



**Florida Department of Environmental Protection
CITIZEN SUPPORT ORGANIZATION
2021 LEGISLATIVE REPORT
(pursuant to Section 20.058 Florida Statutes)**

Citizen Support Organization (CSO) Name: The Friends of Silver Springs State Park, Inc.

Mailing Address: 1425 NE 58th Avenue, Ocala FL 34470

Telephone Number: 303-929-2983 (President)

Website Address (*required if applicable*): <https://www.thefriendsofsilversprings.org>

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

Statutory Authority:

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

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

YOUR MISSION AND LAST CALENDAR YEAR'S PROGRAM ACCOMPLISHMENTS:

CSO's Mission: C

The mission of the Corporation shall be to enhance the use and enjoyment of the Silver Springs State Park for the people of Florida and its visitors.

Describe Last Calendar Year's Results Obtained:

- During a challenging year of COVID-related restrictions, we maintained strong CSO membership retention levels and added new members, ending the year with 138 members. An innovative mail campaign with SSSP stickers stimulated a surge in membership late in the year. Membership and sponsorship brochures were also given a complete update.
- We instituted online membership meetings in order to keep members informed and actively involved in CSO activities.
- Communication with our members was improved through continued development of our website, Facebook and newsletter.
- Our sponsorship program continued to develop, with increasing numbers of sponsors at levels from \$100 to \$1000.
- Renovation of the Lundy Building forced closure of our Welcome Center, so we took advantage of an unused kiosk to create an Information Booth to welcome Park visitors. The location worked well to increase interactions with Park visitors and to continue our drawing of chance. We discovered that Park patrons are happy to buy tickets once they understand that their contributions stay in the Park.
- Faced with a Park closure for an extended period, we formed workgroups to develop two major programs for the future: the River Through Time interpretive area and the Day at the Park program to bring under-served youth to the Park. Both of these programs are expected to generate significant sponsorships by local organizations and businesses.
- We transitioned sales of firewood and ice at the campground to a donation system. This resulted in significantly increased revenues and decreased money-handling work for park staff.

- We negotiated an agreement with an outside vendor to provide and service laundry equipment for campers. The new equipment replaced currently aging equipment and is expected to generate significant revenues to support the park.
- We purchased a penny press machine similar to those in use at other state parks. These machines generate significant revenues and provide entertainment for visitors and their kids.
- We joined the Nonprofit Business Council of the Community Foundation of Ocala/Marion County as a means of building relationships with local organizations. With relaxation of COVID-related restrictions expected in the future, we will resume outreach to other local civic organizations.
- We committed up to \$10,000 for an assisted listening system for the accessible glass-bottom boat which was under construction in Palatka.
- We continued to support Park improvements and amenities (see financial breakout below).

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

- Expand community outreach to charitable, civic and business entities in the Ocala/Marion County community as a basis for expanded partnerships and fundraising. Community outreach was significantly limited due to COVID restrictions, but prospects are good in the coming years. Local people have long valued Silver Springs and we expect positive responses to our outreach efforts; initial responses have been very encouraging. Members of the CSO are uniquely suited to build these relationships, which will provide long-term benefits both to the Park and to our surrounding community.
- Build our "A Day at the Park program": Marion County has very significant populations of children in need, and this program will make the resources of Silver Springs available to them. It will bring the Park to the Community, and the Community to the Park. Here again, initial responses have been very positive.
- Develop the River Through Time area in the Park. This area will allow visitors to understand and experience the many historical realities associated with Silver Springs, including Paradise Park, the era of steamships and railroads, Seminole culture, the history of horses in Florida, and the interaction of humans and the megafauna of the Ice Age. Also included will be a culturally relevant playground, providing entertainment and education for visiting children. The River Through Time will have special appeal for specific communities including African Americans, native Americans, our large and growing equestrian community, and local residents who will benefit from repeated visits to the Park.
- Improve work with new and renewing members to maintain high retention rates and increase active volunteer participation. Recruitment and retention will have high priority.
- Increase financial support for the park, including purchase of equipment, amenities, plants, and training for staff.

CSO's LAST CALENDAR YEAR STATISTICS:

Total Number of CSO General Membership:138

Total Number of Board of Directors:11

Total Volunteer Hours for the Board of Directors: 2957 hours

(Hours from volunteer manager)

PARK & CSO RELATIONSHIP:

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

This CSO has a terrific open communication relationship and strong spirit of cooperation with the Park Manager and staff. Annual planning meetings are conducted to set annual budget goals and general spending plans. This budget, once approved, is not substantially altered and serves to guide the organization throughout the fiscal year. Suggestions for major alterations are transferred into the agenda for the next planning cycle. The CSO adapted extremely creatively to the restrictions of a pandemic environment, coupled with a firewood sourcing change, and continued to provide strong support for the park. The new programs and outreach that they have pursued has greatly improved the relationship with Marion County and Ocala.

