

Florida Department of Environmental Protection

CITIZEN SUPPORT ORGANIZATION 2019 LEGISLATIVE REPORT (pursuant to Section 20.058 Florida Statutes)

Citizen Support Organization (CSO) Name: Friends of Blue Spring State Park

Mailing Address: 2100 West French Ave, Orange City F1,32763

Telephone Number: <u>386-775-1599</u> Website Address (if applicable): www.friendsofbluespringstatepark.wildapricot.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

To help supporting the Parks Mission statement and Park Service Directives, with volunteering support and/or budget needs.

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

CSO has helped the park with purchasing Animal Feed for exotic animal removal, added new CSO registration Drive events, also assist with the Park Service Specialist to organize and lead CSO/BSSP in the parks major event: January 2019 Manatee Festival, Firefly Program, New shed for firewood sales.

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

Continue funding the park needs that park budgets are unable to meet. Continue to grow membership of CSO through partnership and events, with other organizations to fulfill park needs. Continue to Support with park events and financial support for the next three years.

⊠ 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 Blue Spring State Park] CODE OF ETHICS

PREAMBLE

- (1) It is essential to the proper conduct and operation of [Friends of Blue Spring State Park] (herein "CSO") that its board members, officers, and employees be independent and impartial and that their position not be used for private gain. Therefore, the Florida Legislature in Section 112.3251, Florida Statute (Fla. Stat.), requires that the law protect against any conflict of interest and establish standards for the conduct of CSO board members, officers, and employees in situations where conflicts may exist.
- (2) It is hereby declared to be the policy of the state that no CSO board member, officer, or employee shall have any interest, financial or otherwise, direct or indirect, or incur any obligation of any nature which is in substantial conflict with the proper discharge of his or her duties for the CSO. To implement this policy and strengthen the faith and confidence of the people in Citizen Support Organizations, there is enacted a code of ethics setting forth standards of conduct required of [Friends of Blue Spring State Park] 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.

Page 1 of 2

Model 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.

Return of Organization Exempt File section 501(c), 527, or 4947(a)(1) of the Internal Revenue C ▶ Do not enter social security numbers on this form as ▶ Go to www.irs.gov/Form990 for instructions and the tax year beginning and ending organization FRIENDS OF BLUE SPRING siness as and street (or P.O. box if mail is not delivered to street address) WEST FRENCH AVENUE wn, state or province, country, and ZIP or foreign postal code E CITY, FL 32763 ad address of principal officer: MELISSA GIBBS WOODLAND BLVD DELAND, FL 3272 anization's mission or most significant activities: BLUE SPRING STATE PARK INC'S NE E PARK WITH INFRASTRUCTURE, RE	Code (except private f it may be made public it may be made public it may be made public STATE PARK Room/suite 23 H(a) 527 H(c) ear of formation: 2004	D Employer 57–119 E Telephone (386) 7 G Gross reco Is this a group return Are all subordinat If "No," attach a fi Group exemption	eipts \$ 21,474. for subordinates? Yes No tes included? Yes No st. (see instructions)
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	eers (estimate if necessary). ss revenue from Part VIII, column (C), line 12 staable income from Form 990-T, line 38 Its (Part VIII, line 1h) ue (Part VIII, line 2g) art VIII, column (A), lines 3, 4, and 7d) II, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) es 8 through 11 (must equal Part VIII, column (A), line 12) pounts paid (Part IX, column (A), lines 1-3) members (Part IX, column (A), line 4) isation, employee benefits (Part IX, column (A), lines 5-10) ing fees (Part IX, column (A), line 11e) ses (Part IX, column (A), line 25) ► X, column (A), lines 11a-11d, 11f-24e) hes 13-17 (must equal Part IX, column (A), line 25) s. Subtract line 18 from line 12 he 16) line 26) ances. Subtract line 21 from line 20 k that I have examined this return, including accompanying schedules a	eers (estimate if necessary). ss revenue from Part VIII, column (C), line 12 st axable income from Form 990-T, line 38 Prior Year <p< td=""><td>ue (Part VIII, line 2g) </td></p<>	ue (Part VIII, line 2g)

May the IRS discuss this return with the preparer shown above? (see instructions).

Yes No

a	990 (2018) FRIENDS OF BLUE SP	ATHO STATE FARA	INC	57-1199346 Page
	t III Statement of Program Service Check if Schedule O contains a response	Accomplishments or note to any line in this Part III		
1	Briefly describe the organization's mission:			
	FRIENDS OF BLUE SPRING	STATE PARK INC'S	MISSION IS TO PUT	RCHASE GOODS &
	MATERIALS TO ENHANCE BL	UE SPRINGS STATE	PARK'S INFRASTRU	CTURE AND
	SERVICES TO THE GENERAL	PUBLIC.		
2	Did the organization undertake any significant pro	ogram services during the year w	nich were not listed on the	
	prior Form 990 or 990-EZ?			Yes 🗶 N
	If "Yes," describe these new services on Schedu	le O.		
3	Did the organization cease conducting, or make s	significant changes in how it conc	ucts, any program	
	services?			
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service acco		largest program sendices as measure	red by
	expenses. Section 501(c)(3) and 501(c)(4) organ	izations are required to report the	angest program services, as measure	the sec
	the total expenses, and revenue, if any, for each j	program service reported.	amount of grants and allocations to o	omers,
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Form 990 (2018) FRIENDS OF BLUE SPRING STATE PARK INC Part IV Checklist of Required Schedules

