



Florida Department of Environmental Protection

CITIZEN SUPPORT ORGANIZATION

2015 REPORT

(pursuant to Florida Statute 20.058)

Citizen Support Organization (CSO) Name: Friends of the Savannas Preserve State park Inc.

Mailing Address: 2541 Walton Road Port St. Lucie Florida 34952

Telephone Number: 772 398 2779

Website Address -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.

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 Savannas Preserve State Park (FSPSP) is a not-for-profit citizen support organization formed to assist the Florida Park Service with the Savannas Preserve State Park. Adopting philosophies and objectives consistent with the Florida Park Service's mission, the FSPSP work hand-in-hand with park staff to provide resource-based recreation while preserving, interpreting, and restoring natural and cultural resources, and creating wonderful programs like the ones listed on this website.**

Brief Description of the CSO's Results Obtained: **The CSO has maintained a culture of education and a balance of resource management. Providing for over 100 educational programs, three special events, as well as a summer camp with part-time employees. Our Canoe & Kayaking, Shade House, and Gift Shop Committees have generated the revenue to support many park activities.**

Brief Description of the CSO's Plans for Next Three Fiscal Years:. Board Members will continue to meet monthly on accomplishments and needs; reflect on areas of need and how best to accomplish these tasks. Work with park management on financial needs, grants, and other funding opportunities. Develop a rewards program for membership fees. Work on CSO separation in order to create an organized system for dues, hours, business plan, etc. The CSO will continue to work with the community to ensure residents are aware of the unique role the Savannas Preserve State Park plays in protecting our fragile ecosystems.

- 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

Friends of Savannas Preserve State Park, Inc.
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 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 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. Stat., and are required by Section 112.3251, Fla. Stat., to be observed by CSO board members, officers, and employees.

1. Prohibition of Solicitation or Acceptance of Gifts

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

2. Prohibition of Accepting Compensation Given to Influence a Vote

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

3. Salary and Expenses

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

4. Prohibition of Misuse of Position

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

5. Prohibition of Misuse of Privileged Information

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

6. Post-Office/Employment Restrictions

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

7. Prohibition of Employees Holding Office

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

8. Requirements to Abstain From Voting

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

9. Failure to Observe CSO Code of Ethics

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



COFFMAN TAX SERVICES

2101 SE Harlow Street Port St Lucie, FL 34952

Business and Personal Tax Services

Coffmantaxsvc@gmail.com 772-337-3097

May 22, 2015



Board of Directors
ATTN: Ray Treacy
Friends of Savannas Preserve State Park, Inc.
2541 Walton Road
Port St Lucie, FL 34952

Attached is the completed IRS Form 990-EZ to include with your annual financial report to the Florida Park Service for 2014. Included is a separate "copy" for your records. Please sign the report where indicated on page 4. If you have questions concerning this report, please contact me.

Note that this tax-related form does not include all the information required for your overall report.

Sincerely,

Charles O Coffman
Enrolled Agent

Short Form Return of Organization Exempt From Income Tax

2014

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 2014 calendar year, or tax year beginning _____, and ending _____	
B Check if applicable:	C Name of organization
<input type="checkbox"/> Address change	FRIENDS OF THE SAVANNAS PRESERVE STATE PARK, INC
<input type="checkbox"/> Name change	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
<input type="checkbox"/> Initial return	2541 WALTON ROAD
<input type="checkbox"/> Final return/terminated	City or town State ZIP code
<input type="checkbox"/> Amended return	PORT ST LUCIE FL 34952
<input type="checkbox"/> Application pending	Foreign country name Foreign province/state/county Foreign postal code
	D Employer identification number
	65-0124775
	E Telephone number
	772-398-2779
	F Group Exemption Number ▶
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) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 28,934

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

	Description		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	2,539
	2 Program service revenue including government fees and contracts	2	20,670
	3 Membership dues and assessments	3	455
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	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	
	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	
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	0	
7a Gross sales of inventory, less returns and allowances	7a	5,270	
b Less: cost of goods sold	7b	4,835	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	435	
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	24,099	
Expenses	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	1,860
	14 Occupancy, rent, utilities, and maintenance	14	1,277
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	22,372
17 Total expenses. Add lines 10 through 16	17	25,509	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-1,410
	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	34,976
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	-7,053
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	26,513

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	17,347	22 19,349
23 Land and buildings		23
24 Other assets (describe in Schedule O)	17,629	24 7,164
25 Total assets	34,976	25 26,513
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	34,976	27 26,513

