



Florida Department of Environmental Protection  
CITIZEN SUPPORT ORGANIZATION ANNUAL REPORT

Required Signatures: No Signature

Year: 2018

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

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

Telephone Number: 772-398-2779 Website Address (if applicable): www.friendsofsavannas.org

**Statutory Authority:**

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

**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 the website.



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Brief Description of the CSO's Results Obtained:

The Friends of Savannas Preserve State Park, Inc. has maintained a culture of education and balance of resource management. We have once again provided over 100 educational programs, four special events including a "Warriors on the Water" program twice a year to honor our veterans on both Memorial Day and on Veterans Day. We continue with Kayak/Canoe tours, propagating plants through our "Shade House" and greatly increased revenue of the Gift Shop concession. We have continued to replace and update our kayak equipment as needed and use the float plan for safety. We have increased membership through events designed to attract new members and offered diversified interpretive programs for visitors. We continue to equip and make improvements to the new building that will support the future educational programs.

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

The members of the CSO will continue to meet monthly to assess the needs and accomplishments of how best to support the Savannas Preserve State Park. We will continue to concentrate on outfitting the new education building needed to support the various educational programs with collateral materials for successful programming. We will focus on updating exhibits in the Education Center, continually update education program equipment, and increase CSO membership and recruitment.

It is our intention going forward to create a community based annual fundraising event that will support the furtherance of future educational programs.

The CSO will continue to work with the community to ensure residents are aware of the unique opportunities and the 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

## CSO Model Code of Ethics

Some content on this website is saved in an alternative format. To view these files, download the following free software or you can skip to the main content if you already have the appropriate readers.

Use Adobe Acrobat to read Portable Document Format (PDF) files: [Download Adobe® Reader®](#)

Microsoft Word file viewer and converter programs to enable those who do not have MS- Word or have another version of MS-Word to open and view MS-Word files: [Download Word file Viewer](#)

Microsoft offers Microsoft Excel file viewer and converter programs to enable those who do not have MS-Excel or have another version of MS-Excel to view MS-Excel files: [Download Excel file viewer](#)

[Savannas Preserve State Park]

## CODE OF ETHICS

### PREAMBLE

(1) It is essential to the proper conduct and operation of [Savannas Preserve State Park] (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 [Insert Name of the CSO] board members, officers, and employees in the performance of their official duties.

#### Post-Office/Employment Restrictions

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

#### Prohibition of Employees Holding Office

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

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#### Requirements to Abstain From Voting

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

#### Failure to Observe CSO Code of Ethics

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

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**Short Form  
Return of Organization Exempt From Income Tax**

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

**2017**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public  
Inspection**

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**A** For the 2017 calendar year, or tax year beginning \_\_\_\_\_, 2017, and ending \_\_\_\_\_, 20

**B** Check if applicable:

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

**C** Name of organization  
**FRIENDS OF THE SAVANNAS PRESERVE STATE PARK**

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
**2541 WALTON ROAD**

City or town, state or province, country, and ZIP or foreign postal code  
**PORT ST LUCIE, FL 34952**

**D** Employer identification number  
**65-0124775**

**E** Telephone number  
**772-3982779**

**F** Group Exemption Number ▶

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**I** Website: ▶ [HTTP://FRIENDSOFTHESAVANNAS.ORG](http://FRIENDSOFTHESAVANNAS.ORG)

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

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

**K** Form of organization:  Corporation  Trust  Association  Other

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

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received																									10,106		
	2	Program service revenue including government fees and contracts																									1,505		
	3	Membership dues and assessments																									1,025		
	4	Investment income																											
	5a	Gross amount from sale of assets other than inventory																											
	5b	Less: cost or other basis and sales expenses																											
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																									0		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)																											
	6b	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)																									3,945		
	6c	Less: direct expenses from gaming and fundraising events																									1,313		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																									2,632			
7a	Gross sales of inventory, less returns and allowances																									6,795			
7b	Less: cost of goods sold																									1,682			
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																									5,113			
8	Other revenue (describe in Schedule O)																									1,353			
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																									21,734			
Expenses	10	Grants and similar amounts paid (list in Schedule O)																											
	11	Benefits paid to or for members																											
	12	Salaries, other compensation, and employee benefits																											
	13	Professional fees and other payments to independent contractors																											
	14	Occupancy, rent, utilities, and maintenance																									684		
	15	Printing, publications, postage, and shipping																									481		
	16	Other expenses (describe in Schedule O)																									25,771		
	17	<b>Total expenses.</b> Add lines 10 through 16																									26,936		
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																									-5,202		
	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)																									45,138		
	20	Other changes in net assets or fund balances (explain in Schedule O)																									5,552		
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20																									45,488		



