



Florida Department of Environmental Protection
CITIZEN SUPPORT ORGANIZATION
2020 LEGISLATIVE REPORT
(Pursuant to Section 20.058 Florida Statutes)

Citizen Support Organization (CSO) Name: Friends of Savannas Preserve State Park, Inc

Mailing Address: 2541 Walton Road, Port St. Lucie, FL 34952

Telephone Number: 772.398.2779

Website Address (if applicable): www.friendsofsavannas.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.

- a. **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.

CSO's Mission: *Consistent with Articles and Bylaws.*

As the non-profit partner of Savannas Preserve State Park, the Friends of Savannas Preserve State Park CSO's mission is to support efforts towards the preservation, maintenance and interpretation of the Park through funding of events and educational opportunities, while providing additional assistance to the needed work force.

Brief Description of the CSO's Results Obtained:

2019 – 2020: Organizational

1. Upgraded and simplified the structure and flow of the CSO Board, meetings and voting processes
 - a. CSO Board reduced from nine (9) to five (5); quorum to vote – three (3).
 - b. Commitment to attendance at majority of Board meetings & participation with working committees; remote attendance & voting now allowed + added benefit to part-time residents.
 - c. Board meetings to be held month *prior* to each General Meeting, summarized and reviewed for members.
2. Voting for incoming (next) year's Board to occur in November, budget review/approval in December.
 - a. Annual Meeting moved from May to January
 - i. Promotes easier and more logical transition of incoming Board and new budget to coincide with fiscal year and the CSO's Annual Meeting.
3. General Membership meetings to be held at least quarterly and with speakers/presentations
 - a. Changed from one general membership meeting (the Annual Meeting) to add value to the benefits of being a CSO member. Replaced prolonged, repetitious monthly Board meetings that were poorly attended by any members.
 - b. Quorum needed for eligible (paid) members to vote: no less than 1/3 of current members, changed from loosely defined as "whoever attends is sufficient quorum". Goal: decisions made are fair representations of CSO members.

(CSO's Results Obtained cont.)

4. Established active, working committees with monthly meetings, projects, and goals: Fundraising, Citizen Science, Kayak Committed and By-laws.
As examples:
 - a. Kayak Committee researched and developed "Trip Experience" survey to understand visitor preferences to assist with equipment purchases, improved processes and standards.
 - b. Increased guided kayak tours by adding day to scheduled tours; Park gifted with one new kayak for fleet by appreciative family; able to fund 2 additional new kayaks to replace older ones.
 - c. Shade House: using sales statistics from prior year, re-organized, categorized plant stock, designed/printed/updated marketing tools and plant information flyers, increased presence at Park for plant sales area, decorated plants for holiday plant sales, initiated weekend and holidays onsite sales with volunteer gardeners to provide one-on-one direction/information to Park visitors as well as return customers to Native Plant Sales.
 - i. Increased attention to the environment & the organization of the Shade House improved interest, participation, and growth of the Shade House's team of volunteer gardeners.
5. Kayak Team: despite over four months of insufficient water in the marsh prohibiting guided tours, volunteer kayak guides led over 820 adults and 70 children during the remainder of the year. The popularity of kayak tours is testimony to the experience of our guides and their individual abilities to share their love of our Park's many treasures.
6. Can-Do Team: aided in the purchase of needed supplies and equipment used by this vital team for multiple projects that maintain the integrity of the Park, such as repair and restoration of fences and buildings or clearing overgrowth and exotic plants.
7. Three CSO members completed NAI Host Course; two attained host certifications.
8. One CSO member received the Irene DeLaby Award for volunteering 10,000 hours at FL State Parks and one CSO member was recognized for achieving 25 years as a Park Service volunteer.
9. Provided sponsorship and Park-themed prizes for two (2) participants at St. Lucie County's 2020 Regional STEM Fair.
10. Park-based special events: furnished funding for equipment and supplies as well as manpower.
 - Drum Circles – 190 Visitors
 - Homeschool Open House – 350 Visitors
 - Fall Family Festival - 630 Visitors
 - Pioneer Day – 360 Visitors
11. Education Programs: Supported environmental education programs reaching over 1200 students.
12. Increased community outreach: provided flyers and Park information at monthly, local Green Market.
13. Hosted local city commissioner's quarterly meeting with area organizations, POA/HOA's.
14. Assisted with hosting in Park's Education Center and Gift Shop. Visitors to Park: at least 9600.

