

## Florida Department of Environmental Protection

# CITIZEN SUPPORT ORGANIZATION 2015 REPORT

(pursuant to Florida Statute 20.058)

Citizen Support Organization (CSO) Name: <u>Friends of Silver Springs State Park, INC.</u>						
Mailing Address:	1425 N.E. 58th Avenue	, Ocala, FL 34470				
Telephone Number: _	352-236-7148	Website Address (if applicable):				
www.thefriendsofsilv	ersprings.org	, -1				

#### **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 mission of the Friends of Silver Springs State Park, Inc. is to provide support to the park, enhance public awareness and community involvement, and to protect park resources.

Brief Description of the CSO's Results Obtained: Through fundraising the CSO held 4 events to bring people into the parkland raise funds; Pancakes in the Park, Bluegrass in the Park, Phantoms in the Forest and Critter Trail 5K; purchased golf cart batteries & parts, firefighting equipment, tractor repair, purchased a used van, expanded social media usage to make more people aware of the park; River Patrol helped to educate boaters on the river. Purchased new banners for the park. Water Lettuce removal was accomplished. Held multiple work days in the park to help with recycling, replanting gardens, exotic removal.

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

Continue to provide ongoing support for park events, educational activities, gardens, partner with concessionaire, metal recycling, recruit new members for River Patrol and Water lettuce removal, fundraising through established events, hold 2nd 5K and improve on last year's. Expand the use of social media to promote the Park. Contribute toward a historical marker commemorating Paradise Park. Work with the park to evaluate ADA playground vendors for a playground on the Springs side and begin fundraising efforts to that end.

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 Code of Ethics – June 2014

# FRIENDS OF SILVER SPRINGS STATE PARK, INC CODE OF ETHICS

### **PREAMBLE**

- (1) It is essential to the proper conduct and operation of Friends of Silver Springs 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 Silver Springs 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

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.

Department of the Treasury Internal Revenue Service

# **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. 1545-1150

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

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

**Open to Public** Inspection

A	For the	2014 calenda	ar year, or tax year beginning	January 1	, 2014, a	nd ending	Dec	ember 3	1 , 20	14
В	Check if ap	oplicable:	C Name of organization				D Empl	oyer ident	tification numbe	er
	Address o	change	Friends of Silver Springs State Park, Inc						2511929	
Name change Number and street (or P.O. box, if mail is not delivered to street address)						Room/suite	E Telep	hone num	ber	
=	Initial return Final return/terminated Amended return  1425 NE 58th Ave City or town, state or province, country, and ZIP or foreign postal code  F Grou							352-2	236-7148	
=								Group Exemption		
=		n pending	Ocala, FL 34470-1189				Nun	nber 🕨		
G	Account	ting Method:	☐ Cash ☐ Accrual Other (sp	ecify) Modified cash		Н	Check I	► ☐ if th	ne organizatior	n is <b>not</b>
	<b>Nebsite</b>	-	thefriendsofsilversprings.org						n Schedule B	
J T	ax-exen	npt status (che	eck only one) — _ 501(c)(3) _ 501(c	e) ( ) ◀ (insert no.) ☐ 494	7(a)(1) or	<u></u>	(Form 9	90, 990-E	Z, or 990-PF).	
			: Corporation Trust		Other					
			7b to line 9 to determine gross receip		_	ore, or if tota	al assets			
(Pa	rt II, col	umn (B) belov	w) are \$500,000 or more, file Form 990	) instead of Form 990-EZ .				<b>▶</b> \$		38128
P	art I	Revenu	e, Expenses, and Changes ir	Net Assets or Fund	Balance	s (see the	e instruc	ctions fo	or Part I)	
			the organization used Schedule			•			•	. П
	1		ons, gifts, grants, and similar amo					1		2938
	2		ervice revenue including governm					2		
	3	•	nip dues and assessments					3		1735
	4	Investment						4		5
	5a		ount from sale of assets other than	inventory	5a		20426	•		
	b		or other basis and sales expense	•	5b		11642			
	C		ss) from sale of assets other than			o 5a)		5c		8784
	6		nd fundraising events	inventory (Odbirdot line of	0 110111 1111	c ou,		00		0704
	a	_	ome from gaming (attach Sch	edule G if greater than	1					
ē					│ 6a │					
Revenue	b		ome from fundraising events (not in			contributio	ne			
ě			raising events reported on line 1)			Jornandano	113			
Œ			ch gross income and contributions		_ │ 6b │		12024			
	С		ct expenses from gaming and fund	·	6c		13024 2836			
	d		ne or (loss) from gaming and fund			6h and si				
	"	line 6c)		•	o da and	ob and st	ibliact	6d		10100
	7a	,	es of inventory, less returns and all		7a		•	ou		10188
	b				7a 7b					
			fit or (loss) from sales of inventory					7c		
	8 8		nue (describe in Schedule O)					8		
	9							9		00050
_	10		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7 d similar amounts paid (list in Sche					10		23650
	11							11		11156
"			aid to or for members					12		
Expenses	13							13		
en	13		al fees and other payments to ind y, rent, utilities, and maintenance							518
X	14		• •					14		
	.0		ublications, postage, and shipping					15		1506
	16		enses (describe in Schedule O) .					16		490
	17		enses. Add lines 10 through 16 .					17		13670
ţ	18		(deficit) for the year (Subtract line					18		9980
SSe	19		s or fund balances at beginning of ar figure reported on prior year's re					40		
ğ		-	• • •	•				19		24878
Net Assets	20		nges in net assets or fund balance					20		
_	21		or fund balances at end of year.				. ▶	21	200 ===	34858
Foi	r Paper	work Reduct	tion Act Notice, see the separate ins	structions.	Cat. N	lo. 10642I		F	orm <b>990-EZ</b>	(2014)

