



Florida Department of Environmental Protection

CITIZEN SUPPORT ORGANIZATION

2016 REPORT

(pursuant to Florida Statute 20.058)

Citizen Support Organization (CSO) Name: Friends of the Marjorie Kinnan Rawlings Historic State Park

Mailing Address: PO Box 337, Micanopy, FL 32667

Telephone Number: 352-466-9273

Website Address (if applicable): <http://marjoriekinnanrawlings.org>

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 purpose of the Friends of the Marjorie Kinnan Rawlings Farm, Inc., is to conduct programs, foster activities, raise funds and make expenditures to facilitate and enhance the preservation and interpretation of the Marjorie Kinnan Rawlings Historic State Park, under the direction of and with priorities set by the Florida Division of Recreation and Parks and the Park manager.

Brief Description of the CSO's Results Obtained: Numerous programs have been presented at the Cross Creek farm as well as in the community in conjunction with the park personnel. Annual events include the Rawlings Birthday Celebration and the Holiday Party. In addition, needs such as electric fan repair, reframing art work in the house, purchase scanner for archival project, microwave purchase for Park personnel use in office.

Brief Description of the CSO's Plans for Next Three Fiscal Years: The focus of 2016 is to be planning programming for the 75th anniversary celebration of Rawlings' books *Cross Creek* and *Cross Creek Cookery* in 2017. There will be community programs, events at the Cross Creek farm as well as targeted activities. Park events will be planned to meet emerging needs such as the Rose Garden event in May 2016. Support of on-going needs of the farm will continue to be met with input from the Park personnel paid for by fundraising and contributions.

- 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

Model CSO Code of Ethics – June 2014

Friends of the Marjorie Kinnan Rawlings Farm, Inc. CODE OF ETHICS

PREAMBLE

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

STANDARDS

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

1. Prohibition of Solicitation or Acceptance of Gifts

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

2. Prohibition of Accepting Compensation Given to Influence a Vote

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

3. Salary and Expenses

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

Model CSO Code of Ethics – June 2014

4. Prohibition of Misuse of Position

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

5. Prohibition of Misuse of Privileged Information

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

6. Post-Office/Employment Restrictions

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

7. Prohibition of Employees Holding Office

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

8. Requirements to Abstain From Voting

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

9. Failure to Observe CSO Code of Ethics

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

Draft July 15, 2014 / To be adopted at next regularly scheduled board meeting [July 31, 2014].

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.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning **July 1**, 2014, and ending **June 30**, 20 **15**

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization

Friends of the Marjorie Kinnan Rawlings Farm, Inc.

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite

PO Box 337

City or town, state or province, country, and ZIP or foreign postal code

Micanopy, FL 32667

D Employer identification number

59-3451627

E Telephone number

352-481-4099

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶

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

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	628.85
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	3635.00
	4	Investment income	4	112.33
	5a	Gross amount from sale of assets other than inventory	5a	0
	b	Less: cost or other basis and sales expenses	5b	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	5894.00
c	Less: direct expenses from gaming and fundraising events	6c	3622.38	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	2271.62	
7a	Gross sales of inventory, less returns and allowances	7a	85.00	
b	Less: cost of goods sold	7b	2.82	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	82.18	
8	Other revenue (describe in Schedule O)	8	0	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	6729.98	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	0
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	0
	13	Professional fees and other payments to independent contractors	13	1864.33
	14	Occupancy, rent, utilities, and maintenance	14	300
	15	Printing, publications, postage, and shipping	15	780.06
	16	Other expenses (describe in Schedule O)	16	0
	17	Total expenses. Add lines 10 through 16 ▶	17	3359.29
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3370.69
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	27681.01
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	31051.79

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

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	27681.01	22 31051.79
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	27681.01	25 31051.79
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	27681.01	27 31051.79

