

Florida Department of Environmental Protection

CITIZEN SUPPORT ORGANIZATION 2019 LEGISLATIVE REPORT

(pursuant to Section 20.058 Florida Statutes)

Citizen Support Orga	anization (CSO) Nar	ne: Friends of Dunns Creek State Park	
Mailing Address:		PO Box 147	-
		Pomona Park, FL 32181	-
Telephone Number:	(386) 329-3721	Website Address (if applicable):	www.friendsofdunnscreek.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.

CSO's Mission: Consistent with Articles and Bylaws

Our membership organization engages, educates and inspires visitors to Florida state parks and trails by creating and hosting events that provide opportunities for outdoor fitness and recreation and education in the preservation, interpretation and restoration of the natural and cultural resources of Dunns Creek State Park and Palatka-to-St. Augustine Trail. We augment Florida Park Service resources by raising funds for specific park/trail projects and volunteering in the areas of visitor services, administration, and management and protection of Florida's unique natural and cultural resources. Our activities serve as an economic driver for our local, underserved, rural communities.

Description of the CSO's Results Obtained: Expand section as necessary to be complete

Kayaking 101 and 201 and Dunns Creek Kayak tours provided skills and safety training and exposure to Dunns Creek's natural and cultural resources to 25 people.

Putnam County Earth Day brought 104 people to the park to interact with nature-based, nonprofit organizations. Attendees also enjoyed bird watching tours, hiking, biking, equestrian trail riding, ranger-led eco tours, gopher tortoise tours, native plant hikes, boat excursions, and 1- to 2-night primitive camping.

A sanctioned, equestrian endurance competition brought 44 riders to the park for two days of primitive camping and competitive riding.

Member workdays were centered around the Putnam County Earth Day, annual membership meeting and Naturally Tough 5K run. Other member volunteer hours were allocated to the administrative aspects of the corporation.

The Board met monthly throughout the year and called extra meetings when necessary to carry out the planning aspects of major events.

The Annual Membership Meeting was held at the auditorium at Ravine Gardens State Park. Approximately 10 members were in attendance. Terri Newmans, Park Manager introduced herself and her staff. Tess Busch, District 3 Park Program Development Specialist spoke about the benefits of volunteering for the park. Ashley Regelski, Park Program Specialist presented slides and spoke about prescribed burn activities in the park. And Jason DePue, District 3 lead biologist presented slides and spoke abut resource management activities carried out at the park over the past few years, the result and plans for future activities. Members were provided with a modest, potluck dinner buffet.

Resource-based, interpretive programs on multiple topics were integrated into the Kayaking Tours, Earth Day celebration and annual membership meeting. The gopher tortoise tour guided by a Scientist Emeritus from the University of Florida, eco-tour wagon rides by Jason DePue, and native plant hikes, bird hikes and boat tours guided by well known, local experts were all well attended.

The Naturally Tough 5K run welcomed 25-30 participants who ran or walked in the early morning hours through a particularly lovely, pond-dotted area of the park.

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

The CSO will maintain and improve upon the 2018 programs as well as First Day activities in adjoining Pomona Park/Lake Broward and at Dunns Creek and Palatka to St. Augustine Trail. We are prepared to respond to opportunities for events as they may arise. We are partnering with Putnam Blueways and Trails on their annual Ky-Hike-a-Bike event. We will seek other similar partnerships with other nonprofit organizations and event organizers for equestrian, kayaking, hiking, running and cycling events. We will continue to grow our outreach activities. We are expanding our social media presence and have routinized critical aspects of event advertising and planning. We will complete and initiate new, letter-based fundraising drives and seek grant funding for amenities for multi-user trails and construction of park infrastructure per the recently approved Unit Management Plan.

- ☑ CSO's Code of Ethics is attached, and if the CSO has a website the code of ethics is posted conspicuously.
- ☑ CSO has attached the most recent Internal Revenue Service (IRS) Form 990, 990-EZ, or 990-N receipt. If filing the 990-N the Department requires the 990 or 990-EZ as a worksheet. All IRS Form 990's must be complete with Part III Program Service and all appropriate Schedules (See attached instructions).