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes." complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			45
1.65	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D. Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		_X_
11	If the organization's answer to any of the following questions is 'Yes," then complete schedule schedu	ar an		
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		X
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
D	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			-
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		X
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		~
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12.4	Schedule D, Parts XI and XII	12a	4	x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and If			
	the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking.		10-01-01	
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			100000
	If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	X
b	If "Yes," to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2018) FRIENDS OF BLUE SPRING STATE PARK INC Part IV Checklist of Required Schedules (continued)

57-1199346 Page 4

22 Did the organization regrot more than \$5.000 of grants or other accession to of the domestic individuals on Parl X. (and X.) (bite 22 m Yes, "complete Society", Part 2 m A 4, or 5 about compensation of the organization array may "Yes," to part VI. Section A, line 4.4, or 5 about compensation of the organization control of domestic individuals on Parl X. (and X.) (bite 20 m VI.) 23 X 24 Dath or organization array of Grant of Grant, Since A.), or 6 about compensation of the organization individuals. <i>K I</i> Wice, to pine 25m. 24m. 23 X 25 Dath or organization individuals. <i>K I</i> Wice, to be ine 25m. 24m. X 24m. X 26 Dath or organization individuals. <i>K I</i> Wice, to be ine 25m. 24m. X 24m. X 27 Dath or organization individuals. <i>K I</i> Wice, to be ine 25m. 24m. X 24m. X 28 Dettion organization any attain an escrew account ofher I bar a refunding accows at any time during the year. 24m. X 29 Dath end organization any attain an escrew account ofher I bar organization any attain any time during the year. 24m. X 29 Dath end organization any attain any other organization any attain any time during the year. 24m. X 29 Dath end organization any attain any other organization any attain any time organization any attain any time organization any attai				Yes	No
23 Def the organization answer "Ves" to Parl VII, Section A, line 3, 4 or 5 about compensation of the organization surver lines, directed, survees, buy employees, and highest compensation and more than stron 000 as of the last day of the year, that was issued that or botthading privagial answer lines 240 through 24 and complets Schedule K. J. Mor. (2) to the 250 through 24 and complets Schedule K. J. Mor. (2) to the 250 through 24 and complets Schedule K. J. Mor. (2) to the 250 through 24 and complets Schedule K. J. Mor. (2) to the 250 through 24 and complets Schedule K. J. Mor. (2) to the 250 through 24 and complets Schedule K. J. Mor. (2) to the organization matching the year (2) to the defastic any tax-exempt bonds for success to bend the second schedule and the than a refunding ascow at any time during the year (2) to the defastic any tax-exempt bonds of tax-exempt bonds outstanding at any time during the year (2) to the organization asset that the regulation and regulation regulatis and regulation regease regulation regease regulation regulation	22				
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Part IV instructions for applicable filing thresholds, conditions, and exceptions). Image: Condition of Control of Cont	~~	entity or family member of any of these persons? If "Yes," complete Schedule L, Party (C) (D) V7	27	-	X
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 28b X vex an officer, director, trustee, or direct or indirect owne? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive contributions of art, historical treasures, or other smilar assets, or qualified 29 X 30 Did the organization receive contributions of art, historical treasures, or other smilar assets, or qualified 30 X 31 Did the organization set, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-32 If 'Yes," complete Schedule R, Part I, III. 31 X 33 Did the organization need a controlled entity within the meaning of section 512(b)(13)? 34 X 35 34 Was the organization needwe a controlled entity within the meaning of section 512(b)(13)? 35 35 35 <t< td=""><td>28</td><td>Was the organization a party to a business transaction with one of the following parties (see Schelule F</td><td></td><td></td><td></td></t<>	28	Was the organization a party to a business transaction with one of the following parties (see Schelule F			
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b X c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 28c X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 X 31 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N. 30 X 32 Did the organization contributions of art, historical treasures, or other similar assets. or qualified 30 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 32 X 34 Was the organization receive any payment or taxable entity? If "Yes," complete Schedule R, Part I, III. 31 X 35 Did the organization nave as a controlled entity within the meaning of section 512(b)(13)?. 35a X 36 Did the organizations. Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?. 35a X 37 Did the organi			1000		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
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b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Tes	019
c Did the organization comply with backup withholding rules for reportable payments to vendors and reporable gaming (gambling) winnings to prize winners? 1c	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		22	
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Form 99	0 (2018) FRIENDS OF BLUE SPRING STATE PARK INC	57-11993	346	Page 5
Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
		1	Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			1.1
	Statements, filed for the calendar year ending with or within the year covered by this return			AR YORNS
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	The second se		Cast of the
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		a state	and a second
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		+	
4 a	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		1.00	
	account)?	4a		x
b	If "Yes," enter the name of the foreign country:			· State
2	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	(FBAR)		and the
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		Signal and the second second	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		-	1
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		-	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).			533
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	and the second se	(NONE)	Pare de
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	the second se	a series and	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		+	X
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 a	No	1	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	1. A. 7 425	a casa a	Cathon and
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			200 - 201
9	sponsoring organization have excess business holdings at any time during the year?			13.5
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	and the second	Contraction of the
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10	Section 501(c)(7) organizations. Enter:		-	Sec.
a	Initiation fees and capital contributions included on Part VIII, line 12		1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			1
11	Section 501(c)(12) organizations. Enter	<u> </u>		1.12
а	Gross income from members or shareholders	a	and a start	
ь	Gross income from other sources (Do not net amounts due or paid to other sources			L.C.S.
	against amounts due or received from them.)	b		1
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12:	3	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?		3	
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which	1		
	the organization is licensed to issue qualified health plans	ib 👘		1
С	Enter the amount of reserves on hand	c		1
14 a	Did the organization receive any payments for indoor tanning services during the tax year?		a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O		b	-
15	is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration		-	
	or excess parachule payment(s) during the year?			X
1000	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			X
	If "Yes," complete Form 4720, Schedule O.			a fatter