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

We are fortunate to have an excellent and mutually supportive relationship with Silver Springs State Park. Park Manager Sally Lieb has many years of experience working with volunteers and volunteer organizations and provides valuable guidance and counsel. The Park staff as a whole understands that successful CSO operations will benefit the park, so we can always count on their support. While volunteers and staff sometimes see things from different perspectives, we have a positive, respectful and productive relationship. That relationship is an important reason that CSO volunteers work hard and maintain a strong commitment to this Park.

SUMMARIZE FINANCIAL ACTIVITY FOR LAST CALENDAR YEAR, SPECIFIC PARK(S) SUPPORT:**Program Service Expenses**

Building improvement, construction or renovations	\$2,082.84
Vehicles (e.g., trucks/cars, UTVs, golf carts, accessible devices, etc.)	\$6,290.00
Park employees or volunteers support (e.g., interns, training, uniforms, awards, or	\$2,908.51
Park exhibits, displays, signage	\$1,555.00
Other program services	\$5,433.53
Total Program Service Expenses	\$18,269.88

Total Operating Expenses (Overhead including fees, memberships, postage, rent, utilities, **\$7,571.40**

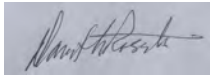

Visitor Services Revenue

Programs and Special Events (e.g., fundraising workshops, seasonal events, concerts, etc.)	\$245.47
Vending (e.g., drink machines, penny press, laundry, Wifi, etc.)	\$1,066.96
In-park donation boxes	\$8,877.61
Other visitor services revenue	\$5,081.81
Total Visitor Services	\$15,271.22
Net Assets	\$72,694.00

CSO AUDIT:

Total of Last Calendar Year's Expenses (including grants) \$25,841.28

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

CSO President	David Rossiter 	06/27/2021
Park Manager	Sally Lieb 	05/26/2021

X CSO's Code of Ethics is attached

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

CSO Code of Ethics – June 2014

CODE OF ETHICS

PREAMBLE

- (1) It is essential to the proper conduct and operation of
(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
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.

CSO Code of Ethics – June 2014

4. Prohibition of Misuse of Position

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

5. Prohibition of Misuse of Privileged Information

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

6. Post-Office/Employment Restrictions

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

7. Prohibition of Employees Holding Office

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

8. Requirements to Abstain From Voting

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

9. Failure to Observe CSO Code of Ethics

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

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

2020**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 2020 calendar year, or tax year beginning January 1, 2020, and ending December 31, 2020																			
B Check if applicable:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"><input type="checkbox"/> Address change</td> <td style="width:45%;">C Name of organization Friends of Silver Springs State Park</td> <td style="width:40%;">D Employer identification number 56-251192</td> </tr> <tr> <td><input type="checkbox"/> Name change</td> <td>Number and street (or P.O. box if mail is not delivered to street address) SSSP, 1425 NE 58th Avenue</td> <td>E Telephone number 352-236-7148</td> </tr> <tr> <td><input type="checkbox"/> Initial return</td> <td>City or town, state or province, country, and ZIP or foreign postal code Ocala FL 34470-1189</td> <td>F Group Exemption Number ▶ ?</td> </tr> <tr> <td><input type="checkbox"/> Final return/terminated</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> Amended return</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> Application pending</td> <td colspan="2"></td> </tr> </table>	<input type="checkbox"/> Address change	C Name of organization Friends of Silver Springs State Park	D Employer identification number 56-251192	<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) SSSP, 1425 NE 58th Avenue	E Telephone number 352-236-7148	<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code Ocala FL 34470-1189	F Group Exemption Number ▶ ?	<input type="checkbox"/> Final return/terminated			<input type="checkbox"/> Amended return			<input type="checkbox"/> Application pending		
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<input type="checkbox"/> Final return/terminated																			
<input type="checkbox"/> Amended return																			
<input type="checkbox"/> Application pending																			
G Accounting Method: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ <u>Modified Cash</u>																			
I Website: ▶ <u>thefriendsofsilversprings.org</u>																			
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 3,789
	?	2 Program service revenue including government fees and contracts	2
	?	3 Membership dues and assessments	3 4,105
	?	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	
		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 1,048	
	c Less: direct expenses from gaming and fundraising events 6c 1,083		
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d -35		
	7a Gross sales of inventory, less returns and allowances 7a 26,719		
	b Less: cost of goods sold 7b 16,159		
	c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c 10,560		
	8 Other revenue (describe in Schedule O) 8		
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ 9 18,419		
Expenses	10 Grants and similar amounts paid (list in Schedule O) 10 15,517		
	11 Benefits paid to or for members 11		
	12 Salaries, other compensation, and employee benefits ? 12 1,244		
	13 Professional fees and other payments to independent contractors ? 13 175		
	14 Occupancy, rent, utilities, and maintenance 14		
	15 Printing, publications, postage, and shipping 15 439		
	16 Other expenses (describe in Schedule O) ? 16 4343		
	17 Total expenses. Add lines 10 through 16 ▶ 17 21,718		
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 (3,299)		
	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 74,351		
	20 Other changes in net assets or fund balances (explain in Schedule O) 20 1,642		
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ 21 72,694		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2020)