FRIENDS OF DUNNS CREEK STATE PARK, INC. CODE OF ETHICS

PREAMBLE

- (1) It is essential to the proper conduct and operation of FRIENDS OF DUNNS CREEK 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 DUNNS CREEK STATE PARK, INC. board members, officers, and employees in the performance of their official duties.

STANDARDS

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

1. Prohibition of Solicitation or Acceptance of Gifts

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

2. Prohibition of Accepting Compensation Given to Influence a Vote

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

3. Salary and Expenses

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

4. Prohibition of Misuse of Position

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

5. Prohibition of Misuse of Privileged Information

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

6. Post-Office/Employment Restrictions

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

7. Prohibition of Employees Holding Office

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

8. Requirements to Abstain From Voting

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

9. Failure to Observe CSO Code of Ethics

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

Form 990-N

Electronic Notice (e-Postcard)

OMB No. 1545-2085

Department of the Treasury Internal Revenue Service

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2018

Open to Public Inspection

A For the 2018 Calendar year, or tax year beginning 2018-01-01 and ending 2018-12-31

B Check if available
Terminated for Business

C Name of Organization: FRIENDS OF DUNNS CREEK STATE

D Employee Identification

Number 81-0605774

Gross receipts are normally \$50,000 or less

PO Box 147, Pomona Park,

FL, US, 32181

PARK

E Website:

F Name of Principal Officer: Sam Carr

www.friendsofdunnscreek.org

108 Riverside Dr. Satsuma,

FL, US, 32189

Privacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.

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)

2018

OMB No. 1545-1150

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.

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b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 108 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Other changes in net assets or fund balances (explain in Schedule O) 22 Other changes in net assets or fund balances (explain in Schedule O) 23 Other changes in net assets or fund balances (explain in Schedule O)		4	1933 - 1934 - 1935 - 1935 - 1935 - 1935 - 1935 - 1935 - 1935 - 1935 - 1935 - 1935 - 1935 - 1935 - 1935 - 1935		1-1		0
C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 106 8 Other revenue (describe in Schedule O) 8 0 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 4,7co 10 Grants and similar amounts paid (list in Schedule O) 10 0 11 Benefits paid to or for members 11 0 22 Salaries, other compensation, and employee benefits 12 0 13 Professional fees and other payments to independent contractors 13 4co 14 Occupancy, rent, utilities, and maintenance 14 0 15 Printing, publications, postage, and shipping 15 114 16 Other expenses (describe in Schedule O) 16 3,025 17 Total expenses. Add lines 10 through 16 17 3,539 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 1,161 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 12,271 20 Other changes in net assets or fund balances (explain in Schedule O) 20				sandallowances		6	
8 Other revenue (describe in Schedule O) 8 0 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		- 3	[PROTECTION OF STREET CONTENTS OF STREET			의 _	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			그는 마음 마음을 하는 것이 되는 것이 없는 것이 없는 것이 없었다. 그 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이다. 이 없는 것이 없는 것이 없는 것이다. 이	기가 보면 있는데 그렇게 되면 하지만 내가 되었다. 그 사람이 되었다면 하지 않는데 하지 않는데 하다.	/a)		
10 Grants and similar amounts paid (list in Schedule O) 10 0 0		33543		경사하다 경기 - 이번 이번 경기 경기 경기 경기 경기 경기 경기 경기	raaa sseegg		
Benefits paid to or for members 11 0 12 Salaries, other compensation, and employee benefits 12 0 13 Professional fees and other payments to independent contractors 13 400 14 Occupancy, rent, utilities, and maintenance 14 0 15 Printing, publications, postage, and shipping 15 114 16 Other expenses (describe in Schedule O) 16 3,025 17 Total expenses. Add lines 10 through 16 17 3,639 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 1,161 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 12,271 20 Other changes in net assets or fund balances (explain in Schedule O) 20							4,700
Salaries, other compensation, and employee benefits		S120 S100					100
Professional fees and other payments to independent contractors 13 400 14 Occupancy, rent, utilities, and maintenance 14 0 15 Printing, publications, postage, and shipping 15 114 16 Other expenses (describe in Schedule O) 16 3,025 17 Total expenses. Add lines 10 through 16 17 3,539 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 1,161 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 12,271 20 Other changes in net assets or fund balances (explain in Schedule O) 20		600	Benefits paid to or for members .				
16 Other expenses (describe in Schedule O)	8	25040000					0
16 Other expenses (describe in Schedule O)	SU:	100000000000000000000000000000000000000					
16 Other expenses (describe in Schedule O)	\$	2500000					0
17 Total expenses. Add lines 10 through 16	ŭ	15					.114
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		7-751-3					3,025
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)		_				17	3,539
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)	40		Excess or (deficit) for the year (Subt	ract line 17 from line 9)	04 04 161 161 161 161 461 461		1,161
end-of-year figure reported on prior year's return)	8	19					
20 Other changes in net assets or fund balances (explain in Schedule O)	AS		end-of-year figure reported on prior	year's return)		19	12,271
21 Net assets or fund balances at end of year. Combine lines 18 through 20	et	20	Other changes in net assets or fund	(10 10 10 10 10 10 10 10 10 10 10 10 10	20		
	Z	21				21	13,432