Form 990 (2018)

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Form 990 (2)	018)	FRIENDS	OF	BLUE	SPRING	STATE	PARK	INC
Part VI	Gov	vernance,	Mana	gement,	and Discl	osure For	each "Yes	" respon

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VI.	Governance, management,	and Disclosure For ea	cn 'yes' response to lines	2 through 7b below, and	for a Tvo
	response to line 8a, 8b, or 10b below.	describe the circumstances.	processes or changes in	Schedule O. See instruct	ions

Check if Schedule O contains a response or note to any line in this Part VI

			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			1000
	if the governing body delegated broad authority to an executive committee or similar		1.2 . 14	
	committee, explain in Schedule O.			ran in
b	Enter the number of voting members included in line 1a, above, who are independent	in the	1000	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		2	
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	100		19625
	the year by the following:	11/201	2.1	ANNE -
a	The governing body?	8a	x	COLOR MANY
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
~	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	1		
			Yes	No
10 2	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	106		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	-	and Mr.	a con
12 a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	Sala Nettani
b	2 Winds were still 2.2 Safet were reader to Avenue and Articles and a start for a set	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes."	140	42	
c	describe in Schedule O how this was done	12c		x
12		13	x	-
13	Did the organization have a written whistleblower policy?		X	
14	Did the organization have a written document retention and destruction policy?	14	<u>A</u>	
15	Did the process for determining compensation of the following persons include a review and approval by	toe	14.5	interes.
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	- 1		
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b	Sector Rends	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			124
16 a			CANA TO	200
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	1 1 2	Sugar.	and the
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	1. 1. Mary		
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s	only)		
10				
10	available for public inspection. Indicate how you made these available. Check all that apply.			
10	available for public inspection. Indicate how you made these available. Check all that apply.			

Form 990 (2018) FRIENDS OF BLUE SPRING STATE PARK INC

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ...

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest

compensated employees; and former such persons.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box u office or direc	ot ch unles	s pe	tion more rson	than one is both an or/trustee) employee Pormer sated	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) MELISSA GIBBS	05.00							6 Dr	a
PRESIDENT				X				$()) \square$	<u>M</u>
(2) DONNA COBB VICE PRESIDENT	05.00			x			9		
(3) CORA BERCHEM SECRETARY	05.00			x					
(4) STACEY E TYSON TREASURER	05.00			x					
(5) GARY BLAIR	01.00								
(6) RICH HATTON	01.00								
(7) MONICA ROSS	01.00								
(8)									
(9)									
(10)									
(11)									
(12)									
(13)				1					
(14)				1	1				
		1	1.00	1	1	I la		Lange and the second	L.,

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Form 990 (2018)	FRIENDS	OF	BLUE	SPRING	STATE	PARK	INC	

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			(C)				
(A)	(B)	Ę	osition	F	(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	(do not che box, unless officer and	perso	n is both an	from	Reportable compensation from related	Estimated amount of other
	related organizations below dotted line)	O EL EL	Key employee Officer	Former Highest compens employee	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organization

		œ	ated		
15)					
16)					
17)					
18)					
19)	······································				
20)					
21)					
22))PY	
23)			+		
24)					
25)		+-++			
1b c d	Sub-total Total from continuation sheets to Part VII, Se Total (add lines 1b and 1c)	ection A	· · · · · · · · · · · · · · · · · · ·		
2	Total number of individuals (including but not lin reportable compensation from the organization	nited to those lis	sted above) who	received more than	\$100,000 of
1. A. 2. M.					Yes No

- 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 2007 for services rendered to the organization? If "Yes," complete Schedule J for such person .

Section B. Independent Contractors

 Complete this table for your five higher compensation from the organization. F tax year. 	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.								
(A) Name and business address	(B) Description of services	(C) Compensation							
2 Total number of independent contractor received more than \$100,000 of compe	ors (including but not limited to those listed above) who ensation from the organization								

3

4

5

X

x

X

Form 990 (2018) FRIENDS OF BLUE SPRING STATE PARK INC

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Part VIII Statement of Revenue

		Check if Schedule O contain	s a response or not	e to any line in this	Part VIII	a statistical and the		
			e Marine		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d f g	Federated campaigns Membership dues . Fundraising events Related organizations Government grants (contribut All other contributions, gifts, g and similar amounts not inclu Noncash contributions include Total. Add lines 1a–1f	1b 1c 1c 1d ions) 1e irants, ded above 1f	1,143. 18,173. 2,158.	21,474.			
ø				Business Code			1	A Street of the Street of the
Program Service Revenue	2a b c d f g	All other program service reve Total. Add lines 2a-2f						
Mar A.	3	Investment income (including	dividends, interest	et and the second		QGU		and the second second second
	4	and other similar amounts) . Income from investment of ta Royalties	k exempt bond proc	eeds	(GOI	P Y	
			(i) Real	(ii) Personal	Charles and Arcan	$a_{1}^{-1}=a_{1}^{-1}=a_{1}^{-1}$	Page 25	
	6a	Gross rents				and the second second	i calle alle	and a second of
	b	Less: rental expenses						States of States
	с	Rental income or (loss)						inter contract, set
	d	Net rental income or (loss) -						
	7a	Gross amount from sales of	(i) Securities	(ii) Other		Sector And		and the second
		assets other than inventory				and the period		the share and the state
	b	Less: cost or other basis			a constraint and a strain a	Cartan Cart		The second
		and sales expenses				and the second		
		TOTAL OF STORES				and the state of the	M. Andrew	
	d	Net gain or (loss)		· · · · · · •	Company of the second			COMPLETE AUTOMOTION AND A COMPLETE
Revenue	8a	Gross income from fundraisin events (not including \$	9					
Other F	b	of contributions reported on lin See Part IV. line 18 Less: direct expenses	a	the second s	terren Antonio de la Calendaria de Calendaria de Calendaria de Calendaria de Calendaria de Calendaria de Calendaria de Calendaria de Calendaria de		n an	
	c	Net income or (loss) from fun	draising events	▶		A second second		
	9a	Gross income from gaming a	ctivities					E anti-ser
		See Part IV, line 19	· · · · · a			The start Start	the first war in	
		Less: direct expenses			的法法律的行为			TTE I CARTA
		Net income or (loss) from gar				Contractor and a party		and the second
	10 a	Gross sales of inventory, less			and the man	and the second	a theory of the second	
		returns and allowances			a and the second second	and the second	aver Berner	and the second
		Less: cost of goods sold					1 - Jun Strage	to prove the second of
	c	Net income or (loss) from sale	and the second	· · · · · · · · · · · · · · · · · · ·	Care and the second	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	a that the second second	activitizione variate substances
		Miscellaneous Revenue		Business Code		Contraction of the second	and Adding to the for	1. 1. C. 1. C. S.
	11a	at the second se					······	
	b							
	C J	All other to only		the second of the second of				
	d	All other revenue				Pullare day in a station		Construction of Section 1
		Total. Add lines 11a-11d		• • • • • •	21 474	WARD AND A REAL PROVIDE	and a start of the start of	
	12	Total revenue. See instruct	OUS		21,474.	l	l	

