or cribed ir	(2)? li	r Yes	s,' exp	olain i	n Par	t VI	how	the c	organ	nizati	ion c	deteri	mine	ed tha	t the	suppo	orted c	orgar	nization	was				2		
3 a	Did and	the orga (c) belo	nizatio w	on ha	vea:	suppo	orted	orga	iniza	tion c • • • •	descr	ibed	d in s •••	ectic	on 5	01(c)(4), (5 	5), or (4	6)?	'Yes, ···	'answe	er (b)				Ba		
b	satis	the orga fied the le the de	public	: supp	port te	ests u	Inder	sect	tion 5	509(a	a)(2)?	? f '\	Yes,'	' desc	cribe	e in Pa	art Vi	l when	i and F	how	the org	aniza	tion			3b		
с	Did f	the orga oses? /	inizatio f 'Yes,	on en: ' <i>expl</i> a	sure ain in	that a 1 Part	ll sup VI wi	port hat c	to si contr	uch c ols th	organ ne org	izati gani:	lons z <i>atic</i>	was on pu	use It in j	ed excl <i>place</i>	lusive to en	ely for Is <i>ure</i> s	sectio such u	on 17 <i>ise</i>	0(c)(2)	(B) ••••			·	SC		
4 a	i Was <i>if yo</i>	any su u check	pporte ed 11a	d org: ≩ <i>or 1</i>	aniza 1b in	ation r Part	not or I, ans	gani wer	zed i <i>(b) e</i>	n the) Unit c) bei	ted S <i>low</i>	State	es ('fo	oreig	gn sup	porte	ed org	anizat ••••	tion')'	?	s'ano 			. 4	a		
b	Did f orga or st	the orga nizatior upervise	nizatio ? If 'Y d by o	on hav əs,' do r in co	ve ult <i>escrii</i> onne	timate be in ction	cont Part with i	trol a VI hα its sι	ind d ow th uppo	iscre ୲e or୍ rted (tion i ganiz orgar	'n de atioi nizat	ecidii n ha tions	ng wi d suc	heth ch c	ner to control	make <i>and</i>	e grant discre	s to th <i>tion de</i>	ne foi espit	reign si e being	uppor g conti 	ted <i>rolled</i>	•••	4	b		
	sect	the orga ions 50 ⁻ upport t	l(c)(3)	and 5	509(a	a)(1) c	or (2)?	? If '`	Yes,'	' expl	'ain in	n Pai	rt VI	l wha	it co	ntrols	the c	organiz	zation	usea	d to ens	sure ti	hat ••••		. 4	c		
5 a	and orga orga	the orga (c) belo inizatior inizatior ndment	w (if a _l is adde i's orga	oplica ed, su anizin	able). ubstiti 1g doo	Also, uted, cume	prov or rer nt aut	ide c move thori:	detai ed; (i zing	l in P ii) the such	Part V e reas n actic	/I, in sons on; a	cluđi s for and (ing (ij each 'iv) ho	i) the suc ow t	è nam ch acti the ac	es ar ion; (i tion v	nd ElN iii) the vas ac	f numt autho comp	bers ority ι olíshe	of the s inder th d (such	suppo he h as b	rted y			ia l		