Description of the CSO's Plans for the Next Three Fiscal Years: *Expand section as necessary to be complete*

As noted in the CSO's 2020 Annual Program Plan: "of primary importance is the CSO's capacity to adequately support established activities before implanting new or expanded strategies for fundraising".

(CSO's Plans for the Next Three Fiscal Years cont.)

- A. Increase active members remains a priority goal. This will be accomplished by:
 - a. Personal appeals to former members by CSO President.
 - b. Develop, organize, advertise, and promote Quarterly Membership Meetings with programs/lectures of interest to membership and community; develop events for members-only or members and their families.
 - c. Community outreach to new audiences (i.e. homeowner groups, area community events)
 - d. Utilize opportunities to creatively promote Park attendance/support & increase CSO membership via handouts to visitors (bandanas for dogs, take-home crafts for kids with invites to families to return)
 - e. Increased advertising with community newsletters, newspaper event calendars, etc.
- B. Expand CSO areas of activity that are proven successful:
 - a. Shade House/Native Plant Sales: add and increase educational sessions to promote and educate local gardeners about "habitats", "pollinators", native plants and gardens.
 - b. Kayak Tours: upgrade reservation process from current labor-intensive to entirely online.
 - i. Advertise for kayak-oriented volunteers via Park's volunteer outreach efforts
 - ii. Evaluate feasibility and process to consider hiring part-time assistant for volunteer kayak guides (cleaning/disinfecting fleet, maintenance of fleet and equipment) to supplement much-needed support for this popular and profitable Park activity.
 - c. Citizen Science: continue with proposal to sponsor propagation of harvested scrub oak acorns to replenish lost habitat for endangered Scrub Jays.
- C. CSO and Park: continue to develop opportunities to strengthen the communications, relationships and interactions between Park staff and CSO, as well as Park volunteers, through scheduled meetings to understand Park Service processes, chain of command, standards, etc.
 - a. Park staff participation as advisors on CSO committees and as educators/lecturers at CSO membership meetings when time permits.
 - b. Continue to explore opportunities for CSO to assist with Park or Park staff's assessed needs, organizational and set-up of staff or volunteer appreciation events,
 - c. Assist with purchase/delivery of cold drinks/water for prescribed burns or to field projects being completed by volunteers.
- D. Educational Opportunities:
 - a. Research available educational animal care programs to enhance caring for our Park's animal ambassadors and expand our ability to offer education programs related to the understanding of natural animal habitats in our community and captive animal care needs.
 - i. Investigate cost, effort for CSO/volunteer and Park staff to complete
 - b. Develop programs that encourage increased visitor participation – i.e. all age groups, including Seniors, family-based activities
- E. Increase visibility and presence in community and at community events to promote park programs, volunteering, support (i.e. CSO) for the park system and park sponsorships

- ☒ CSO's Code of Ethics is attached, and if the CSO has a website the code of ethics is posted conspicuously.
 - Friends of Savannas Preserve State Park CSO website: <https://www.friendsofsavannas.org/>
- ☒ CSO has attached the most recent Internal Revenue Service (IRS) Form 990, 990-EZ, or 990-N receipt. If filing the 990-N the Department requires the 990 or 990-EZ as a worksheet. All IRS Form 990's must be complete with Part III Program Service and all appropriate Schedules (See attached instructions).



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

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CODE OF ETHICS

PREAMBLE

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

STANDARDS

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

Prohibition of Solicitation or Acceptance of Gifts

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

Prohibition of Accepting Compensation Given to Influence a Vote

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

Salary and Expenses

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

Prohibition of Misuse of Position

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

Prohibition of Misuse of Privileged Information

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

Post Office / Employment Restrictions

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

Prohibition of Employees Holding Office

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

Requirements to Abstain From Voting

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

Failure to Observe CSO Code of Ethics

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

Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

2019**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form, as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning , 2019, and ending , 20																
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization FRIENDS OF THE SAVANNAS PRESERVE STATE PARK, INC</td> <td>D Employer identification number 65-0124775</td> </tr> <tr> <td colspan="2">Number and street (or P.O. box if mail is not delivered to street address) Room/suite</td> <td>E Telephone number 772-398-2779</td> </tr> <tr> <td colspan="2">2541 SE WALTON ROAD</td> <td>F Group Exemption Number ▶</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code</td> <td></td> </tr> <tr> <td colspan="2">PORT ST LUCIE, FL 34952</td> <td></td> </tr> </table>	C Name of organization FRIENDS OF THE SAVANNAS PRESERVE STATE PARK, INC		D Employer identification number 65-0124775	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone number 772-398-2779	2541 SE WALTON ROAD		F Group Exemption Number ▶	City or town, state or province, country, and ZIP or foreign postal code			PORT ST LUCIE, FL 34952		
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PORT ST LUCIE, FL 34952																
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶		H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).														
I Website: ▶ HTTP://FRIENDSOFSAVANNAS.ORG																
J Tax-exempt status (check only one) – <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other																
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$																