Form 990 (2016) FRIENDS OF BLUE SPRING STATE PARK INC Part IX Statement of Functional Expenses

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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).	Section 501(c)(3) and	501(c)(4) organizations	must complete all columns.	All other organizations must	complete column (A).
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Do not include amounts reported on lines 6b, 7b, 8b, 3b), and dbo f 24 VVII. 1 Grants and other sestance to damestic organizations and dbomestic governments. See Part IV, Ine 21. 2 Grants and other sestance to domestic organizations, forang governments. And foregn regulations, forang governments for engin regulations, forang governments and foregn regulations, forang governments and foregn regulations, forang governments and foregn regulations, forang governments, and foregn regulations, for compensation of functed above, to dispusified persons (as defined under action 458:6(13)(8). 7 Other states and voges: 8 Person plan accruits and controlutions (include section 40(k) and 30(k) employer controlutions, 9 Other, employees benefits. 1 Fees for sectices (non-employees): 8 Management. 9 Detage: (Intel or gavourd seconds 105: d line 25; culture (A accruiting. 1 Inter employees controlutions, (include section 4, 403. 1 Interesting approximation controlutions, and metalings, 1 Paral Lanes, conventions, and metalings, 1 Other engines, conventions, and metalings, 1 Parameter of thread or instructure tegeneses for any 1 Other (Interesting approximation control approximation control approximation control approximation control approximation control approximation control approximation a All other expenses. Add lines		Check if Schedule O contains a response or note to any	line in this Part IX			
and (b) Part VIII. ingentes general separates opentes if Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. if i	Do no	ot include amounts reported on lines 6b, 7b, 8b, 9b,	(A)	(B)	(C)	(D)
	and 1	0b of Part VIII.	l otal expenses			
ard domastic governmests. See Part IV, Ine 21. 2 2 Grants and other assistance to foregor capitizations, foregor governments, and foregor markations, foregor governments, and foregor markations, and key employees. 3 3 Grants and other assistance to foregor capitizations, foregor governments, and foregor markations, and key employees. 4 4 Exercitization of current officers, directors, trustees, and key employees. 5 6 Compensation of nucled above, to disqualified persons (as defined under section 4596(10) and persons descructed in section 4596(3(8)). 5 7 Other salates and wage. 5 8 Pensito physe benefits. 5 9 Other capitopes benefits. 5 9 Other capitopes benefits. 5 9 Other (file if g ancourt exceeds 10% of line 25, column (A) amount, list line 11g peopres on Schedulo D) 1 14 Information technology. 6 15 Occipancy. 5 16 Coopensets 6 17 Travel. 5 18 Pense of travel or emistriament expenses for any fielders. 6 19 Other capitales. 6 10 Other expenses. 1 11 Information technology. 6 12 Other expenses. 4, 403. 13 Payments of travel or emistrainment expenses for any filterias	1	Grants and other assistance to domestic organizations			The stand management of the	A REAL PROPERTY OF
2 Grants and other assistance to domestic individuals See Part IV, ine 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, innes 15 and 16. 4 Benefits pad to of or members. 5 Compensation of clurust of disc, directors, trustees, and key employees. 6 Compared in of individual above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1) and persons described in section 4958(f)(3)(8). 5 Other employee benefits. 9 Other employee benefits. 9 Other employee benefits. 9 Other, (If line 11g amount exceeds 10% of the 25, column (A) amount (Is line 11g agreeness on Schedule O). 24 Adventising and percendual 9 Other, (If line 11g amount exceeds 10% of the 25, column (A) amount (Is line 11g agreeness on Schedule O). 24 Adventising and percendual 9 Other, (If line 11g amount exceeds 10% of the 25, column (A) amount (Is line 11g agreeness). 14 information technology. 15 Royalities 10 Other septeness. 14 information technology. 15 Royalities 10 Confegerees, conventions, and meetings. 11 Person is advitued of the 25, column (It meets and promotion. 20 Interest of travel or embetalement expenses for any fineteral, tale, or local public officials. 15 Royalities 10 Confegerees, conventions, and meetings. 11 Person is advitue 0. 13 REPARTIS 10 Other expenses. 14 Interest is advitue 0. 15 Royalities 10 Confegerees, conventions, and meetings. 15 Royalities 10 Confegerees, conventions, and meetings. 16 Royalities 10 Confegerees, conventions, and meetings. 17 Travel. 18 REPARTS 10 Jong 00. 19 Reparts is advitue 0. 19 All other expenses. 20 Total expenses. 21 Total Introdoci Reparts. 22 Advitue texpenses. 23 Total Introdoci Reparts. Add lines 1 through 24e 177, 764.	*(a service inter	