b	o Typ orga	e I or T y inization	/ pe II (i's orga	only. anizin	Was ig doi	any a cume	addec nt?	d or s	subsi	litute	d sup	porl	ted o	orgar	nizat	tion pa	art of	a clas	s alre	ady (designa	ated ir	n the •••	•••		ib		
с	Sub	stitutio	ns onl	y. Wa	as the	e sub	stituti	on th	ne re	sult c	of an	eve	nt be	eyono	d the	e orga	nizat	ion's c	control	1?.				•••		ic	500 200	
6	anyo or m	the orga one othe lore of it filing org	er than s supp	(i) its oorted	s supp d orga	porteo anizat	l orga ions,	aniza or (i	ation: ii) otl	s, (ii) her s	indiv uppo	/idua orting	als th g org	nat ar Janiza	re pa atior	art of I ns tha	the cl t alsc	naritat supp	ole cla ort or	iss bi bene	enefiteo efit one	d by o or mo	ore of		. (
7	(defi	the orga ined in s ard to a	ection	4958	3(c)(3	3)(Č)),	a far	nily ı	mem	iber c	ofas	ubst	tanti	al co	ntrik	outor,	or a 3	35% c	ontroll	led e	ntity wi	th		•••		, ,		
8	Did com	the orga plete Pa	nizatio art I of	on ma Sche	ike a i <i>dule</i>	loan L (Fo	to a c rm 99	lisqu 90 <i>or</i>	alifie 990	id pe -EZ)	rson	(as 	defir	ned ir 	n se	ection -	4958) not d	lescrib	bed i	n line 7	? If 'Y	'es,' 					
9 a	as d	s the org lefined i es, ' prov	n secti	on 49)46 (c	other	than f	found	datio	n ma	anage	ers a	and c	organ	nizat	tions d	lescri	bed in	section	on 5	09(a)(1) or (2	?))? .	•••	, _ {	a		
	sup	one or r porting (organiz	zation	had	an in	terest	t? If	'Yes,	' pro	vide (deta	il in	Part	VI .		• • •		• • •	••	• • • •					b		
	asse	a disqu ets in wi	nich th	e sup	portir	ng org	janiza	ation	also	had	l an ir	ntere	əst?	lf 'Ye	əs,'µ	orovid	e det	ail in F	Part V	Ί.)c		
10 a	cert	s the org ain Type wer 10b	Ilsur	ntroad	na or	aniz	ations	s. an	id all	Type	e III n	10n-f	funct	tiona	lly ir	ntegra	ted s	upport	tina or	rgani	zations	i)?	Yes,')a		
b	b Did whe	the orga ther the	nizati organ	on, ha <i>lizati</i> o	ave a on ha	ny ex d exc	cess ess b	busi usin	ness ess l	hold holdir	lings ngs.)	in th •	ne ta	x yea	ar? ((Use 5	Sched	dule C	, Form 	n 472	20, to d	eterm	ine 		. 1)b		