**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
<b>33</b> 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 checked="" type="checkbox"/>
<b>34</b> 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 checked="" type="checkbox"/>
<b>35a</b> 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 checked="" type="checkbox"/>
<b>b</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 checked="" type="checkbox"/>
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		<input checked="" type="checkbox"/>
<b>36</b> 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 checked="" type="checkbox"/>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b>		<input checked="" type="checkbox"/>
<b>b</b> Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
<b>38a</b> 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 checked="" type="checkbox"/>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved		<input checked="" type="checkbox"/>
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9	<b>39a</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities	<b>39b</b>	
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
<b>b</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	<b>40b</b>	<input checked="" type="checkbox"/>
<b>c</b> 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		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
<b>e</b> 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	<b>40e</b>	<input checked="" type="checkbox"/>
<b>41</b> List the states with which a copy of this return is filed ▶ FLORIDA		
<b>42a</b> The organization's books are in care of ▶ SUSAN HAMBURGER Telephone no. ▶ 772-398-2779 Located at ▶ 2541 WALTON ROAD, PORT ST LUCIE, FL ZIP + 4 ▶ 34952		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<b>42b</b>	<input checked="" type="checkbox"/>
<b>c</b> 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: ▶	<b>42c</b>	<input checked="" type="checkbox"/>
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <b>43</b>		<input type="checkbox"/>
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<b>44a</b>	<input checked="" type="checkbox"/>
<b>b</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	<b>44b</b>	<input checked="" type="checkbox"/>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?	<b>44c</b>	<input checked="" type="checkbox"/>
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>44d</b>	<input checked="" type="checkbox"/>
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>45a</b>	<input checked="" type="checkbox"/>
<b>b</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)	<b>45b</b>	<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		✓

**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		✓

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

	Yes	No
48		✓

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

	Yes	No
49a		✓

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

	Yes	No
49b		✓

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

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

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

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

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

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

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

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

**Sign Here**

<u>Susan Hamburger</u> Signature of officer	4/7/18 Date
<u>SUSAN HAMBURGER, TREASURER</u> Type or print name and title	

**Paid Preparer Use Only**

Print/Type preparer's name <u>CHARLES G COFFMAN</u>	Preparer's signature <u>Charles Coffman</u>	Date <u>7/6/18</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00054912</u>
Firm's name ▶ <u>CSO VOLUNTEER AND ENROLLED AGENT</u>	Firm's EIN ▶		Phone no. <u>772-337-3097</u>	
Firm's address ▶				

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



**Depreciation and Amortization**  
(Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.  
▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return <b>FRIENDS OF THE SAVANNAS PRESERVE STATE PARK</b>	Business or activity to which this form relates <b>990EZ</b>	Identifying number <b>65-0124775</b>
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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)	<b>1</b>	
2 Total cost of section 179 property placed in service (see instructions)	<b>2</b>	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	<b>3</b>	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	<b>4</b>	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	<b>5</b>	
<b>6</b> (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29 <span style="float: right;"><b>7</b></span>		
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	<b>8</b>	
9 Tentative deduction. Enter the smaller of line 5 or line 8	<b>9</b>	
10 Carryover of disallowed deduction from line 13 of your 2016 Form 4562	<b>10</b>	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	<b>11</b>	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	<b>12</b>	
13 Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12 ▶	<b>13</b>	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't 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)	<b>14</b>	
15 Property subject to section 168(f)(1) election	<b>15</b>	
16 Other depreciation (including ACRS)	<b>16</b>	2493