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3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. 4 Benefits paid or for members 5 Compensation or an include above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4858(c)(3)(8) 6 Compensation on include above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4858(c)(3)(8) 7 Other sentises and wages 8 Pension plan accruats and contributions (include section 4016(a) and 30(b) employee contributions). 9 Other enployee benefits 10 Payrol taxes 9 Other enployee benefits 10 Payrol taxes 11 Fors for services (non-employees): 12 Management 14 Legal 14 Adverting and promotion 15 Other (in the 11g announce seceds 10% of line 25, column (A) amount, list line 11g accrust seceds 10% of line 25, column (A) amount, list line 11g accrust seceds 10% of line 25, column (A) amount, list line 11g accrust seceds 10% of line 25, column (A) amount, list line 11g accrust secrets 0. 16 Occuparcy: 17 Traval 18 Payments of travel or anteritainment expenses for any forderal, tatis, or ical public dincit		individuals See Part IV. line 22			and the second	- na sharan ka sa sa sa
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4 Benefits paid to of tor members 5 Compensation of current officers, trustess, and key employees. 6 Compensation not included above, to disqualified persons (est defined under section 4958(c)(3)(8) 7 Other salantes and wages 8 Ensoine plane accurate and contributions (include section 4010) and 40300 pmploye contributions. 9 Other employee benefits 10 Payrol taxes 11 Feats for services (non-employees). a Management b Legal. COO C Accounting COO d Lobbying COO 9 Other office spenses 9 Other office spenses 10 Payrents (If and 1) amount exceeds 10% of fine 25, column (A) amount, list Ine 112 geneses on Schedule C). 14 Advertising and promotion 15 Rotypaties 16 Cocupany. 17 Taxel 18 Payrents of travel or emotrationent expenses for any fideral, state, or local public officials 10 Cocupany. 17 Taxel 18 Payrents to affidias. 20 Deprecision, depletion, and mortization<		lines 15 and 16				Element and
and key employees	4					
and key employees	5	Compensation of current officers, directors, trustees,				
6 Compensation not included above: to disqualified persons (as defined under section 4963(f(1)) and persons described in the sec						
(as defined under section 4958(r)(1)) and persons described in section 4958(r)(3)(8)	6					
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7 Other salates and wages 8 Pension plan accruits and continutions (include section 401(k) and 405(k) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management		The second				
9 Pension plan accruats and contributions (include section 401(k) and 403(b) employer contributions) 0 Other employee benefits 10 Payrolit taxes 11 Feas for services (non-employees): admangement Lebapin b Legal COPPY c Accounting COPPY d Lobbying Perfectional fundraising services. See Part IV, line 17. f Investment management fees Portersional fundraising services. See Part IV, line 17. f Investment management fees Portersional fundraising services. See Part IV, line 17. f Investment management fees Portersional fundraising services. See Part IV, line 17. f Intromation technology Portersional fundraising services. See Part IV, line 17. f Information technology. Portersional fundraising services. See Part IV, line 17. f Information technology. Payronition technology. f Royatiles Payronition technology. f Royatiles Payronition technology. f Interest Payronition affliates payrents of travel or entertainment expenses for any federal state, or local public officials Payronition affliates payrents of software expenses. Itemize expenses and covered above (List miscellaneous expenses and covered above (List miscellaneous ex	7	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
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13 Office expenses 4,403. 14 Information technology		(A) amount, list line 11g expenses on Schedule O.)				
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18 Payments of travel or entertainment expenses for any federal, state, or local public officials		Occupancy			4	
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20 Interest						
21 Payments to affiliates		Conferences, conventions, and meetings				
22 Depreciation, depletion, and amortization 23 insurance 24 Other expenses intervice expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a REPAIRS b EXPENSES ON PART III c		-			4	
23 Insurance		-				
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expenses on Schedule O.) 3,361. a REPAIRS 3,361. b EXPENSES ON PART III 10,000. c			and the second			The second second
a REPAIRS 3,361.						The Statements of State
b EXPENSES ON PART III 10,000. c						
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e All other expenses						
25 Total functional expenses. Add lines 1 through 24e 17,764.						
			10 001			+
49 Joint costs Complete this line only if the organization	-		17,764.		4	+
	26	Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combined		The second				
educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)						

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Form 990 (2018) FRIENDS OF BLUE SPRING STATE PARK INC P