			Yes No
	11	Has the organization accepted a gift or contribution from any of the following persons?	
	i	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a
ê •	I	A family member of a person described in (a) above?	11b
		A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c
	Sec	tion B. Type I Supporting Organizations	
r	1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	Yes No
	2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2
	Sec	tion C. Type II Supporting Organizations	
			Yes No
	1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1
	Sec	tion D. All Type III Supporting Organizations	
	1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	Yes No
	2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization</i> (s)	2
·	3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3
	Sec	tion E. Type III Functionally-Integrated Supporting Organizations	
	1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	:
	8 1		
		The organization is the parent of each of its supported organizations. Complete line 3 below.	ional
	(The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruct	iųns).
	2	Activities Test. Answer (a) and (b) below.	Yes No
		Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a
•	I	 Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	24 2b
	3	Parent of Supported Organizations. Answer (a) and (b) below.	
		a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i>	3a

Schedule A (Form 990 or 990-EZ) 2015 FRIENDS OF THE CRYSTAL RIVER STATE PARKS, INC.

Part IV Supporting Organizations (continued)

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard

Schedule A (Form 990 or 990-EZ) 2015

3b

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on November 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions).	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
Ę	Average monthly value of securities	1 a		
ł	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	10		
c	d Total (add lines 1a, 1b, and 1c)	1 d		
(Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	ction C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7		ed Typ	e III supporting organizati	on

(see instructions).

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Schedule A (Form 990 or 990-EZ) 2015

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Page 6

	tion D – Distributions			Current Yea
1	Amounts paid to supported organizations to accomplish exempt purpos	<u>A</u> 2		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of suppo			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions		<u> </u>	
7	Total annual distributions. Add lines 1 through 6		<u> </u>	
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions.	tion is responsive (prov	ide details	
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributab Amount for 2
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable			
2	cause required — see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a		and the second		
<u>-</u> h				
 C				
	From 2013			
	From 2014			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section D,			
	Sine 7: Sine 7: Applied to underdistributions of prior years Sine 7:			
	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
	Remaining underdistributions for years prior to 2015, if any.			
5	Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			MARK MARKAN
	Excess distributions carryover to 2016. Add lines 3j and 4c			
	Breakdown of line 7:			
	a <u>seconda de la constance de la constan Constance de la constance de la c</u>			
	b			
	C-Excess from 2013		and the second se	

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Schedule A (Form 990 or 990-EZ) 2015

Part VI 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.)