**Part III MACRS Depreciation (Don't include listed property.) (See instructions.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2017	<b>17</b>	
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 2017 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
19a 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	

**Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L
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	<b>21</b>	
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	<b>22</b>	2493
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	<b>23</b>	

**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.

**2017**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

FRIENDS OF THE SAVANNAS PRESERVE STATE PARK

65-0124775

Form 990-EZ, Part III, Line 31: DIRECT SUPPORT TO THE SAVANNAS PRESERVE STATE PARK TO INCLUDE

EQUIPMENT PURCHASES, REPAIR, MAINTENANCE. Grants and allocations: 0, Program service expenses:

12,391

Form 990-EZ, Part I, Line 8, Other Revenue: FACILITY RENTAL INCOME: 1,353

Form 990-EZ, Part I, Line 16, Other Expenses: Conferences, conventions, and meetings: 399

Form 990-EZ, Part I, Line 16, Other Expenses: Supplies: 2,420

Form 990-EZ, Part I, Line 16, Other Expenses: Telephone: 4,068

Form 990-EZ, Part I, Line 16, Other Expenses: Depreciation: 2,493

Form 990-EZ, Part I, Line 16, Other Expenses: PROGRAM EXPENSE FOR DIRECT PARK SUPPORT TO

INCLUDE REPAIR AND MAINTENANCE: 12,391

Form 990-EZ, Part I, Line 16, Other Expenses: BANK SERVICE CHARGES: 707

Form 990-EZ, Part I, Line 16, Other Expenses: KAYAK AND CANOE: 1,997

Form 990-EZ, Part I, Line 16, Other Expenses: CREDIT CARD PROCESSING FEES: 767

Form 990-EZ, Part I, Line 16, Other Expenses: MEMBERSHIPS AND DUES: 199

Form 990-EZ, Part I, Line 16, Other Expenses: SALES TAX: 330

Form 990-EZ, Part I, Line 20, Net Assets: INCREASE CAUSED BY INCLUSION OF INVENTORY ITEMS

PREVIOUSLY LISTED AGAINST THE PARK RATHER THAN AGAINST THE CSO: 5,552

Form 990-EZ, Part II, Line 24, Other Assets: DEPRECIABLE ASSETS: Beginning of year: 5,800, End

of year: 12,560

Form 990-EZ, Part II, Line 24, Other Assets: GIFT SHOP ENDING INVENTORY VALUE: Beginning of

year: 2,642, End of year: 5,948

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

1	Contributions . . . . .	1	8,981
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	FLORIDA POWER AND LIGHT . . . . .	8	500
9	DIRECT PUBLIC SUPPORT . . . . .	9	625
10		10	
11	Total . . . . .	11	10,106

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

**Total:** 25,771

	Description	Amount
1	Travel	
2	Meals and entertainment	
3	Fundraising	
4	Conferences, conventions, and meetings	399
5	Depletion	
6	Equipment rental and maintenance	
7	Interest	
8	Supplies	2,420
9	Telephone	4,068
10	Unrelated business income taxes	0
11	Amortization	0
12	Depreciation	2,493
13	PROGRAM EXPENSE FOR DIRECT PARK SUPPORT TO INCLUDE REPAIR AND MAINTENANCE	12,391
14	BANK SERVICE CHARGES	707
15	KAYAK AND CANOE	1,997
16	CREDIT CARD PROCESSING FEES	767
17		
18	MEMBERSHIPS AND DUES	199
19	SALES TAX	330

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

Description		Totals:	
		Beginning	End
1	DEPRECIABLE ASSETS	5,800	12,560
2	GIFT SHOP ENDING INVENTORY VALUE	2,642	5,948
		8,442	18,508

# Program Service Accomplishments (990-EZ)

19,389

0

Please note: if there are more than 3 program service accomplishments, they will appear on Schedule O (990/990-EZ).