57-1199346 Page 11

art X	Balance	Sheet
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- 13	Check if Schedule O contains a response or note to any line in this Part X	(A)	1	(B)
		Beginning of year		End of year
1	Cash — non-interest-bearing.	5,640.	1	9,350
2	Savings and temporary cash investments	5,010.	2	5,555
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors, trustees, key employees,		-	Constant A
9			5	and the state of the
	and highest compensated employees. Complete Part II of Schedule L		3	
6	Loans and other receivables from other disqualified persons (as defined under	and the second		
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		ļ.,	a second and the second of the
	employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions).			
	Complete Part II of Schedule L		6	
7	Notes and loans receivable, net		7	
8		- Manager	8	
9			9	
10	a Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D	and a second state of the second s	1.00	
	b Less: accumulated depreciation	An other D. And Ald Child Strategy Strategy Strategy	10c	A PART A REFLUE OF A PART AND A
11	Investments — publicly traded securities		11	
12	Investments — other securities. See Part IV, line 11	N FI	12	
13	Investments – program-related. See Part IV. line 11.		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11.		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	5,640.	16	9,350
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20			20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22		a longe setting the		
	highest compensated employees, and disqualified persons. Complete Part II of Schedule L.	an an a she far an	22	and the second se
23			23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25		and the second	The sea	
	not included on lines 17-24). Complete Part X of Schedule D.		25	and a state in constant of sector with the state of the sector of the se
26			26	
	Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27		1. 300	
	through 29, and lines 33 and 34.	1. A.		State Service
27	Unrestricted net assets	5,640.	27	9,35
28			28	
29	LICTOR A CONTRACTOR AND A	***	29	
1270	Organizations that do not follow SFAS 117 (ASC 958), check here	Stand Street Report	14.14	and the states
	lines 30 through 34.	and the second		
30			30	
31			31	
32	a presidente l'un statementationen aux remonstrations avantations avantation avantation autorité de la la la tel d'un avantation de la tel d'un av		32	
33		5,640.		9,35
00		5,640.	1	9,35

1175	90 (2018) FRIENDS OF BLUE SPRING STATE PARK INC		57-119	9346	Page 1
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				[]
1	Total revenue (must equal Part VIII, column (A), line 12)	1		21	,474
2	Total expenses (must equal Part IX, column (A), line 25)	2			,764
3	Revenue less expenses. Subtract line 2 from line 1	3			,710
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			,640
5	Net unrealized gains (losses) on investments	5			1010 M
6	Donated services and use of facilities	6			M
7	Investment expenses	7			
8	Prior period adjustments	8			100 March 1
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		Anna Anna Anna Anna Anna Anna Anna Anna		
	33, column (B))	10		9	,350
Part	XII Financial Statements and Reporting	1			,000
	Check if Schedule O contains a response or note to any line in this Part XII				
10-10-10-1		<u></u>		1	es No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		٢	INSTRUCTION	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C)			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a 2	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed or			Zd 4	n.
	basis, consolidated basis, or both:	ni a sepa	ale	. I.	
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	Π		2b	x
	If "Yes," check a box below to indicate whether the financial statements for the year were autited or a separate		neolidatad	20	
	basis, or both:		isolidated		
	Separate basis Consolidated basis Both consolidated and separate basis		ł		4
0	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
~	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		1	2c	NAL DEAL
	If the organization changed either its oversight process or selection process during the tax year, explain in			20	1000
	Schedule Q.		ŀ		Sme See 20
3 =	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			ACCESSION OF ACT	Sales Press
	the Single Audit Act and OMB Circular A-133?			2.	15
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	** * * *	6 1 3 X 3 K	3a	<u> </u>
				~	
UYA	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	1.000	<u></u>	36	00,000

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Form 990 (2018)

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Name of the organization	Complet	e to provide in rm 990 or 990-I ►/	formation for resp EZ or to provide ar Attach to Form 990	to Form 990 or some stores to specific question additional information or 990-EZ.	ons on I.	OMB No. 1545-0047 2018 Open to Public Inspection
FRIENDS OF BLUI	E SPRING	STATE PA	RK INC		Employer ident	ification number 346
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		(1999) <u>- 2000 - 2000 - 2000</u>				
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Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization	Page 2 Employer identification number
FRIENDS OF BLUE SPRING STATE PARK INC	57-1199346
Part VI Line 19	07 2200010
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SCHEDULE A	Pi	ublic Char	ity Status and	Puhl	lic Su	nnort	OMB No. 1545-0047		
(Form 990 or 990-EZ)	i divito offariti offatio and i divito odpoort								
	Complete il ule olga	Atta	Open to Public						
Department of the Treasury Internal Revenue Service	reasury Oper								
Name of the organization	·					Employer identification	Inspection		
FRIENDS OF B	LUE SPRING	S STATE PA	ARK INC			57-119934	6		
			l organizations mus				ons.		
The organization is no	DE UN SOM DEPENDENCI-COMPAGNEMENT		District View Sector Archivers (California La Conferencia La Confe	Contraction of the second s	CONSTRUCTION AND AND	NEW ACCOUNT OF THE ACTION OF THE ACTION			
			ion of churches descr). (Attach Schedule E						
			ganization described			31. XX			
	-		onjunction with a hos		- AC		A)(iii). Enter the		
hospital's na	me, city, and stat	e:							
	ion operated for t (b)(1)(A)(iv). (Co		ollege or university o	wned or o	operated I	by a governmental	unit described in		
			nmental unit describe						
			tantial part of its supp	ort from	a governi	mental unit or from	the general public		
	section 170(b)(1		(1)(A)(vi). (Complet	o Dort II V					
			d in section 170(b)(1			n conjunction with a	a land-grant college		
			riculture (see instructi						
university:									
receipts from support from	activities related gross investmen	to its exempt fu t income and un	pre than 33 1/3% of its inctions-subject to ce related business taxa 75. See section 509	rtain exce ble incor	eptions, a ne (less s	nd (2) no more tha ection 511 tax) fror	ship fees, and gross n 33 1/3% of its n businesses		
11 🔲 An organizati			sively to test for publi						
							y out the purposes of		
							tion 509(a)(3). Check		
			s the type of supportin supervised, or contro						
			egularly appoint or ele	1.52	10.00				
	17. NO.	2	Sections A and B.						
			d or controlled in con						
	55 C		anization vested in th	ie same p	persons th	hat control or mana	ge the supported		
	S. N	570 S	, Sections A and C. ng organization opera			with and found	()		
Contraction and Contraction			s).You must comple			15	ny integrateo with,		
			porting organization				rted organization(s)		
that is not f	unctionally integra	ated. The organi	zation generally must	t satisfy a	a distribut	ion requirement an			
	5	6	mplete Part IV, Sect						
			written determination				i II, Type III		
	per of supported of		onally integrated supp	orting or	ganizatio	n.			
			ported organization(s)				· · · · <u>[]</u>		
(i) Name of supporte		(ii) EIN	(III) Type of organization (described on lines 1-10 above (see instructions))	(iv) is the o listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				Yes	No				
				Tes	NO				
(A)									
(B)									
(C)									
(D)					8				
(E)		advisitor inter	none-estatutora ana hitetilati				6		
Total			5						