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	6,530	
	2	Program service revenue including government fees and contracts	2	13,772	
	3	Membership dues and assessments	3	1,245	
	4	Investment income	4		
	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		
Expenses	b	Gross income from fundraising events (not including \$ 3,065 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	2,219		
	c	Less: direct expenses from gaming and fundraising events 6c			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d	846		
	7a	Gross sales of inventory, less returns and allowances 7a	8,730		
	b	Less: cost of goods sold 7b	278		
	c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c	8,452		
	8	Other revenue (describe in Schedule O) 8			
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ 9	30,845		
	Net Assets	10	Grants and similar amounts paid (list in Schedule O) 10		
		11	Benefits paid to or for members 11		
12		Salaries, other compensation, and employee benefits 12			
13		Professional fees and other payments to independent contractors 13			
14		Occupancy, rent, utilities, and maintenance 14	2,181		
15		Printing, publications, postage, and shipping 15	673		
16		Other expenses (describe in Schedule O) 16	19,126		
17		Total expenses. Add lines 10 through 16 ▶ 17	21,980		
18		Excess or (deficit) for the year (subtract line 17 from line 9) 18	8,865		
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	41,595		
20	Other changes in net assets or fund balances (explain in Schedule O) 20	3,670			
21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ 21	54,130			

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2019)

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	23,476	22 27,359
23 Land and buildings		23
24 Other assets (describe in Schedule O)	18,119	24 26,711
25 Total assets	41,595	25 54,130
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	41,595	27 54,130

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☒What is the organization's primary exempt purpose? **SUPPORT OF THE SAVANNAS PRESERVE STATE PARK**

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>PIONEER DAY AND OTHER SPECIAL EVENTS DESIGNED SO THAT VISITORS EXPERIENCE LIVING HISTORY AS THEY EXPLORE HOW PEOPLE IN FLORIDA LIVED CIRCA MID-19TH CENTURY. FAMILIES ENJOY OLD FASHIONED GAMES, CRAFTS, HAYRIDES, AND EXHIBITS.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	2,219
29 <u>CANOE AND KAYAK PROGRAM. TRAINED GUIDES LEAD TOURS THAT EDUCATE THE PUBLIC BY EXPLAINING THE ECOLOGY OF THE SAVANNAS TO INCLUDE THE PARK'S RESPONSIBILITY IN MAINTAINING THE VARIOUS FRAGILE ECOSYSTEMS.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	1,453
30 <u>EDUCATION PROGRAM. USES COMMUNITY OUTREACH TO PROVIDE THE PUBLIC AND SCHOOL TEACHERS WITH INFORMATION THAT ENCOURAGES STEWARDSHIP AND PRESERVATION OF THE NATURAL RESOURCES WITHIN THE PARK.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	2,635
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	5,118
32 Total program service expenses (add lines 28a through 31a)	32	11,425

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>DIANA GREGORY</u> PRESIDENT		0	0	0
<u>SHARON MUNSON</u> SECRETARY		0	0	0
<u>SUSAN HAMBURGER</u> TREASURER		0	0	0
<u>CHARLES K CARTER</u> DIRECTOR		0	0	0
<u>DIANA SNYDER</u> DIRECTOR		0	0	0
<u>JOETTE SMITH</u> VICE PRESIDENT		0	0	0
<u>CAROL HERZOG</u> DIRECTOR		0	0	0
<u>HENRY MAURSEY</u> DIRECTOR		0	0	0
<u>DIANA STALEY</u> DIRECTOR		0	0	0
<u>TOM FOX</u> DIRECTOR		0	0	0
<u>DIANA CARTER</u> DIRECTOR		0	0	0