Form 990-EZ (2014) Page **2** 

Ра	Balance Sheets (see the instructions	,		5		
	Check if the organization used Schedule	e O to respond to a	ny question in this	Part II	<del></del>	(B) End of year
22	Cash, savings, and investments		-	(A) Beginning of year 25319	20	• • • • • • • • • • • • • • • • • • • •
23	Land and buildings				23	35005 0
24	Other assets (describe in Schedule O)				24	0
25	Total assets			25319	-	35005
26	Total liabilities (describe in Schedule O)				26	147
27	Net assets or fund balances (line 27 of column	n (B) <b>must</b> agree with	n line 21)	24878	27	34858
Par	Statement of Program Service Accom	-		•		
	Check if the organization used Schedule	<u>'</u>	· ·		(Pa	Expenses guired for section
Wha	is the organization's primary exempt purpose?	Support Silver Sprin	gs St Park w/funds,	services & extras		(c)(3) and 501(c)(4)
as n pers	ribe the organization's program service accompline the accompline as a clear and concise in the properties of the consistency o	nanner, describe the ach program title.	e services provide	d, the number of	orga othe	anizations; optional for ers.)
28	PARK SPECIAL EVENTS for recreation: Blue Grass					
	5K Critter Run and sale of wood & ice to campers. Vevent entertainment, emergency repairs, tools, volume (Grants \$ ) If this amount		d River Patrol w/uni	forms & radios.	28a	10419
29	FELBURN GRANT FOR FIREFIGHTING EQUIP UPGR					
	the remaining \$ 672 grant money received in 2012.					
	(Grants \$ ) If this amount	t includes foreign gra	ints, check here .	▶ 📙	<b>2</b> 9a	737
30						
	(Grants \$ ) If this amount	t includes foreign gra	nts. check here .	• 🗆	30a	,
31	Other program services (describe in Schedule O)					
	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	▶ □	31a	1
32	Total program service expenses (add lines 28a	through 31a)		🕨	32	11156
Par	List of Officers, Directors, Trustees, and Ke			•	nstru	ctions for Part IV)
	Check if the organization used Schedule	O to respond to a	<del>, , ,</del>		<u> </u>	<u>.</u> <u>.</u>
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-)			Estimated amount of other compensation
1) Ja	ne Kaufman, President					
		5		o	0	0
2) C	audia Spiewak, VP					
		4		0	0	0
3) D	u Dickensheet, Tres					
		5		0	0	0
4) C	andy Taggart, Secty					0
5) T	ryn Evans, 5th Chair	4		0	0	0
<u> </u>	nyn Evans, sui Ghan	- 1		o	0	0
6) V	nce Druding				1	
		1		o	0	0
7) M	ark Waiwada					
		5		0	0	0
8) Li	nda Hughes					
		2		0	0	0
9) K	thy Bailey					
10\ *	over Vocale	3		0	0	0
10) [\	orm Yaegle	- 4			0	0
11) P	am Reed	7	'			0
		2		o	0	0
		7				

Form 990-EZ (2014)

Part '	·			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the experientian engage in any cignificant pativity not provide a transfer to the IDCO If "Vee " provide a		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		
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)	24		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		
<b></b>	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
	Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		
	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
a b	Gross receipts, included on line 9, for public use of club facilities	-		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	-		
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
u	40c reimbursed by the organization			
е	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		
41	List the states with which a copy of this return is filed ▶ none			•
42a	The organization's books are in care of ▶ Claudia Spiewak, Board Finance Committee Telephone no. ▶	352-62	4-349	6
_	Located at ► 231 SE 52nd Court, Ocala, FL ZIP + 4 ►	34	471	
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)?	42b	Yes	No
	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).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		
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		
С	Did the organization receive any payments for indoor tanning services during the year?	44c		
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		
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		1