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Schedule A (Form 990 or 990-EZ) 2018 FRIENDS OF BLUE SPRING STATE PARK INC 57-1199346 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 gualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (d) 2017 (f) Total (c) 2016 (e) 2018 Gifts, grants, contributions, and 1 membership fees received. (Do not include any "unusual grants."). 17,215. 6,647. 18,990. 17,154. 21,474. 81,480. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 17,215. 6,647. 18,990. 17,154. 21.474. 81,480. 4 The portion of total contributions by 5 each person (other than а governmental unit or publicly 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. 81,480. 6 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 17,215. 6,647. 18,990. 17,154. 21,474. 81,480. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 81,480. 12 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) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f) 14 14 100.00% 15 100.00% 16a 33 1/3 % support test-2018. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization X 33 1/3 % support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, b check this box and stop here. The organization qualifies as a publicly supported organization 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-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization gualifies as a publicly supported organization 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 supported organization 00000 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2018 FRIENDS OF BLUE SPRING STATE PARK INC Part III Support Schedule for Organizations Described in Section 509(a)(2)

57-1199346 Page 3

	(Complete only if you checked the				nization faile		nder Part II.
	If the organization fails to qualify	under the te	ests listed bel	ow, please co	omplete Part	11.)	
	ion A. Public Support					A) (104) %	<u></u>
Caler	ndar 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						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise		1				4
	sold or services performed, or facilities furnished in any activity that is related to the						3
	organization's tax-exempt purpose				3		
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513			a (22		
4	Tax revenues levied for the	-					
	organization's benefit and either paid		3				
	to or expended on its behalf						
5	The value of services or facilities			to the second determine	a ni tananan ar		
	furnished by a governmental unit to the	8				р – а	
	organization without charge						
6	Total. Add lines 1 through 5						
7a				- 10-			
, a	received from disqualified persons						
b	Amounts included on lines 2 and 3				P	-	
2	received from other than disqualified						ł
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
•	line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	(a) 2014	(0/2013	(0)2010	(u) 2017	(e) 2010	(1) 10(a)
	Gross income from interest, dividends,						0
iva	payments received on securities loans, rents,						
	royalties, and income from similar sources			j			
b	Unrelated business taxable income (less						<u> </u>
U	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	16 M 2 5/2		· · ·			
C 44	Net income from unrelated business						
11							
	activities not included in line 10b, whether						
12	or not the business is regularly carried on Other income. Do not include gain or						
14		1					
	loss from the sale of capital assets						
12	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11,						
13							
14	and 12.)		a first sec	third fourth	a fifth tourse		501(a)(2)
14	First five years. If the Form 990 is for the						
0	organization, check this box and stop her		anja na pa pi				
	on C. Computation of Public Suppo			1. 10	1811		
15	Public support percentage for 2018 (li						%
16 Secti	Public support percentage from 2017			15		16	%
- The subscription of the	on D. Computation of Investment Inc				1	1	
17	Investment income percentage for 2018		1 100 COLOND (1000 1000 1000 1000 1000 1000 1000 10	R ARRON AR DEAR ARCORD	104 IO IS SIDE 20 YA P		%
18	Investment income percentage from 201						%
19a	33 1/3 % support test-2018. If the organ						
	line 17 is not more than 331/3%, check this	· · · · · · · · · · · · · · · · · · ·					
b	33 1/3 % support test-2017. If the organiz						
	line 18 is not more than 331/3%, check this	In the second	Carto son e desentente consenta a como consente 🗮 Ascante	and the second			
20	Private foundation. If the organization di	a not check a	box on line 14	, 19a, or 19b, (cneck this box	and see instru	ctions

Schedule A (Form 990 or 990-EZ) 2018 FRIENDS OF BLUE SPRING STATE PARK INC 57-1199346 Page 4 Part IV Supporting Organizations

	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, co Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	mple	ete	A
Secti	on A. All Supporting Organizations			27
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing	<u> </u>		
	documents? If "No," describe in Part VI 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 Part VI 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	6 NO 812		en teste ette
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the		6 8	
	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 Part VI 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 12a or 12b 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 Part VI how the organization had such control and discretion	8		
	despite being controlled or supervised by or in connection with its supported organizations.	4 b	5	
С	Did the organization support any foreign supported organization that does not have an IRS determination	(1		
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI 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 Part VI, including (i) the names and EIN			8 8
	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	- 20		
	designated in the organization's organizing document?	5b		<u> </u>
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			8
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also		5	
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	~		
7	Part VI.	6		<u> </u>
1	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	6		
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	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 or 990-EZ).	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 Part VI.	9a		
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.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
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 integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a	8 5	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	na (10 - 1997)		
	determine whether the organization had excess business holdings.)	10b		

Schedule A (Form 990 or 990-EZ) 2018 FRIENDS OF BLUE SPRING STATE PARK INC Part IV Supporting Organizations (continued)

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ran	Supporting Organizations (continued)			
2012			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	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?	44.0		
÷	A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ion B. Type I Supporting Organizations	110	L	
			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	ion 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 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	ion D. All Type III Supporting Organizations			
			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		
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 Part VI 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 Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations	,,	<u> </u>	,
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in 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. The organization supported a governmental entity. Describe in Part VI how you supported a government entity			
2	Activities Test. Answer (a) and (b) below.	[Yes	No
a	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 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		
Þ	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.		0	

2b

3a

3b

3

а

b

activities but for the organization's involvement.