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? TO ASSIST THE SAVANNAS PRESERVE STATE PARK IN

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 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, food and (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	3,269
29 Canoe and Kayaking 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. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	296
30 Education Program. Uses community outreach to provide the public and school teachers with information that encourages stewardship and preservation of the nature resources within the Park. There were 3,241 participants this year. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	6,547
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	6,210
32 Total program service expenses. (add lines 28a through 31a)	32	16,322

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
RAYMOND TREACY PRESIDENT	Hr/WK 1.00			
MARK CYER VICE PRESIDENT	Hr/WK 1.00			
HENRY MAURSEY SECRETARY	Hr/WK 1.00			
DEE STALEY TREASURER	Hr/WK 1.00			
JOHN ALLEN BOARD MEMBER	Hr/WK 1.00			
REG BRIAN-DAVIS BOARD MEMBER	Hr/WK 1.00			
LIZ DYER BOARD MEMBER	Hr/WK 1.00			
CAROL HERZOG BOARD MEMBER	Hr/WK 1.00			
ALICE KAISER BOARD MEMBER	Hr/WK 1.00			
JOEL KAISER BOARD MEMBER	Hr/WK 1.00			
DOMINIC PALUMBO BOARD MEMBER	Hr/WK 1.00			
JOETTE SMITH KAYAK CHAIRPERSON	Hr/WK 1.00			

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.		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).		X
35 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)?		X
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.		
35 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.		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.		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. <input type="text" value="37a"/>		
b	Did the organization file Form 1120-POL for this year?		X
38 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?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved. <input type="text" value="38b"/>		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9. <input type="text" value="39a"/>		
b	Gross receipts, included on line 9, for public use of club facilities. <input type="text" value="39b"/>		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="text"/> ; section 4912 <input type="text"/> ; section 4955 <input type="text"/>		
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.		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. <input type="text"/>		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. <input type="text"/>		
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.		X
41	List the states with which a copy of this return is filed. <input type="text"/>		
42 a	The organization's books are in care of <input type="text" value="DEE STALEY"/> Telephone no. <input type="text" value="772-334-6660"/> Located at <input type="text" value="695 SAVANNA VISTA"/> City <input type="text" value="JENSEN BEACH"/> ST <input type="text" value="FL"/> ZIP + 4 <input type="text" value="34957"/>		
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: <input type="text"/> See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Yes	No
42 b			X
c	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: <input type="text"/>		X
42 c			X
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. <input type="text" value="43"/>		
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.		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.		X
c	Did the organization receive any payments for indoor tanning services during the year?		X
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.		X
44 d			X
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45 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).		X
45 b			X

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 X

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 X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. Yes No 48 X

49 a Did the organization make any transfers to an exempt non-charitable related organization? Yes No 49a X

b If "Yes," was the related organization a section 527 organization? Yes No 49b X

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."

Table with 5 columns: (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. All entries are '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."

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. All entries are '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 [X] 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: RAYMOND TREACY, PRESIDENT Date: 5/13/2015

Paid Preparer Use Only Print/Type preparer's name: Charles O Coffman Preparer's signature: [Signature] Date: 5/12/2015 Check self-employed: [] PTIN: P00054912 Firm's name: Coffman Tax Services, Inc Firm's EIN: 26-1422358 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 [] Yes [] No

Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received

1	Contributions	1	1,413
2	Noncash contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	
5	Commercial co-venture	5	
6	Special events contributions (Line 6 - Special Events)	6	0
7	Associated organization contributions	7	
8	FEES TO INCLUDE PARK PASSES	8	1,126
9		9	
10		10	
11	Total	11	2,539

Part I, Line 16 (990-EZ) - Other Expenses

Total: 22,372

Description		Amount
1	Travel	
2	Meals and entertainment	289
3	Fundraising	
4	Conferences, conventions, and meetings	3,107
5	Depletion	
6	Equipment rental and maintenance	
7	Interest	
8	Supplies	8,512
9	Telephone	1,277
10	Unrelated business income taxes	0
11	Amortization	0
12	Depreciation	1,423
13	OFFICE EXPENSE	2,831
14	CREDIT CARD PROCESSING FEES	582
15	TOOL TRAILER (TRANSFERRED TO PARK SVC BOOKS), NOT PICKED UP AS A CSO ASSET	4,000
16	SALES TAX	351

Part I, Line 20 (990-EZ) - Other Changes in Net Assets or Fund Balances

		Total:	-7,053
		Description	Amount
1		DIFFERENCE IN FIXED ASSETS CARRIED AT COST IN PRIOR REPORT FORMAT	-7,053