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	<input checked="" type="checkbox"/>
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34	<input checked="" type="checkbox"/>
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	<input checked="" type="checkbox"/>
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	
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	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b Did the organization file Form 1120-POL for this year?	37b	<input checked="" type="checkbox"/>
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II, and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	<input checked="" type="checkbox"/>
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed ▶ FLORIDA		
42a The organization's books are in care of ▶ SUSAN HAMBURGER Telephone no. ▶ 772-398-2779 Located at ▶ 2541 SE WALTON ROAD, PORT ST LUCIE, FL ZIP + 4 ▶ 34952		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	<input checked="" type="checkbox"/>
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶	42c	<input checked="" type="checkbox"/>
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	<input checked="" type="checkbox"/>
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/>
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<input checked="" type="checkbox"/>
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	<input checked="" type="checkbox"/>

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

	Yes	No
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 ☐

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		<input checked="" type="checkbox"/>
48		<input checked="" type="checkbox"/>
49a		<input checked="" type="checkbox"/>
49b		<input checked="" type="checkbox"/>

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

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

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

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

(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

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

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

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

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

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

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

Sign Here	Signature of officer <i>Susan Hamburger</i>	Date <i>3-29-20</i>
	Type or print name and title SUSAN HAMBURGER, TREASURER	

Paid Preparer Use Only	Print/Type preparer's name CHARLES COFFMAN (VOLUNTEER)	Preparer's signature <i>elo eja</i>	Date <i>3/20/2020</i>	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00054912
	Firm's name TAX SERVICE			Firm's EIN	
	Firm's address 2101 SE HARLOW STREET, PORT ST LUCIE, FL 34952			Phone no. 772-337-3097	

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

Employer identification number

FRIENDS OF THE SAVANNAS PRESERVE STATE PARK

65-0124775

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	10240	11178	11131	12017	7775	52341
3 Gross receipts from activities that are not an unrelated trade or business under section 513	25271	26750	12284	11713	22792	98810
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	10500	1000	1000	10000	8000	48500
6 Total. Add lines 1 through 5	46011	47928	33415	33730	38567	199651
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						199651

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	100 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	100 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	0 %

- 19a** **33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒
- b** **33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐
- 20** **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
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Employer identification number

FRIENDS OF THE SAVANNAS PRESERVE STATE PARK

65-0124775

FORM 990-EZ, PART III, LINE 31: DIRECT SUPPORT TO THE SAVANNAS PRESERVE STATE PARK TO INCLUDE EQUIPMENT PURCHASES,

REPAIR, MAINTENANCE, PROGRAM SERVICES EXPENSES: \$5118

FORM 990-EZ, PART I, LINE 16, DEPRECIATION \$3591

PART 1, LINE 16: EDUCATION CENTER MGT: OPERATIONS: \$1598

PART 1, LINE 16: EDUCATION CENTER MGT: SUPPLIES: \$951

PART 1, LINE 16: EDUCATION CENTER MGT: RECOGNITION/AWARDS: \$120

PART 1, LINE 16 OTHER MGT: SUPPLIES: \$168

PART 1, LINE 16: OTHER MGT: ADVERTISING: \$9

PART 1, LINE 16: OTHER MGT: BANK SERVICE CHARGES: \$390

PART 1, LINE 16: OTHER MGT: RECOGNITION: \$212

PART 1, LINE 16: OTHER MGT: CC PROCESSING FEES: \$127

PART 1, LINE 16: OTHER MGT: SALES TAX: \$469

PART 1, LINE 16: ANIMAL CARE: \$2227

PART 1, LINE 16: SHADE HOUSE: \$757

PART 1, LINE 16: TRAINING: \$97

PART 1, LINE 16: GIFT SHOP SUPPLIES: \$300

PART 1, LINE 16: DISASTER STORAGE SUPPLIES: \$45

PART 1, LINE 20: NET ASSETS: DEPRECIATION OFFSET: \$3425

PART 1, LINE 20: NET ASSETS: INCREASE IN GIFT SHOP INVENTORY: \$8724

PART 11, LINE 24: OTHER ASSETS: DEPRECIABLE ASSETS BEGINNING OF YEAR: \$15003; END OF YEAR: \$16680

PART 11, LINE 24: OTHER ASSETS: GIFT SHOP INVENTORY, BEGINNING OF YEAR: \$3116; END OF YEAR: \$9846

PART 11, LINE 24: OTHER ASSETS: UNDEPOSITED FUNDS FROM BALANCE SHEET: \$245

PART III, LINE 32: PROGRAM SERVICE EXPENSES: \$11,425

PART IV, OFFICER AND DIRECTOR HOURS WORKED: TOTAL VOLUNTEER HOURS WORKED LISTED SEPARATELY IN OVERALL PARK

SERVICE REPORT: OVERALL TOTAL FOR 2019: 8,870; OFFICER/DIRECTOR HOURS: 3,179