(Form 990 or 990-EZ) Department of the Treasury		organizatio	n entered mo ▶ Attach to	ore than \$15 Form 990 (rm 990, Part IV, lines 17, 18 ,000 on Form 990-EZ, line 6 or Form 990-EZ.	a.	2015 Open to Pull Inspection						
Department of the Treasury Internal Revenue Service	► Informatio	n about Schedule	G (Form 990	or 990-EZ) a	and its instructions is at w	ww.irs.gov/form990. Employer Identifie							
Name of the organization	CDVCUNT D		יסאסגמי	TNC		59-363837							
FRIENDS OF THE					s' on Form 990, Part IV,	Contraction of the second s							
Form 990-EZ	filers are not req	uired to complet	te this part.										
	•	ised funds throu	ugh any of t	he followin	g activities. Check all th								
a Mail solicitation				e	Solicitation of non-g								
	nail solicitations			f	Solicitation of gove								
c Phone solicitat				g		ovonico							
2 a Did the organizatio employees listed ir	 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. 												
compensated at lea (i) Name and address or entity (fundr	of individual	organization. (II) Activity	(iii) Did fu	undraiser iv or control	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount pa (or retained b organizatio						
						column (i)							
			Yes	No									
1													
				· · · · ·									
2	,												
ų													
3													
4													
5													
6													
0													
7													
8							4						
-													
			_										
9													
19													
	<u></u>												
Total			• • • • • • •	. ►)	I notified it is exempt fr) om registration						
3 List all states in w or licensing.	hich the organize	tion is registere	a or license	a to solicit	contributions or has be								

BAA	For Paperwork Reduction Act Notice, see the Instructions for	or Forr	n 990 or	990-EZ.
			12/02/15	

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Schedule G (Form 990 or 990-EZ) 2015

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Schedule G (Form 990 or 990-EZ) 2015	FRIENDS	OF	THE	CRYSTAL.	RIVER	STATE	PARKS.	INC.	59-3638371	Page 2
	TITTTTTT	01		OLUT O TTTT	T(T A T)T(01111			0000012	Contraction of the local division of the loc

Part II Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		List events with gross receipts grea	(a) Event #1 BOAT TOURS	(b) Event #2	(c) Other events	(d) Total events (add column (a) through column (c))
RE			(event type)	(event type)	(total number)	
ドビンドン	1	Gross receipts				
E	2	Less: Contributions	· · · · · · · · · · · · · · · · · · ·			
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
D	5	Noncash prizes				
RECT	6	Rent/facility costs				
	7	Food and beverages				
БХЪн	8	Entertainment	A da ann an a			
ш×р ш N S Ш S	9	Other direct expenses				
S	10	Direct expense summary. Add lines 4 throug	gh 9 in column (d) 🕠			
Rest Control of Case	11	Net income summary. Subtract line 10 from	line 3, column (d)			1
Par	<u> 111</u>	Gaming. Complete if the organizati \$15,000 on Form 990-EZ, line 6a.	on answered 'Yes'	on Form 990, Part I	V, line 19, or report	ed more than
REVENDE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Ü E	1	Gross revenue				
Е	2	Cash prizes				
EXPEN	3	Noncash prizes				
RECES	4	Rent/facility costs				
	5	Other direct expenses	·			
	6	Volunteer labor	Yes%	Yes%	Yes%	
	7	Direct expense summary. Add lines 2 throu	gh 5 in column (d) 🔹 🧸	· · · · · · · · · · · · ·		
	8	Net gaming income summary. Subtract line	7 from line 1, column (c		4,	-
9	Ent	er the state(s) in which the organization cond	ucts gaming activities:			
ana Kipako - Neti - Yo	a-Is-ti	he organization licensed to conduct gaming a	ctivities in each of these	states?		
					· · · · · · · · · · · · · · · · · · ·	
		ere any of the organization's gaming licenses	revoked, suspended or t			