Part II, Line 24 (990-EZ) - Other Assets

Description		Totals:	
		Beginning	End
1	FIXED ASSETS AT COST (FROM 2013 REPORT FORMAT)	17,629	7,164
2	NOTE: FIXED ASSET VALUE AT END IS UNDEPRECIATED VALUE	13,731	3,463
3	GIFT SHOP INVENTORY AT COST	3,898	3,701

Part IV (990-EZ) - List of Officers, Directors, Trustees, and Key Employees

Name of Organization: FRIENDS OF THE SAVANNAS PRESERVE STATE PARK, INC
 Employer identification number: 65-0124775

Name and title	Average hours per week devoted to position	Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-.)	Health benefits contributions to employee benefit plans, and deferred compensation	Estimated amount of other compensation
PENNY SNYDER				
SHADE HOUSE CHAIRPERSON	Hr/WK 1.00			
ANITA TEAGUE				
BOARD MEMBER	Hr/WK 1.00			
MERLE TOWNSEND				
BOARD MEMBER	Hr/WK 1.00			
DON VANHARKEN				
BOARD MEMBER	Hr/WK 1.00			
RUTH VANHARKEN				
BOARD MEMBER	Hr/WK 1.00			
	Hr/WK			
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SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2014

Open to Public Inspection

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.

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

Department of the Treasury
Internal Revenue Service

Name of the organization FRIENDS OF THE SAVANNAS PRESERVE STATE PARK, INC	Employer identification number 65-0124775
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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 11, 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.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - 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 0
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (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					0	0

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.)

Section A. Public Support

Calendar year (or fiscal year 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.")	2,486	2,131	1,691	1,687	2,994	10,989
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	10,136	12,918	15,849	17,654	25,940	82,497
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	9,800	8,064	9,064	10,500	10,500	47,928
6 Total. Add lines 1 through 5	22,422	23,113	26,604	29,841	39,434	141,414
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						141,414

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	22,422	23,113	26,604	29,841	39,434	141,414
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	22,422	23,113	26,604	29,841	39,434	141,414

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**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	100.00%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	0.00%

19a **33 1/3% support tests—2014.** 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—2013.** 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

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

Employer identification number

FRIENDS OF THE SAVANNAS PRESERVE STATE PARK, INC

65-0124775

Form 990-EZ, Part III, Line 31: Direct Support to the Savanas Perserve State Park, to include

equipment purchases and funding Park manpower. Grants and allocations: 0, Program service

expenses: 6,210

Form 990-EZ, Part I, Line 16, Other Expenses: Meals and entertainment: 289

Form 990-EZ, Part I, Line 16, Other Expenses: Conferences, conventions, and meetings: 3,107

Form 990-EZ, Part I, Line 16, Other Expenses: Supplies: 8,512

Form 990-EZ, Part I, Line 16, Other Expenses: Telephone: 1,277

Form 990-EZ, Part I, Line 16, Other Expenses: Depreciation: 1,423

Form 990-EZ, Part I, Line 16, Other Expenses: OFFICE EXPENSE: 2,831

Form 990-EZ, Part I, Line 16, Other Expenses: CREDIT CARD PROCESSING FEES: 582

Form 990-EZ, Part I, Line 16, Other Expenses: TOOL TRAILER (TRANSFERRED TO PARK SVC BOOKS),

NOT PICKED UP AS A CSO ASSET: 4,000

Form 990-EZ, Part I, Line 16, Other Expenses: SALES TAX: 351

Form 990-EZ, Part I, Line 20, Net Assets: DIFFERENCE IN FIXED ASSETS CARRIED AT COST IN PRIOR

REPORT FORMAT: -7,053

Form 990-EZ, Part II, Line 24, Other Assets: FIXED ASSETS AT COST (FROM 2013 REPORT FORMAT):

Beginning of year: 13,731, End of year: 3,463

Form 990-EZ, Part II, Line 24, Other Assets: GIFT SHOP INVENTORY AT COST: Beginning of year:

3,898, End of year: 3,701

Form 990-EZ, Part III, Section PURPOSE, Line HEADING: MEETING THE NATURAL AND CULTURAL

RESOURCE MANAGEMENT OBJECTIVES ESTABLISHED FOR THE PARK.

(Sch O (990/990EZ)) - Supplemental Information

	Form	Part	Section	Line	Explanation
1	Form 990-EZ	Part III	PURPOSE	HEADING	MEETING THE NATURAL AND CULTURAL RESOURCE MANAGEMENT OBJECTIVES ESTABLISHED FOR THE PARK.