Form 990-EZ (2018) Page 2 Balance Sheets (see the instructions for Part II) Part II Check if the organization used Schedule O to respond to any question in this Part II (B) End of year (A) Beginning of year 12,271 22 22 Cash, savings, and investments 13,432 23 Land and buildings 0 23 0 0 24 24 Other assets (describe in Schedule O) 0 25 12,271 25 Total assets 13,432 0 26 26 Total liabilities (describe in Schedule O) 0 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 12,271 27 13,432 Part III Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? To support Dunns Creek State Park 501(c)(3) and 501(c)(4) Describe the organization's program service accomplishments for each of its three largest program services. organizations; optional for others.) 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. Putnam County Earth Day brought 104 people to the park to interact with nature-based nonprofit organizations. Attendees also enjoyed bird watching tours, hiking, biking, equestrian trail riding, ranger-led eco tours, gopher tortoise tours, native plant hikes, boat excursions, & 1-2 night primitive camping (Grants \$) If this amount includes foreign grants, check here 28a 812 29 Kayaking 101 and 201 nd Dunns Creek Kayak Tours provided skills & safety training and exposure to Dunns Creek's natural and cultural resources to 25 people. Paddles were led by an American Canoe Association certified instructor (Grants \$) If this amount includes foreign grants, check here . 29a 27 Outreach: FODCSP was represented by one of its board members at various events throughout the county, e.g., Azalea Days and Halloween festivities at Ravine Garden State Park, Bartram Frolic, etc. The CSO was promoted through direct interactions with people and by distributing flyers. (Grants \$) If this amount includes foreign grants, check here 30a 59 **31** Other program services (describe in Schedule O)) If this amount includes foreign grants, check here 31a 356 32 1,254 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 (c) Reportable (d) Health benefits, (b) Average (e) Estimated amount of compensation contributions to employee hours per week (a) Name and title (Forms W-2/1099-MISC) benefit plans, and other compensation devoted to position deferred compensation (if not paid, enter -0-) Ken Mahaffey President 2 Sam Carr Vice President Joy Mitchell Secretary/Treasurer 8 Don Gooding Director Kathleen Hodge Director Janis Brown Stallings Director Arnie Rauscher Director 1

Part				18.5
8	instructions for Part V.) Check if the organization used Schedule 0 to respond to any question in this	3 Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	Г	Yes	
	detailed description of each activity in Schedule O	33		V
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
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		1
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		√
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any bans to, any officer, director, trustee, or key employee or were	37ь		✓
b	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		✓
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of dub facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	_	1
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	E		
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 ▶			-
42a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		4-577	2
ь	Located at ► 335 Paradise Circle, Satsuma, FL ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	32	189 Yes	No
	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).	E		
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		√
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	20 30	83	- 🗆
440	Did the examination maintain any dense advised funds during the years If "Ves " Farm 000 must be		Yes	No
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		✓
	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		1
d	Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44c		√
45a	explanation in Schedule O	44d 45a		1
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			٧
	Form 990-EZ. See instructions	45h		1