Page 3

orm 99	U-EZ (20	114)								Р	age 4
										Yes	No
46		ne organization engage, directly or in ndidates for public office? If "Yes," o							46		
Part \		Section 501(c)(3) organizations	·								
		All section 501(c)(3) organization		stions 47–49b ar	nd 52, an	d com	plete th	e tab	les fo	or line	es
		50 and 51.									
		Check if the organization used Sch	nedule O to respond	to any question i	n this Par	t VI					
		<u> </u>								Yes	No
47		ne organization engage in lobbying If "Yes," complete Schedule C, Part		section 501(h) elec			ring the	tax	47		
48	Is the	organization a school as described in	n section 170(b)(1)(A)(ii	i)? If "Yes." comple	te Schedu	le E		. 1	48		
49a		ne organization make any transfers to							49a		
b	If "Ye	s," was the related organization a se	ection 527 organizatio	n?					49b		
50		plete this table for the organization's									
	emplo	byees) who each received more than	\$100,000 of comper	sation from the or	ganizatior	. If the	re is non	e, ent	er "N	one."	1
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribution (C)		employee d deferred			d amou pensat	
None											
		number of other employees paid over				_					
51		plete this table for the organization'			ent contra	ctors v	who each	rece	ived	more	than
	\$100,	000 of compensation from the orga	nization. If there is no	one, enter "None."		—					
	(a)	Name and business address of each independ	lent contractor	(b) Type of s	service		(c)	Comp	ensatio	on	
						-					
None											
						-					
						+					
						-					
d	Total	number of other independent contra	actors each receiving	over \$100 000	<b></b>						
52		he organization complete Schedu	<del>-</del>		nanizatior	ns mu	st attack	າ a			
<b>-</b>		I a taral O a la a alcela A			_			.▶∏	Yes		No
Jnder ne		of perjury, I declare that I have examined this r					est of my kr	nowledo			
		d complete. Declaration of preparer (other than							, o a a	50,	
		<b>\</b>									
Sign		Signature of officer				Date					
Here		Claudia Spiewak, Board Finance C	ommittee								
		Type or print name and title									
Paid		Print/Type preparer's name	Preparer's signature		Date		Check	if F	PTIN		
Paiu Prepa	arer						self-emplo				
Use (		Firm's name	•			Firm's	EIN ►				
Joe (	Jilly	Firm's address ▶				Phone					
May th	e IRS	discuss this return with the preparer	shown above? See i	nstructions				<b>▶</b> □	Yes		No

#### SCHEDULE A (Form 990 or 990-EZ)

## **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.

▶ 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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** Friends of Silver Springs State Park, Inc. 56-2511929 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). ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) An organization that normally receives: (1) more than 331/3% 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 331/3% 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. 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see above or IRC section document? instructions) instructions) (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	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	18020	14566	25026	4797	14862	77271
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4	<b>Total.</b> Add lines 1 through 3	18020	14566	25026	4797	14862	77271
	<u> </u>	10020	14500	23020	4/5/	14002	11211
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)						
e							
6 Section	Public support. Subtract line 5 from line 4.  on B. Total Support						77271
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
7	Amounts from line 4	18020					
8	Gross income from interest, dividends,	10020	14566	25026	4797	14862	77271
0	payments received on securities loans, rents, royalties and income from similar						
•	sources	12	5	5	5	5	32
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1085	7094	5992	8631	8784	31586
11	<b>Total support.</b> Add lines 7 through 10	.000				0.00	108889
12	Gross receipts from related activities, etc.	. (see instructio	ns)			12	0
13	First five years. If the Form 990 is for the	ne organization	's first, second	d, third, fourth	, or fifth tax ye	ear as a section	
	organization, check this box and stop he	re					▶ □
Section	on C. Computation of Public Suppor	t Percentage	•				
14	Public support percentage for 2014 (line 6	6, column (f) div	vided by line 1	1, column (f))		14	70.96 %
15	Public support percentage from 2013 Sch					15	78.30 %
16a	<b>33</b> <sup>1</sup> / <sub>3</sub> % <b>support test—2014.</b> If the organization qual box and <b>stop here.</b> The organization qual	lifies as a publi	cly supported	organization			. ▶ □
b	<b>33</b> <sup>1</sup> / <sub>3</sub> % <b>support test—2013.</b> If the organicheck this box and <b>stop here.</b> The organic				•	15 is 33 <sup>1</sup> /3% (	
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization mee Part VI how the organization meets the "forganization	ets the "facts-a acts-and-circu	and-circumstar mstances" tes	nces" test, che t. The organiza	eck this box an ation qualifies	nd <b>stop here.</b> E as a publicly su	xplain in
b 18	10%-facts-and-circumstances test – 20 15 is 10% or more, and if the organization Explain in Part VI how the organization m supported organization	ion meets the eets the facts	"facts-and-cii -and-circumst 	rcumstances" ances" test. T	test, check the organization	nis box and <b>sto</b> n qualifies as a	pp here. publicly .
	instructions						. ▶ □