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

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

What is the organization's primary exempt purpose? _____

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

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

28 <u>Spread info regarding Marjorie Kinnan Rawlings, her life and her work: web site for the Friends of the MKR State Park. No way to estimate the number of people who benefited.</u> (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	888.80
29 <u>Help maintain the Rawlings Historic home and its contents: archaicall frame art work that belonged to Rawlings All of the visitors to the State Park benefit from this as well as future visitors.</u> (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	374.00
30 <u>Help maintain the MKR Historic State Park: purchase of ducks and chickens for the farmyard. All visitors to the park benefit from this purchase by enjoying the birds.</u> (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	214.53
31 Other program services (describe in Schedule O) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	433.43
32 Total program service expenses (add lines 28a through 31a)	32	1910.76

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>Elaine Carson Spencer, President</u>	8 hours/week	0	0	0
<u>Neal Spencer, Vice President</u>	2 hours/week	0	0	0
<u>Barbara Wingo, Secretary</u>	2.5 hours/week	0	0	0
<u>Margaret Anne Pierce, Treasurer</u>	7 hours/week	0	0	0
<u>Anne Angell, Director</u>	1.5 hours/week	0	0	0
<u>Dan Anson, Director</u>	1 hour/week	0	0	0
<u>Dan Cantliffe, Director</u>	1.5 hours/week	0	0	0
<u>Murray Laurie, Director</u>	2 hours/week	0	0	0
<u>Mary Anne Morgan, Director</u>	1 hour/week	0	0	0
<u>James Stephens, Director</u>	1.5 hours/week	0	0	0
<u>Florence Turcotte, Director</u>	2 hours/week	0	0	0

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

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a 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)
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40b 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
40c 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
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed none, form for CSO Report use only
42a The organization's books are in care of Margaret Anne Pierce Telephone no. 352-481-4099 Located at 249 Herman Drive, Hawthorne, FL ZIP + 4 32640
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
42c At any time during the calendar year, did the organization maintain an office outside the U.S.? 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
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b 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)

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

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

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

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

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(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 ▶ _____

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
none		

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

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

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

Sign Here

Signature of officer ▶ Margaret Anne Pierce	Date
Type or print name and title	

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶		Phone no.	
Firm's address ▶				

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

Friends of the Marjorie Kinnan Rawlings Farm, Inc.

Employer identification number

59-3451627

Part III Statement of Program Service Accomplishments (cont.)

1) Help maintain the Marjorie Kinnan Rawlings Farmhouse: clean curtains. People impacted are thousands of people

who tour the house yearly. Amount: \$147

2) Help maintain the Marjorie Kinnan Rawlings Farmhouse: repair historic electric fans. People benefited are the thousands

of people who annually view and feel the breeze from the fans in the house. Amount: \$140

3) Support the mission of the MKR Historic State Park of interpretation of the time period represented by the displays

at the park: firewood for kitchen stove. Those guests who observe the cooking demonstrations and those thousands who feel the warmth of

the stove and fireplaces benefit from this. Amount: \$100

4) Promote the interest in Marjorie Kinnan Rawlings: MKR Birthday Celebration. Approximately 15-20 people attend this event.

Amount: \$46

Short Form

Return of Organization Exempt From Income Tax

2015

Open to Public Inspection

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.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning July 1 , 2015, and ending December 31 , 20 15

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization

Friends of the Marjorie Kinnan Rawlings Farm, Inc

Number and street (or P.O. box, if mail is not delivered to street address)

Room/suite

PO Box 337

City or town, state or province, country, and ZIP or foreign postal code

Hawthorne, FL 32640

D Employer identification number

59-3451627

E Telephone number

352-481-4099

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶

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

K Form of organization: Corporation Trust Association Other

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	429.98
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	1175.00
	4	Investment income	4	96.26
	5a	Gross amount from sale of assets other than inventory	5a	0
	b	Less: cost or other basis and sales expenses	5b	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	106.00
b	Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0	
c	Less: direct expenses from gaming and fundraising events	6c	0	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	106.00	
7a	Gross sales of inventory, less returns and allowances	7a	0	
b	Less: cost of goods sold	7b	0	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8	Other revenue (describe in Schedule O)	8	0	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	1807.24	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	0
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	0
	13	Professional fees and other payments to independent contractors	13	750.00
	14	Occupancy, rent, utilities, and maintenance	14	150.00
	15	Printing, publications, postage, and shipping	15	503.61
	16	Other expenses (describe in Schedule O)	16	746.92
17	Total expenses. Add lines 10 through 16 ▶	17	2150.83	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(-343.59)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	31051.79
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	30708.20