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Attachment
Sequence No. **179**

Name(s) shown on return FRIENDS OF THE SAVANNAS PRESERVE STA	Business or activity to which this form relates 990EZ	Identifying number 65-0124775
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	209
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7		
7 Listed property. Enter the amount from line 29	7	0
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10 Carryover of disallowed deduction from line 13 of your 2013 Form 4562.	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	0
13 Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12	13	0

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	511

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2014	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

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

Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	912
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	1,423
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 Statement - 990EZ

12/31/2014

Item No.	Description of Property	Date Placed In Service	Asset Code	Business Use %	Cost or Other Basis	Sec. 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Con-vention Code	Prior Accum. Deprec., 179, Bonus	2014 Deprec.	2014 Accum. Deprec.
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Depreciation Detail**ACRS and other depreciation (Line 16)**

7 KAYAK PADDLES	1/7/2007	F-10	100.00%	310	0	0	0	0	0	310	7	SL	HY	288	22	310
BOX TURTLE EXHIBIT	1/9/2009	F-10	100.00%	164	0	0	0	0	0	164	7	SL	HY	105	23	128
WATER DROP DISPLAY	7/14/2009	F-11	100.00%	850	0	0	0	0	0	850	7	SL	HY	546	121	667
HAWKS BLUFF SIGNAGE	8/2/2009	F-11	100.00%	352	0	0	0	0	0	352	7	SL	HY	226	50	276
FISH TANK	1/30/2010	F-10	100.00%	136	0	0	0	0	0	136	7	SL	HY	68	19	87
LAPTOP COMPUTER	4/19/2010	F-5	100.00%	786	0	0	0	0	0	786	5	SL	HY	550	157	707
COMPOSTER	8/27/2010	F-9	100.00%	235	0	0	0	0	0	235	7	SL	HY	118	34	152
HP PRINTER/FAX	6/6/2013	F-6	100.00%	150	0	0	0	0	0	150	5	SL	HY	15	30	45
4 OARS	9/1/2013	F-10	100.00%	239	0	0	0	0	0	239	7	SL	HY	17	34	51
CASH REGISTER	5/5/2014	F-6	100.00%	209	0	0	0	0	0	209	5	SL	HY	0	21	21

Total ACRS and other depreciation (Line 16)	3,431	0	0	0	0	3,431	1,933	511	2,444
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Subtotal Depreciation

3,431	0	0	0	0	3,431	1,933	511	2,444
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Listed Property**Listed property with more than 50% business use (Line 25 and 26)**

DISITAL CAMERA	8/27/2010	F-8	100.00%	135	0	0	0	0	0	135	7	SL	HY	68	19	87
DVD PLAYER	5/13/2008	F-8	100.00%	300	0	0	0	0	0	300	7	SL	HY	236	43	279
DVD PLAYER	4/15/2012	F-8	100.00%	375	0	0	0	0	0	375	7	SL	HY	80	54	134
ICE MAKER	1/5/2012	F-15	100.00%	1,199	0	0	0	0	0	1,199	5	SL	HY	360	240	600
INFOCUS PROJECTOR	6/5/2009	F-8	100.00%	959	0	0	0	0	0	959	7	SL	HY	617	137	754
LIFE VESTS (PFD)	3/5/2011	F-15	100.00%	500	0	0	0	0	0	500	5	SL	HY	250	100	350
LIFE VESTS (PFD)	3/5/2012	F-15	100.00%	500	0	0	0	0	0	500	5	SL	HY	150	100	250
PA SYSTEM	7/1/2013	F-15	100.00%	189	0	0	0	0	0	189	5	SL	HY	19	38	57
PROJECTOR	12/20/2012	F-8	100.00%	993	0	0	0	0	0	993	7	SL	HY	213	142	355
VIDEO CAMERA	8/21/2010	F-8	100.00%	274	0	0	0	0	0	274	7	SL	HY	137	39	176

Total listed prop with > 50% business use	5,424	0	0	0	0	5,424	2,130	912	3,042
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Subtotal Listed Property

5,424	0	0	0	0	5,424	2,130	912	3,042
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Total Depreciation and Amortization

8,855	0	0	0	0	8,855	4,063	1,423	5,486
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Form 4562 Reconciliation

Annual depreciation and amortization	1,423
Special allowance except listed property (Line 14) - current year assets	0
Special allowance - listed property (Line 25) - current year assets	0
Section 179 amount claimed (includes prior year disallowed)	0
Section 179 amount to be depreciated (Qualified Real Property)	0
Section 179 amount carried forward to future year	0
Section 179 deduction (Line 12)	0
Less amortization included in total annual depreciation and amortization (Line 44)	0

Form 4562 Statement - 990EZ

12/31/2014

Item No.	Description of Property	Date Placed In Service	Asset Code	Business Use %	Cost or Other Basis	Sec. 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Convention Code	Prior Accum. Deprec., 179, Bonus	2014 Deprec.	2014 Accum. Deprec.
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Form 4562 , Line 22

1,423

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Department of the Treasury
Internal Revenue Service

▶ Attach to your tax return.