#### 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.)

Cc -1.	an A Dublic Current	under the te	solo lioted Deli	ow, piease co	Jilipiele Part	11.)	
	on A. Public Support	(-) CO10	(1.) 0044	(-) 0010	(-1) 0040	4-) 0044	(0 T : :
	dar year (or fiscal year beginning in)	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise		-				
_	sold or services performed, or facilities						
	furnished in any activity that is related to the						
•	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
0 1	line 6.)						
	on B. Total Support	(-) 0010	(1-) 0044	(-) 0040	(-1) 0040	(-) 004.4	(0 Tabal
	dar year (or fiscal year beginning in)	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop her	•	n's first, secon		•		` ' ` ' _
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2014 (line 8	B, column (f) d	ivided by line 1	3, column (f))		15	%
16	Public support percentage from 2013 Sch			<u></u> .	<u></u> .	16	%
Secti	on D. Computation of Investment Inc						
17	Investment income percentage for 2014 (I	ine 10c, colur	nn (f) divided b	y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2013	Schedule A,	Part III, line 17			18	%
19a	331/3% support tests-2014. If the organi						
	17 is not more than 331/3%, check this box		-			-	
b	331/3% support tests—2013. If the organiz						
	line 18 is not more than 331/3%, check this b		_				
20	Private foundation. If the organization die	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions > \

Schedule A (Form 990 or 990-EZ) 2014 Page 4

#### Part IV **Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
-	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
0	If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			
40	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9с		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		
	- J	iva		

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

10b

Schedule A (Form 990 or 990-EZ) 2014

Page 5

Part	Supporting Organizations (continued)			
44	Healtha arganization accepted a gift or contribution from any of the following paragra?		Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b> on B. Type I Supporting Organizations	11c		
Secu	on b. Type i Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b> VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations	1		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.			
Section	on E. Type III Functionally-Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	netru	ctions	e).
' a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.	nou u	otion.	3).
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	structi	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	20		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes." <i>describe in Part VI</i> the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2014 Page **6** 

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	tru:	st on Nov. 20, 1970. <b>See</b>	instructions. All
other Type III non-functionally integrated supporting organizations must con-	mple	ete Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	•		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y-in	tegrated Type III support	ng organization (see

Schedule A (Form 990 or 990-EZ) 2014 Page **7** 

Part		3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10_	Line 8 amount divided by Line 9 amount	I I	<i>(**)</i>	<b>/**</b> *
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
_1_	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
<u>a</u>				
b				
<u>c</u>				
d	5 0040			
e	From 2013			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u> 	Applied to 2014 distributable amount  Carryover from 2009 not applied (see instructions)			
_:	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part VI Part III, line 12. Also complete this part for any additional information. (See instructions.) Part II, Line 10 Other Income comes from the sale of member specific tee shirts for identification of volunteers and promotion of the organization (\$ 54), plus net firewood & starter sales (\$ 7425) and net ice sales (\$ 1187) to campers. Additionally, we sold logo patches patches (§ 82) plus logo water bottles (§ 36) both purchased in 2013. Total: § 8784

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

#### 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.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

Name of the organization Employer identification number
Friends of Silver Springs State Park, Inc. (FOSSSP)
56-2511929

Part I, Line 10 - \$11,156 - We donated Silver Springs SP \$ 2858.50 for new Golf Cart batteries and parts, plus \$ 3504.35 for fire fighting equip-
ment, \$ 550 for First Year Anniversary Event, \$ 536 for new banners,~ \$ 187.50 to repair tractor, \$ 100 for Dodge Van, \$ 55.45 for tools (\$ 7791.80).
(\$ 764.55) went toward Interpretive expenses including \$ 500 for Archeologist review, \$ 178.69 snake food, \$ 85.86 for bench plaques. We paid:
(\$ 658.99) for emergency repairs, (\$ 304.97) food for volunteers at events, (\$ 78.25) to register Van, (\$ 26.32) for dog biscuits. Of the \$ 671.44
remaining in the Felburn Grant received in 2012 for firefighting equipment, we spent (\$ 736.91) toward supplies. Additionally, our Friends
Group River Patrol cost (\$ 794.06) in radios, uniforms, and hats for voluteers who educate and patrol on the Silver River and new Fort King
Paddle Trail.
Part I, Line 16 - \$ 490.41 - FOSSSP spent \$ 106.41 for the Volunteer Christmas Holiday party and \$\$ 384 for the state wide Friends conference
of which § 198 was refunded in 2015 for the January 2015 conference was cancelled.
Part II, Line 26 - Liabilities of \$ 146.91 were for Florida Sales Tax due on December 2014 sales of firewood, ice, and tee shirts.