Index	Description Limited to 230 characters	Grants and Allocations	Check ("X") if this amount includes foreign grants	Program Service Expenses
1	<p>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 EXHIBITS</p>			2,727
2	<p>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.</p>			1,997
3	<p>EDUCATION PROGRAM. USES COMMUNITY OUTREACH TO PROVIDE THE PUBLIC AND SCHOOL TEACHERS WITH INFORMATION THAT ENCOURAGES STEWARDSHIP AND PRESERVATION OF THE NATURAL RESOURCES WITHIN THE PARK.</p>			2,274
4	<p>DIRECT SUPPORT TO THE SAVANNAS PRESERVE STATE PARK TO INCLUDE EQUIPMENT PURCHASES, REPAIR, MAINTENANCE.</p>			12,391

**FRIENDS OF THE SAVANNAS PRESERVE STATE PARK: 65-0124775**

**ASSETS BY CLASSIFICATION: 2017**

DESCRIPTION	DATE PLACED IN SERVICE	BUSINESS USE %	COST	RECOVERY BASIS	RECOVERY PERIOD	METHOD ALL SL	CONVENTION	PRIOR ACCUM DEPREC	2017	
									DEPREC	ACCUM DEPREC
QUICKBOOKS	02272017	100	269	269	3 SL			0	99	99
CMPTER	05132008	100	528	528	5 SL	HY		528	0	0
COMPUTER	04192010	100	786	786	5 SL	HY		786	0	0
COMPUTER	01032016	100	400	400	5 SL	HY		80	80	160
COMPUTER	11092017	100	516	516	5 SL	HY		0	103	103
CASH REGISTER	05052014	100	209	209	5 SL	HY		125	42	167
PRINTER	09232015	100	230	230	5 SL	HY		69	46	115
ICE MAKER	01052012	100	1199	1199	7 SL	HY		856	171	1027
DVD PLAYER	05132008	100	300	300	7 SL	HY		300	0	0
INFOCUS PROJECTOR	06052009	100	959	959	7 SL	HY		656	0	0
VIDEO CAMERA	08212010	100	274	274	7 SL	HY		235	39	274
DVD PLAYER	04152012	100	375	375	7 SL	HY		242	54	296
PROJECTOR	12202012	100	993	993	7 SL	HY		639	142	781
PROJECTOR	01262017	100	366	366	7 SL	HY		0	52	52
STACKING CHAIRS	04192016	100	2295	2295	7 SL	HY		328	328	656
SOUND SYSTEM	04282016	100	4874	4874	7 SL	HY		696	696	1392
CASH REGISTER SYSTEM	07172017	100	824	824	7 SL	HY		0	118	118
TEN TRAINING TABLES	10032016	100	516	516	7 SL	HY		74	74	148
COMPOSTER	08272010	100	235	235	7 SL	HY		220	15	235
TWO KAYAKS	01312015	100	609	609	7 SL	HY		261	87	348
PADDLES	02132015	100	300	300	7 SL	HY		129	42	171
TWO KAYAKS	01072017	100	1000	1000	7 SL	HY		0	143	143
ONE KAYAK	12172017	100	500	500	7 SL	HY		0	71	71
TWO TENTS	09092015	100	200	200	7 SL	HY		58	29	87
WASHING MACHINE	05102015	100	429	429	7 SL	HY		122	61	183
WATER DROP DISPLAY	07142009	100	850	850	7 SL	HY		849	1	850
TOTALS			20036	20036				7253	2493	7476

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization: **FRIENDS OF THE SAVANNAS PRESERVE STATE PARK**  
Employer identification number: **65-0124775**

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(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<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% 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)						
<b>Total</b>						



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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1687	2994	10240	11178	11131	37230
<b>2</b> 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 . . . .	17654	25940	25271	26750	12284	107899
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .	10500	10500	10500	10000	10000	51500
<b>6 Total.</b> Add lines 1 through 5 . . . .	29841	39434	46011	47928	33415	196629
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</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 . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						196629

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6 . . . . .	29841	39434	46011	47928	33415	196629
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	29841	39434	46011	47928	33415	196629

**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**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	100 %
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 . . . . .	<b>16</b>	100 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	0 %
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 . . . . .	<b>18</b>	0 %

- 19a 33 1/3% support tests—2017.** 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—2016.** 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 . . . . .