▶ Information about Form 4797 and its separate instructions is at www.irs.gov/form4797.

Attachment

Sequence No. **27**

Name(s) shown on return FRIENDS OF THE SAVANNAS PRESERVE STATE PARK, INC	Identifying number 65-0124775
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1 Enter the gross proceeds from sales or exchanges reported to you for 2014 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions)	1
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Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	COMPUTER	7/14/2004	7/1/2014	0	805	805	0
							0
							0

3 Gain, if any, from Form 4684, line 39	3	
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37	4	
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5	
6 Gain, if any, from line 32, from other than casualty or theft	6	
7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows:	7	0

Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8 Nonrecaptured net section 1231 losses from prior years (see instructions)	8	
9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions)	9	0

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):	
	0
	0
	0

11 Loss, if any, from line 7	11	()
12 Gain, if any, from line 7 or amount from line 8, if applicable	12	
13 Gain, if any, from line 31	13	
14 Net gain or (loss) from Form 4684, lines 31 and 38a	14	
15 Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17 Combine lines 10 through 16	17	0
18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:		
a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions	18a	
b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14	18b	0

For Paperwork Reduction Act Notice, see separate instructions.

Elections

Election to NOT claim first-year special depreciation - 5 Year Property

Pursuant to IRC Section 168(k)(2)(D)(iii), the Taxpayer elects out of first-year special depreciation for all 5-Year depreciable property placed in service during the current tax year.

Election to NOT claim first-year special depreciation - 7 Year Property

Pursuant to IRC Section 168(k)(2)(D)(iii), the Taxpayer elects out of first-year special depreciation for all 7-Year depreciable property placed in service during the current tax year.

Election to NOT claim first-year special depreciation - 10 Year Property

Pursuant to IRC Section 168(k)(2)(D)(iii), the Taxpayer elects out of first-year special depreciation for all 10-Year depreciable property placed in service during the current tax year.

Election to NOT claim first-year special depreciation - 15 Year Property

Pursuant to IRC Section 168(k)(2)(D)(iii), the Taxpayer elects out of first-year special depreciation for all 15-Year depreciable property placed in service during the current tax year.

Election to NOT claim first-year special depreciation - 20 Year Property

Pursuant to IRC Section 168(k)(2)(D)(iii), the Taxpayer elects out of first-year special depreciation for all 20-Year depreciable property placed in service during the current tax year.

PREPARER NOTES

AS A CSO MEMBER, I HAVE PREPARED THIS FORM 990-EZ AS PART OF MY VOLUNTEER DUTIES WITH INPUT FROM THE CSO BOARD OF DIRECTORS AND THE SAVANNAS PRESERVE STATE PARK MANAGER.

AS AN INTERNAL REVENUE SERVICE ENROLLED AGENT, I HAVE USED MY KNOWLEDGE OF PREPARING NOT FOR PROFIT TAX RETURNS TO THE BEST OF MY ABILITY.

I HAD ONE AREA OF CONCERN THAT I COULD NOT DECIDE WHAT THE BEST RESPONSE SHOULD BE. I AM REFERRING TO SCHEDULE A, PART I, REASON FOR PUBLIC CHARITY STATUS. I WAS NOT CERTAIN WHETHER TO CHECK THE BOX ON LINE 9 OR 11. I EVENTUALLY CHECKED BOX 9. HOWEVER, BECAUSE OF THE CSO'S CLOSE AFFILIATION WITH THE STATE PARK SYSTEM AND SPECIFICALLY THE SAVANNAS PRESERVE STATE PARK, ONE OF ALTERNATIVE BOXES AT LINE 11 MAY HAVE BEEN MORE APPROPRIATE.

BOX 11 ADDRESSES "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), (2), OR (3).

I ASKED FOR ADVISE ON THIS ISSUE THROUGH THE PARK SERVICE DISTRCT 5 WITH NO RESPONSE. THE PARK SERVICE CSO HANDBOOK WAS MUTE ON THIS POINT AND, ESSENTIALLY, TOLD ME TO GET ADVISE FROM AN ACCOUNTANT.

IF SOMEONE IN THE STATE PARK SERVICE CSO LEADERSHIP DECIDES THAT I HAVE MADE AN INCORRECT DECISION, I WILL GLADLY CORRECT THE ERROR.

THIS FORM 990-EZ HAS NOT BEEN SENT TO THE INTERNAL REVENUE SERVICE. A FORM 990-N WAS TIMELY FILED.