ST 1750 1750 1750 1750 1750 1750 1750 1750	VS 40 8088 DF 80 16	VC 46 97 2055 17	46 (CERT)	A876 001802	28 28		Yes	No
	the organization engage, directly or it andidates for public office? If "Yes," (,
Part VI	Section 501 (c)(3) Organization		, raici	N		46		V
	All section 501(c)(3) organization		estions 47–49b an	d 52, and co	mplete th	e tables	for lin	es
	50 and 51.							
27	Check if the organization used Sc	hedule 0 to respon	d to any question ir	this Part VI	8 8 8	9 3 3 3	I v	
47 Did	the organization engage in lobbying	activities or have a	coation EOI (b) along	tion in official	during the	tov	Yes	No
	r? If "Yes," complete Schedule C, Par		section but(n) elec		auring the	47	2	1
rent District	e organization a school as described in					48	_	1
	the organization make any transfers t				* * *	200	_	V
	es," was the related organization a se						2.5	10 Ca
	nplete this table for the organization's							
emp	oloyees) who each received more than	1\$100,000 of compe	nsation from the org			e, enter "	None.	22
ſa	a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	(d) Health contributions	to employee	(e) Estima	ted amo	unt of
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	devoted to position	(Forms W-2/1099-MIS	 be nefit plans, comper 		otherco	mpersar	tion
				1	- 65	100		
			1					
33	8	2		-30	- 3	8. — — — — — — — — — — — — — — — — — — —		
<u> </u>		-1	*	-:-	- 19			
			l					
	39	B	†			86		
		0				O.		
	al number of other employees paid ov	700 (4.484 0) 000 000 000 000 000 000 000 000 000	T 1 C 10 T					
	nplete this table for the organization 0,000 of compensation from the orga			nt contractors	who ead	n receive	d more	e than
21 2000000			4.75 (1.75 (**************************************			V1. NO.CO	
(a	 Name and business address of each independent 	dent contractor	(b) Type of s	ervice	(0) Compensa	tion	
a/								
Š.								
e.								
	98 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1							
				-				
	al number of other independent contri	네네 (1)[11] [11] [11] [11] [11] [11] [11] [11	연기가입니다 아이지 아이지 않아 있는 가입니다는 모나를 모모			10725		
	the organization complete Schedupleted Schedule A		ection 501(೦)(೨) org				ъ П	No
57	s of perjury, I declare that I have examined this							-0.0
	and complete. Declaration of preparer (other tha					500		
12/14/14				1450 1450 150				
Sign	Signature of officer			Dat	2			
Here	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	T	Date	128 NO	PTIN	8	
Paid		3			Check self-emplo	if		
Preparer Use Only	N 227 27 27	Li .		Firm	n's EIN ►	38.3		
ose only	Firm's address ▶			1020	ne no.			
May the IRS	S discuss this return with the prepare	rshown above? See	instructions	9 60 60 76 8	K: 30 02	► ∏ Ye	s 🗍	No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 601 (c)(3) organization or a section 4947 (a) (f) nonexemptic haritable trust. ▶ Attach to Form 990 or Form 990-EZ.