Sche	edule G (Form 990 or 990-EZ) 2015 FRIENDS OF THE CRYSTAL RIVER STATE PARKS, INC. 59-3638371	Page 3
	Does the organization conduct gaming activities with nonmembers?	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	No
13	Indicate the percentage of gaming activity conducted in:	
a	a The organization's facility	90 00
	b An outside facility	olo
	Name ►	
	Address 🎽	
ł	 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	No
	Name ►	
	Address >]
16	Gaming manager information:	
	Name ►	
	Gaming manager compensation	
	Description of services provided	
	Director/officer	
17	Mandatory distributions	
1	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	No
I	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	
	organization's own exempt activities during the tax year 🔹 💲	
Pa	It IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 99 Complete to provide information for responses to specific questic Form 990 or 990-EZ or to provide any additional information ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instru at www.irs.gov/form990.	ons on 2015
Name of the organization		Employer identification number
FRIENDS OF THE	CRYSTAL RIVER STATE PARKS, INC.	59-3638371
Pt III, Line 3	CONTINUTED AQUARIUM MAINTENANCE INCLUDING AQU FRESHWATER), SNAKE FOOD, LIGHTING AND FILTRAT AQUARIUM, SUPPORT OF SPECIAL EVENTS SUCH AS E MISCELLANEOUS PARK OFFICE SUPPLIES, PARK PROM APPRECIATION.	TION SYSTEM FOR FRESHWATER CARTH DAY, PURCHASE OF

.

	4 - 00	r	Depreciation ar	nd Amortiza	tion		OMB No. 1545-0172
	4562	(Inc	cluding Informatio	n on Listed P	roperty)		2015
Departm Internal	nent of the Treasury Revenue Service (99)	Information about F	orm 4562 and its sepa		is at www.irs.g	gov/form4562.	Attachment Seguence No. 179
) shown on return		ан амала калану калану башкана такану карадаран калара каларуу калан калан каларуу калан каларуу караруу карад		۵۵ <u>میں میں اور اور اور اور اور اور اور اور اور اور</u>	1	Identifying number
FRIE	ENDS OF THE CR s or activity to which this form	YSTAL RIVER ST	TATE PARKS, INC				59-3638371
	n 990 / Form 9						
	Election To	Expense Certain	Property Under Se	ection 179			
······	Note: If you hav	/e any listed property, c	omplete Part V before y	ou complete Part I.			
							1
			rvice (see instructions).				2
			reduction in limitation (se e 2. If zero or less, enter				3 4
			m line 1. If zero or less, enter			•••••	4
(separately, see instruct	ions	· · · · · · · · · · · · · · · · · · ·		<u></u>	<u> </u>	5
6	·····	(a) Description of property		(b) Cost (business	use only)	(c) Elected cost	
			······				
7	lated property Futer	ha ana int fan line 00					
			amounts in column (c),				8
9 -	Tentative deduction. Er	nter the smaller of line 5	$5 \text{ or line } 8 \dots \dots \dots$			· · · · · · · · · · · · · · · · · · ·	9
			of your 2014 Form 4562				10
11 E	Business income limita	tion. Enter the smaller c	of business income (not l	ess than zero) or I	line 5 (see instr	·s)	1
12 \$	Section 179 expense d	eduction. Add lines 9 ar	nd 10, but do not enter m	nore than line 11.	• • • • • • • • • • • • • • • • • • • •		2
			d lines 9 and 10, less lin operty. Instead, use Par		▶ 13		
	والمرجع والمراجع والمستعد المتعادين والمرجع والمحافظ والمتعاد والمعاد المتعاد المعاد المتعاد المتعاد المعاد		ce and Other Depi				
14 S	Special depreciation all ax year (see instruction	owance for qualified pro	operty (other than listed	property) placed in	service during	the	4 673.
		•	· · · · · · · · · · · · · · · · · · ·				5
			· · · · · · · · · · · · · · · · · · ·				6
Part			nclude listed property.) (***************************************	NOTION CONTRACTOR CONTRACTOR	
			Secti				
17 I	MACRS deductions for	assets placed in service	e in tax years beginning	before 2015		1	7 114.
18 I	f you are electing to gr	oup any assets placed i	n service during the tax	year into one or m	ore general	m l	
						045045	
	(a)	(b) Month and	in Service During 2015 (c) Basis for depreciation			,	(g) Depreciation
	Classification of property	year placed in service	(b) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
	3-year property					000 PP	125
	5-year property		673.	5.0 yrs	HY	200 DB	135.
	7-year property 10-year property	No. of the second second second second					
	15-year property						
	20-year property					·····	
	25-year property			25 yrs		S/L	
	Residential rental		······································	27.5 yrs	MM	S/L	
ļ	property			27.5 yrs	MM	S/L	
i)	Nonresidential real			39 yrs	MM	S/L	
]	property				MM	S/L	
		A 1977 TO Manufact Manufacture and a second strategy of the second s	Service During 2015 7	ax Year Using the	e Alternative I	Depreciation S	ystem
	Class life					S/L	
	<u>12-year</u>			12 yrs		S/L	
	A() yoor		1			0.71	1
DAM	40-year		L	40 yrs	MM	S/L	
	IV Summary (S	ee instructions.)	L		•••••••••••••••••••••••••••••••••••••••		
21	IV Summary (Selected property. Enter a	ee instructions.)	1	······································	· · · · · · · ·		
21 22 - t	IV Summary (Sulated property. Enter a Total. Add amounts from lin the appropriate lines of your	ee instructions.) imount from line 28 e 12, lines 14 through 17, line return. Partnerships and S c	es 19 and 20 in column (g), ar orporations — see instruction	nd line 21. Enter here a	and on	21	922.
21 22 - t 23	IV Summary (Sular Summary (Sular Subscription) Listed property. Enter a Total. Add amounts from lin the appropriate lines of your For assets shown abov	ee instructions.) imount from line 28 e 12, lines 14 through 17, line return. Partnerships and S c e and placed in service	es 19 and 20 in column (g), ar	nd line 21. Enter here a	and on	21	922.