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	74,351	22 72,694
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	74,351	25 72,694
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	74,351	27 72,694

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose? _____

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

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

28 Purchased two refurbished golf carts with utility beds, paid firefighting registration fees		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	6,430
29 Items to enhance Visitor Experience: Ranger Station WiFi for public use, concert series		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	3,654
30 Provide support to park through leadership training, gun range training, enhance communications new radios		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	3,418
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	2,016
32 Total program service expenses (add lines 28a through 31a)	32	15,518

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
David Rossiter, President	16	0	0	0
Walter Nickerson, Vice President	16	0	0	0
Martin Schwartz, Treasurer	20	0	0	0
Marianne Marcoux, Secretary	8	0	0	0
Camilla Taggart	8	0	0	0
Norman Yeagle	16	0	0	0
Terry dickensheet	8	0	0	0
Joann Hagen	8	0	0	0
Sandra Fernandez	8	0	0	0
Barbara Toeppen-Sprigg	8	0	0	0

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	<input type="checkbox"/>	<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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	<input type="checkbox"/>	<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 40a ; section 4912 40a ; section 4955 40a		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	<input type="checkbox"/>	<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 40c		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d		
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 type="checkbox"/>	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed 41		
42a The organization's books are in care of 42a Telephone no. 42a Located at 42a ZIP + 4 42a		
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 42b See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<input type="checkbox"/>	<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 type="checkbox"/>	<input checked="" type="checkbox"/>
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here 43 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 type="checkbox"/>	<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 type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year? 44c	<input type="checkbox"/>	<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	<input type="checkbox"/>	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a	<input 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 type="checkbox"/>	<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 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		<input checked="" type="checkbox"/>
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		<input checked="" type="checkbox"/>
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b If "Yes," was the related organization a section 527 organization?

49b		<input checked="" type="checkbox"/>
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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

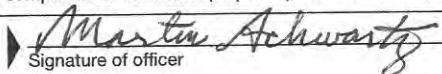
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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  Date 3/30/2021
 Signature of officer
 Martin Schwartz, Treasurer
 Type or print name and title

Paid Preparer Use Only

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

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

SCHEDULE 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

2020

**Open to Public
Inspection**

Name of the organization

Friends of Silver Springs State Park

Employer identification number

56-2511929

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)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box 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 II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,559	15,280	15,057	19,968	15,517	77,381
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	11,559	15,280	15,057	19,968	15,517	77,381
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						77,381

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	11,559	15,280	15,057	19,968	15,517	77,381
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5	5	5	5	1217	1237
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	7,073	9,086	8,155	10,130	10,560	45,004
11 Total support. Add lines 7 through 10						123,622
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 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

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	63 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	64 %
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Firewood & Ice Donations	\$ 18,888
Penny Press Donations	\$ 1,067
Souvenir Donation	\$ 210
Interest Income	\$1,217
Recycling Income	\$5,081
Springfest Event Donations	\$140
Springfest Income	\$115
Total 990 EZ Part 1 Line 7a	Gross Sales Total \$26,719
Firewood Expense	\$10,213
Ice Expense	\$ 1,823
Penny Press Expense	\$ 4,123
Total 990 EZ Part 1 Line 7b	Cost of Goods Sold Total \$16,159
Schedule A Part II Section B Line 10 Column E	Total \$10,560

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2020

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Inspection

Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

Friends of Silver Springs State Park

56-251192

990 EZ Part III Line 28 \$6,430

990 EZ Part III Line 29 \$3,654

990 EZ Part III Line 30 \$3,418

990 EZ Part III Line 31 \$2,016

Total 990 EZ Part 1 Line 10 Total \$15,518

Membership Expense \$452.98

Membership/Meeting Expense \$130.05

Sponsorship Recognition \$ 385.00

CSO Internet \$ 94.38

CSO Room Maintenance \$532. 35

SO Technology \$777.01

Materials & Supplies \$113.77

Misc Expense \$ 41.39

Advertising \$968.39

River Patrol \$147.75

Website Expenses \$699.60

990 EZ Part 1 Line 16 Total \$4343

990 EZ Part 1 Line 12 Salaries \$1,244

990 EZ Part 1 Line 13 Dues& Licenses \$175

Office Expense \$376

PayPal Fees \$63

990 EZ Part 1 Line 15 Total \$439

990 EZ Part 1 Line 20 2019 Interest \$1,642