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

Hame	or the	organization					Employer Identification	indiliber
		Dunns Creek State Park, Inc.		11		r - Hele -	81-060	
Re-		Reason for Public Ch		The state of the s				ns.
	경하루하네네요	zation is not a private found church, convention of chur		김 일이의 경투에 경기되었다. 아마리 장기가 연하는 경기 생겨지다.				
2	75555 VAR	school described in section						
3		hospital or a cooperative h		. [17] [구시] [17] [17] [17] [17] [17] [17] [17] [17				
7.5		medical research organizat	그 마이에 나는 살아 있다면 내가 되었다.	~~ ~ ##################################			The State of the Control of the State of the	iii). Enter the
	— h	ospital's name, city, and sta	ite:					
5	□A	n organization operated fo	the benefit of	a college or university	owned c	r operate	ed by a government	al unit described in
	Se	ection 170(b)(1)(A)(iv). (Cor	nplete Part II.)					
6 7		federal, state, or local gove n organization that normali						the general public
	de	escribed in section 170(b)(I) (A) (v i) . (Compl	ete Part II.)				
8		community trust described	in section 170((b)(1)(A)(vi). (Complete	Part II.)			
9	01	n agricultural research orga r university or a non-land-gr niversity:						
10	re St	n organization that normally ceipts from activities relate upport from gross investme equired by the organization	d to its exempt t nt income and u	functions—subject to c inrelated business taxa	ertain exc ble incon	ceptions, ne (lessis	and (2) no more than ection 511 tax) from	n 331/s% of its
11		n organization organized ar	TO 100 TO		111.0 (0.00)00	TARREST NO.		
12		n organization organized an						
		one or more publicly supp						
		heck the box in lines 12a thi	953	5.	,	- 50°		* * *
а		Type I. A supporting orga					아마아이아아 구들은 아이들은 병에 다 가게 살았다.	
		the supported organization supporting organization.					ne airectors or truste	ees of the
b		Type II. A supporting org					unnartad arganizati	on(a) by baying
b		control or management o						4 7: 0 T 2.T 1 2 T 16 10 U 10 U 10 11 11 15 U 10 U 10 U 10 U
		organization(s). You mus				polovilo	that control of man	age the supported
С	V					onnectio	n with, and functions	ally integrated with,
	5170	its supported organization						
d		Type III non-functionally that is not functionally int requirement (see instructi	egrated. The org	janization generally mu	st satisfy	a distribu	ution requirement an	
e		Check this box if the orga	anization receive	d a written determinati	on from ti	he IRS th	atitis a Type I, Type	II, Type III
		functionally integrated, or						AND THE CONTRACT OF THE CONTRA
f		er the number of supported	160 BEAR WAR STANFOLD BUREAU		3 × 3	9 8 6		1
g	10000	vide the following informati	on about the sup		T.		DOSSO	
	(i) Na	me of supported organization	(i) EIN	(iii) Type of organization (described on lines 1–10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
e Sinaare	es a version	120 to \$10 20 to the \$100 to the \$100 to \$100	9	<u> </u>	153	140		
		Park Service, specifically Creek State Park		etate dovernment	1			2960
Section 1	unns	CICCK State Fair	1	state government				2300
(B)								
(C)								
(0)				8-	83			
(D)								
eranian Z				8	0			
(E)								
Tota	1							i.

18

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) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 1 Gifts, grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . levied for the revenues organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . 4 The portion of total contributions by 5 person (other than each unit governmental publicly or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) > (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from 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.) Total support. Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 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) Section C. Computation of Public Support Percentage Public support percentage for 2018 (line 6, column (f) divided by line 11, ∞lumn (f)) % Public support percentage from 2017 Schedule A, Part II, line 14 15 * * * * * * * * * * * * * 331/s% support test -2018. If the organization did not check the box on line 13, and line 14 is 331/s% or more, check this b 331/s% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 331/s% or more, check 17a 10%-facts-and-circumstances test - 2018. 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-dircumstances" 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 b 10%-facts-and-circumstances test - 2017. 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