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Form	n 4562 (2015)	FRIENDS O	F THE CF	RYSTAL	RIVER	STAT	E PAR	RKS,	INC				59-3	63837	1	Page 2
Pai		Property (Inc ment, recreation	clude automo	biles, certa							puter	s, and j	property	used for		
	Note: Fo	or any vehicle for (a) through (c) c	which you a	re usina th	e standa on B, and	rd mileag d Section	ge rate c C if ap	or ded plicabi	ucting l	ease ex	xpens	e, com	plete on	ly 24a, 2	?4b,	
	Section	n A – Depreciat	tion and Oth	er Informa	ntion (Ca	ution: S	ee the i	nstruc	tions fo	r limits	for pa	asseng	er autom	obiles.)		
24 a	Do you have evider	nce to support the bu	usiness/investme			[Yes	<u> </u>					e written?		Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(C) Business/ investment use percentage	(c Cos other	tor	(busine	(e) or deprecia ss/investn use only)		(f) Recov perio	rery	Met	(g) thod/ /ention		(h) reciation duction	sec	(i) ected lion 179 cost
25	Special deprecia	ation allowance i 50% in a qualifi	for qualified li	sted prope	rty place	d in serv	ice duri	ng the	tax yea	ar and		25				
26	Property used n					5)	<u>· · · · ·</u>	<u></u>	<u></u>		<u></u>	1	· · · · · · · · · · · · · · · · · · ·		dated-partner.	
27	Property used 5	0% or less in a c	ualified busir	IASS USA							******		1			
41				1000 400.	······	1		T		1			1			
28	Add amounts in		0									28				
29	Add amounts in	column (i), line 2	26. Enter here	e and on lir Section							<u></u>		<u> </u>	. 29		
Com to vo	plete this section ur employees, fir	for vehicles use st answer the qu	d by a sole p lestions in Se	roprietor. p	artner. o	r other 'r	nore tha	an 5%	owner,'	or rela	ited pe	erson. I ction for	lf you pro those v	ovided ve ehicles.	ehicles	
		······				T	······	1			(d)		1		(f)
30	Total business/i during the year commuting mile				a) icle 1	(b Vehic	cle 2	Ve	(c) ehicle 3		Vehić	le 4	Veĥi	e) cle 5	Vehi	cle 6
31	Total commuting m	•														
32	Total other pers	•	-													
33	Total miles driven	en during the ver		·				1								
00		1 32		•				ļ			1			· · · · · ·		
				Yes	No	Yes	No	Yes	s No	o Y	es	No	Yes	No	Yes	No
34		available for pe														
35	Was the vehicle than 5% owner															
36	Is another vehic															
	personal use r	Section (C Questio		nlovers	Who Pro	vide Vé	hicle	s for Us	se by T	heir l	Employ	vees	L,		L
Ansv	ver these questio	ns to determine	if you meet a											not mo	re than	
5% (owners or related	persons (see in	structions).												r	T
37	Do you maintair by your employe	n a written policy ees?	statement th	at prohibits	all pers	onal use	of vehic	les, in	cluding	comm	uting,				Yes	No
38	Do you maintair employees? Se	n a written policy e the instructions	statement th s for vehicles	at prohibits used by co	s persona prporate	al use of officers,	vehicles directors	s, exce s, or 1	ept com % or m	muting, ore owr	, by yo ners .	our				
39		use of vehicles t														
40	Do vou provide	more than five v tain the informat	chicles to voi	ir employe	es obtai	n inform	ation fro	m vou	ir emplo	vees a	bout t	the use	of the	•••		
41	Do you meet the Note: If your an	e requirements o swer to 37, 38, 3	oncerning qu 39, 40, or 41	ialified auto is 'Yes,' do	omobile o not com	lemonstr plete Se	ation us	e? (Sofor the	ee instr covere	uctions d vehic) des.		• • • • •	· · ·		
Pa	rt VI Amort	ization												1		
	De	(a) scription of costs			(b) mortization begins		(c) Amortizab amount			(d) Code section		pe	(e) ortization eriod or rcentage		(f) Amortizatio for this yea	
42	Amortization of	costs that begin	s during your	2015 tax y	/ear (see	instructi	ons):		L			I her	oonidyo	<u>.</u>		
			<u>_</u>													
												<u> </u>		<u> </u>		
43		f costs that bega											43			
	Total. Add am	ounts in column	(†). See the ir	nstructions		e to repo		• • •	· · · ·			· · · ·	44	<u>l</u> F	orm 456	2 (2015