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

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	31051.79	30708.20
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	31051.79	30708.20
26 Total liabilities (describe in Schedule O)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	31051.79	30708.20

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

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

What is the organization's primary exempt purpose? _____

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

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

28 <u>Spread info regarding Marjorie Kinnan Rawlings, her life, and her work by maintaining a high quality Web site for the Friends of the MKR Farm was redesigned and two newsletters posted and historic info on Rawlings. postings of park programs. Thousands of viewers of web site.</u> (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	750.00
29 <u>Period costumes are provided for those conducting tour of the farm and house. These costumes add to the authenticity of the experience for all guests to the farm enjoy. Thousands per year.</u> (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	205.29
30 <u>3) Equipment was provided to scan and print historic documents. This is used to develop interpretation materials for site quests. All guests to the farm enjoy these materials. Thousands per year.</u> (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	195.69
31 Other program services (describe in Schedule O) _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	345.94
32 Total program service expenses (add lines 28a through 31a)	32	1496.92

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Elaine Carson Spencer, President	7 hours/week	0	0	0
Neal Spencer, Vice President	3 hours/week	0	0	0
Barbara Wingo, Secretary	2 hours/week	0	0	0
Margaret Anne Pierce, Treasurer	7 hours/week	0	0	0
Annie Angell, Director	1 hour/week	0	0	0
Dan Anson, Director	.5 hour/week	0	0	0
Dan Cantliffe, Director	.5 hour/week	0	0	0
Lowell Garrett, Director	1 hour/week	0	0	0
Murray Laurie, Director	2 hours/week	0	0	0
Mary Anne Morgan, Director	.5 hour/week	0	0	0
James Stephens, Director	1.5 hours/week	0	0	0
Florence Turcotte, Director	2 hours/week	0	0	0

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

Table with columns for question number, question text, and Yes/No checkboxes. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

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

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

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

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
no employees				

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Gail Rowley	format Newsletters for Web	\$500.00
Stephanie Anson	Web site development	\$250.00

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

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

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

Sign Here	▶ Signature of officer	Date
	▶ Margaret Anne Pierce, Treasurer	2/8/2016
	▶ Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶				Firm's EIN ▶
	Firm's address ▶				Phone no.

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

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

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

Friends of the Marjorie Kinnan Rawlings Farm, Inc. (July-Dec. 2015 report)

Employer identification number

59-3451627

1) Support interpretation of the Farm with cooking demonstration at the MKR Farm. A microwave was provided for use by park personnel.

For these three events, all guests touring the park moved through as the demos were done. Amount:\$69.00

2) Support the mission of the Park of interpretation of the life of Rawlings and her life by placing a floral arrangement commemorating commemorating the death of Idella Parker, Rawlings employee, helper and friend. The arrangement was in place for a month and used as a talking point for some of the Rawlings story. Hundreds of guests who toured the house during that month benefitted from the display

Amount \$65.00

3) Support the mission of the Park of interpretation of the time period celebrated a July 31 Birthday party for Rawlings and a Holiday Party

Both are held in the farmyard and include discussions of similar events in Rawlings time. About 70 people total. Amount: \$165.97

4) Facilitate the interpretation of the Rawlings house by framing two historic photographs for display in the farmhouse.All guests that tour the home benefit, thousands per year. Amount: \$45.97

All funds are in a checking account or in CD's administered by the Board of Directors.