1998년 1월 11일 12일 12일 전 12일
Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
f the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support		-22		22	340 T	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
28	received. (Do not include any "unusual grants.")	8	8	8	8	8	8 8
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						
-		6	ii.	ii.	ră.	ii -	-
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge	H					
6	Total. Add lines 1 through 5	10		26		¥	
A 40.70 A	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3	16)	R)	ió e	io.	ió.	8
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
c	Addlines 7a and 7b						
8	Public support. (Subtract line 7c from						
Conti	line 6.)	ot-					
	on B. Total Support	1-3 0011	(h) 0045	1 4-3 004.0	7-8 004 Z	7-3 004 0	40 T-4-1
Galen 9	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
10a	Amounts from line 6			8	8	8	3
Iva	payments received on securities bans, rents,						
	royalties, and income from similar sources.						
b	Unrelated business taxable income (less	X	*	A.		*	8
	section 511 taxes) from businesses						
	acquired after June 30, 1975			~	-		
c	Add lines 10a and 10b	90 80	25 67	0.0	55	22 65	20 30
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on	8	83	85 T	85	23	2
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,	8	8	8	8. –		
200	and 12.)						
14	First five years. If the Form 990 is for the	ne organizatio	n's first, secon	d, third, fourth	i, or fifth tax y	ear as a sectic	n 501(d)(3)
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor	t Percentag	je	toda de des			XX
15	Public support percentage for 2018 (line 8	3, column (f), c	divided by line	13, column (f))		15	%
16	Public support percentage from 2017 Sch	CANADA CONTRACTOR DE CANADA CO		d 14 of 01 tot	ter ter to the to	16	%
	on D. Computation of Investment In					F F	
17	Investment income percentage for 2018 (17	%
18	Investment income percentage from 2017					18	% and line
19a	331/8% support tests—2018. If the organ 17 is not more than 331/8%, check this box						
Ь	331/s% support tests—2017. If the organiz					[19] [19] [19] [19] [19] [19] [19]	(1921) (1921) (1921) (1921) (1921) (1921)
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Supporting Organizations Part IV

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A. D. and E. If you checked 12d of Part I. complete Sections A and D. and complete Part V.)

Section A. All Supporting	o Organizations
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1	all of the organization's supported organizations listed by name in the organization's governing
	cuments? If "No," describe in Part VI how the supported organizations are designated. If designated by
	ss or purpose, describe the designation. If historic and continuing relationship, explain.

- Did the organization have any supported organization that does not have an IRS determination of state under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supporte organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ (b) and (c) below.
- b Did the organization confirm that each supported organization gualified under section 501(c)(4), (5), or (6) ar satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretic despite being controlled or supervised by or in connection with its supported organizations.
- c 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 Part VI what controls the organization use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(l purposes.
- 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 Part VI, including (i) the names and El 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 actic was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class alread designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contribute (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled enti with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line? If "Yes," complete Part Lof Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or moi disqualified persons as defined in section 4946 (other than foundation managers and organizations describe in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal bene from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrate supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, determine whether the organization had excess business holdings.)

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Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		1
ь	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 Part VI.	11c		1
	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 Part VI 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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations	1 50		
	71		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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			0.5
			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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		4	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		1
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 Part VI the role the organization's supported organizations played in this regard.	3		1
Secti	on E. Type III Functionally Integrated Supporting Organizations			B 19
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
2	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (Activities Test. Answer (a) and (b) below .	see m	Yes	No.
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		169	110
а	the supported organization (s) to which the organization was responsive? If "Yes," then in Part VI identify 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	1	
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 Part VI 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	1	
3 a	Parent of Supported Organizations. Answer (a) and (b) below . 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> .			
	- 프로젝트 프랑스 스트 이번 생생님 이 프로그램 이 프로그램 이 프로그램 이 전에 이 이 프로그램 프로그램 이 프로그램 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그	За		4
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes " describe in Part VII the role placed by the organization in this regard.	26		1

1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
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		
6 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		10
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 Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount daimed 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 1 d.	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-functional instructions).	y inte	grated Type III support	ing organization (see

Schedu Part	e A (Form 990 or 990-EZ) 2018 V Type III Non-Functionally Integrated 509 (a) (3	8 Supporting Organi	zations (confinued)	Page 7
Sect	Current Year			
1	Amounts paid to supported organizations to accomplish	exempt purposes	- 3	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
24	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	ooses 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 Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.			mm
3	Excess distributions carryover, if any, to 2018	1	7	
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder: Subtract lines 3g, 3h, and 3i from 3f.	S		
4	Distributions for 2018 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			1
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4o.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

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.)

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.

OMB No. 1545-0047

Open to Public Inspection

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

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

Name of the organization	Employer identification number
Friends of Dunns Creek State Park, Inc.	81-0605774
1	
31 - Tools (portable building) for park \$399. Commissions & Fees \$17	