Form 8879-EO	for an Exemp	ure Authorization t Organization		OMB No. 1545-1878
	For calendar year 2015, or fiscal year beginning			AAAF
Department of the Treasury Internal Revenue Service	Do not send to the IRS Information about Form 8879-EO and its	S. Keep for your records. Instructions is at www.irs.gov/formediates.govv/formediates.govvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvv		2015
Name of exempt organization		na operation of the second operation operation of the second operation	Employer ide	ntification number
FRIENDS OF THE CI Name and title of officer	YSTAL RIVER STATE PARKS, IN	с	59-3638	3371
JOHN ROBERTS		PRESIDENT		,
	rn and Return Information (Whole D			
leave line 1b. 2b. 3b. 4b. or	for which you are using this Form 8879-EO and , 3a , 4a , or 5a , below, and the amount on that li 5b , whichever is applicable, blank (do not enter b not complete more than 1 line in Part I.	ne for the return being filed with this f	orm was hlar	uk then
1 a Form 990 check here	· · ▶ b Total revenue, if any (Form 99	0. Part VIII. column (A) line 12)	1	b
2 a Form 990-EZ check he	ere 🕞 🔀 b Total revenue, if any (For	n 990-EZ. line 9)	2	b 31,763.
3 a Form 1120-POL check	here , 🕞 🖌 b Total tax (Form 1120-	^D OL, line 22)	3	b
4 a Form 990-PF check he	ere 🕨 🛛 b Tax based on investment	income (Form 990-PF, Part VI, line	5) 4	b
5 a Form 8868 check here	· · ▶ D b Balance Due (Form 8868, Part	I, line 3c or Part II, line 8c)	5	b
Part II Declaration a	nd Signature Authorization of Offic	or	0,	
the IRS (a) an acknowledger refund, and (c) the date of a funds withdrawal (direct deb organization's federal taxes contact the U.S. Treasury Fi authorize the financial institu answer inquiries and resolve	r, transmitter, or electronic return originator (ER nent of receipt or reason for rejection of the train by refund. If applicable, I authorize the U.S. Tree t) entry to the financial institution account indica owed on this return, and the financial institution pancial Agent at 1-888-353-4537 no later than 2 tions involved in the processing of the electroni issues related to the payment. I have selected rn and, if applicable, the organization's consent	nsmission, (b) the reason for any dela asury and its designated Financial Ac ated in the tax preparation software for to debit the entry to this account. To 2 business days prior to the payment c payment of taxes to receive confide a personal identification number (PIN	ay in processingent to initiate or payment of revoke a payr (settlement) contail	ng the return or an electronic the ment, I must iate. I also ion necessary to
Officer's PIN: check one be	•			······································
I authorize	ERO firm name	to enter my PIN	Enter five numbe	as my signature
a state agency(ies) regu the return's disclosure co X As an officer of the organ indicated within this retu	year 2015 electronically filed return. If I have in ating charities as part of the IRS Fed/State pro- nsent screen. nization, I will enter my PIN as my signature on n that a copy of the return is being filed with a s PIN on the return's disclosure consent screen.	dicated within this return that a copy gram, I also authorize the aforementio the oroanization's tax year 2015 elect	to not enter all z of the return i oned ERO to tronically filed	erös s being filed with enter my PIN on return. If I have
Officer's signature		Date ► 05/10/201	6	٤
Part III Certification			**************************************	04403409426544448994499449944944994449808
ERO's EFIN/PIN. Enter your	six-digit electronic filing identification our five-digit self-selected PIN	· · · · · · · · · · · · · · · · · · ·		50036312345 do not enter all zeros
I certify that the above nume above. I confirm that I am su Authorized IRS <i>e-file</i> Provide	ric entry is my PIN, which is my signature on th bmitting this return in accordance with the requi rs for Business Returns.	e 2015 electronically filed return for the rements of Pub. 4163, Modernized e	-File (MeF) In	formation for
ERO's signature	mara S. yourg	Date ► <u>05/11/201</u>	6	
	ERO Must Retain This F	Form – See Instructions IRS Unless Requested To Do So		
BAA For Paperwork Redu	ction Act Notice, see instructions.	an a	****	Form 8879-EO (2015)

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Clien	t Status		2015
Name FRIENDS OF THE CRYSTAL RIVER STATE PA	RKS, INC.	Employer ID 59-3638	
Check the appropriate box below to update this client Client Status	:	Status Date ⊧	- 05/10/16
The last box checked will be the current status.			Date
	· ▶ · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	·
Data input completed. Draft copy of tax return printed Extension filed If filing electronically, extension filed If filing electronically, extension accepted by IRS Second extension filed Sent to reviewer Review completed Final tax return printed Informed client of return completion Tax return signed X If filing electronically, return EFiled X If filing electronically, return accepted by IRS Tax return signed X If filing electronically, return briled Second extension filed Second extension filed Second extension filed Second extension filed Final tax return printed Informed client of return completion Tax return signed X If filing electronically, return EFiled X If filing electronically, return accepted by IRS Tax return delivered to client. Specify other status	8453, etc)		
Billing Amounts for Prior Years	2012	2013	2014
Enter the billing amount for each year			
Current Year Comments (See Help):			· · · · · · · · · · · · · · · · · · ·

Permanent Comments (See Help):

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Depreciation and Amortization Report

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)		5			-				2012
FRIENDS OF THE CRYSTAL RIVER STATE PARKS, INC.	/ER S	rate par	KS, INC.		ax Xe	Tax Year 2015 Keen for vour records	<u>v</u>					
et Desc	Code	Date in Service	Cost (net of land)	Land	Business Use	Section 179	Special Depreciation	Depreciable Basis	Life	Method/ Convention	Prior	Current
υτυρεγιάντων					%		Allowance					
COMPUTER MONITOR		04/01/15	636		100.00		318	318	5 00	2000B/HV		13
COMPUTER	<u></u>	06/19/15	710		100.00		355		5 00	2007B/HV		11
SUBTOTAL CURRENT YEAR			1,346	0		0	673		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	TH /44002	c	101
											D	CCT
CUB CADET RIDING MOWER		06/06/12	1,899		100.00		950	949	7.00	200DB/MQ	549	114
SUBTOTAL PRIOR YEAR			1,899	0		0	950	949			549	211
												r +
TOTALS			3,245	0		0	1,623	1,622			540	010
											2	057
											L	
												-
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			-									
Code: S = Sold, A = Auto, L = Listed, C = COGS	1, C = 0	SOGS				EDIV3601 05/13/15	5/13/15				4	
				-							rage 1 01 1	

Image: line Image: line	/ Form 90EZ tion Code Date in Service Cost land) Land Business Science NITOR 04/01/15 636 100.00 0 NITOR 04/01/15 636 100.00 0 NITOR 06/19/15 1,346 0 0 NITOR 06/06/12 1,899 0 0 Strak 06/06/12 1,899 0 0 R YEAR 06/06/12 1,899 0 0 N YEAR 3,245 0 0 0	or your record Special Allowance 673 673 673 18 255 950 950	epreciable Basis 318 355 673 673 949 949 949		Depreciat	Deprec	59-3638371 antiation Adjustment/ Preference 135 0. 114 0. 114 0. 249 0.
Index Cost Land Eventsed Land Eventsed Land Performance	tion Code Date in Cost Land Business NITOR 04/01/15 636 100.00 NITOR 04/01/15 636 100.00 NT YEAR 06/12 1,899 00 R YEAR 06/06/12 1,899 00 R YEAR 06/06/12 1,899 00 R YEAR 06/06/12 1,899 00 R YEAR 06/06/12 1,899 00	Special Depreciation 318 Allowance 355 673 950 950 950 1, 623 1, 623		╶╺╍╍╍╺╎╶╎╶╎╶╎╶╎╶╎╶╎╶╎╶╎╶╎╶╎╶╎╶╎╶╎╸╎	Depreciat	Current Depreciation	Adjustmen
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	3,245		1,622		04 04		
	3,245		1,622		545		
				-	_		
Code: S = Sold, A = Auto, L = Listed, C = COGS, P = Passive	" "	FDIV3701 05/	13/15			Pade 1 of	f 1

59-3638371

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Part I, Line 8 Other Revenue

Other revenue (describe in Schedule O)	
PEPSI MACHINE	1,228.
Total	1,228.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)	
PURCHASE FOR RESALE	889.
AQUARIUM MAINTENANCE	920.
BOAT BUILDERS-CRBB CONTRIB	1,532.
EDUCATION AND CERTIFICATION	250.
EQUIPMENT RENTAL & MAINTENANCE	779.
LICENSES AND REGISTRATIONS	25.
MISC PARK SUPPLIES	1,607.
MOON OVER THE MOUNDS	209.
PARK PROMOTION	3,086.
CHRISTMAS PARADE/DECORATIONS	83.
BOAT MAINTENANCE	19,304.
LAND MANAGEMENT	1,299.
VOLUNTEER APPRECIATION	107.
MISC SPECIAL EVENT	374.
PFIZER GRANT	1,080.
Depreciation	922.
BANK CHARGES	53.
	energi and an and a static to the test of the second second second second second second second second second s
Total	32,519.

Form 990-EZ, Part III, Statement of Program Service Accomplishments **Organization's Primary Exempt Purpose**

TO ASSIST THE CRYSTAL RIVER PRESERVE STATE PARK, THE CRYSTAL RIVER ARCHAEOLOGICAL STATE PARK AND THE YULEE SUGARMILL RUINS STATE PARK IN PROVIDING RESOURCE-BASED RECREATION, WHILE PRESERVING, INTERPRETING AND RESTORING NATURAL

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Page 1, Part I, Line 20

Description	Amount
TO ADJUST TO ACTUAL BALANCE, DUE TO PRIOR MANUAL BOOKKEEPING AND NOW USING QUICKBOOKS FOR ACCOUNTING.	2,515.
Total	2,515.

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