Parent of Supported Organizations. Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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 VI** the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2018 FRIENDS OF BLUE SPRING STATE PARK INC Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

and the second sec	
1 🗌	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI).
	See instructions. All other Type III non-functionally integrated supporting organizations must complete 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		
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		
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	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-functionally integrated Type III supporting organization (see instructions).

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Schedule A (Form 990 or 990-EZ) 2018 FRIENDS OF BLUE SPRING STATE PARK INC 57-1199346 Page 7

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizations (continued)		
Secti	ion D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported 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.	52 m			
8	Distributions to attentive supported organizations to whic (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				
S	ection 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 instr.				
3	Excess distributions carryover, if any, to 2018				
а	From 2013				
b	From 2014				
C	From 2015				
d	From 2016				
е	From 2017				
<u>f</u>	Total of lines 3a through e		AL REPORTS		
	Applied to underdistributions of prior years				
	Applied to 2018 distributable amount				
<u> i </u>	Carryover from 2013 not applied (see instructions)			<u></u>	
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			<u> </u>	
4	Distributions for 2018 from Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2018 distributable amount		9247—122		
C	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.				
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 4c.				
8	Breakdown of line 7:				
а	Excess from 2014				
b	Excess from 2015				
C	Excess from 2016				
d	Excess from 2017			-	
е	Excess from 2018				

Schedule A (F 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.)
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Schedu	le A (Form 990 or 990-EZ) 2018 FRIENDS O	F BLUE S	PRING ST	ATE PARK	INC	57-119	9346 Page 2
Part		ations Desc	ribed in Sect	tions 170(b)(1)(A)(iv) and		
	(Complete only if you checked th	ne box on line	5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	alify under
	Part III. If the organization fails to	o qualify unde	er the tests li	sted below, p	lease comple	ete Part III.)	
Secti	on A. Public Support						
	idar 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 received. (Do not		1	1			
	include any "unusual grants.").	17,215.	6.647.	18,990.	17.154.	21.474.	81,480.
2	Tax revenues levied for the				The first sector and the sector sector		
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities				ander of the property of the second		
125	furnished by a governmental unit to the		2				
	organization without charge						
4	Total. Add lines 1 through 3	17,215.	6,647.	18,990.	17,154.	21,474.	81,480.
			0,047.	10,000.			01/100.
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly	2					
	governmental unit or publicly supported organization) included on				8	5	
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
c	Public support. Subtract line 5 from line 4.						81,480.
6 Socti	on B. Total Support					Į	01,400.
	dar year (or fiscal year beginning in)	(a) 2014	(6) 2015	(0) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	(a) 2014 17, 215.	(b) 2015 6, 647.	(c) 2016 18,990.	17,154.	21,474.	81,480.
114	constant and allowed the second second second second	17,215.	0,047.	10,990.	17,134.	21,4/4.	01,400.
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar						
	sources				8-14-		
9	Net income from unrelated business						
	activities, whether or not the business			6			
	is regularly carried on						<u> </u>
10	Other income. Do not include gain or			1			
	loss from the sale of capital assets					8	
	(Explain in Part VI.)				_ 1 _ 112 _ 21		
11	Total support. Add lines 7 through 10						81,480.
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the						
-	organization, check this box and stop her			· ·	11.1 10 A 100 A 10		🕨 📘
-	on C. Computation of Public Suppo	rt Percentag	e	44			100 00%
14	Public support percentage for 2018 (line 6	5, column (f) d	ivided by line	11, column (f))		14	100.00%
15	Public support percentage from 2017 Sch	nedule A, Part	II, line 14			15	100.00%
16a	33 1/3 % support test-2018. If the organi						
27	box and stop here. The organization qua						
b	33 1/3 % support test-2017. If the organ						
_	check this box and stop here. The organi						
17a	10%-facts-and-circumstances test-201						
	10% or more, and if the organization me						
	Part VI how the organization meets the "fa						
	organization						
b	10%-facts-and-circumstances test-201						
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization m				and the Alexandron contraction		17 18 SAU
	supported organization.						
18	Private foundation. If the organization d	id not check a	box on line 13	, 16a, 16b, 17	a, or 17b, cheo	ck this box and	see
	instructions		a i an a a a a a a				🕨 💷

Schedule A (Form 990 or 990-EZ) 2018 FRIENDS OF BLUE SPRING STATE PARK INC 57-1199346 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Gifts, grants, contributions, and membership fees 1 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 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities 5 furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 6 7a Amounts included on lines 1, 2, and 3 received from disgualified persons b Amounts included on lines 2 and 3 received from other than disgualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.).... Section B. Total Support Calendar year (or fiscal year beginning in) > (d) 2017 (f) Total (a) 2014 (b) 2015 (c) 2016 (e) 2018 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 c Add lines 10a and 10b Net income from unrelated business 11 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 Total support. (Add lines 9, 10c, 11, 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) 14 organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15 % 16 Public support percentage from 2017 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 17 % % 18 Investment income percentage from 2017 Schedule A, Part III, line 17 18 33 1/3 % support test-2018. If the organization did not check the box on line 14, and line 15 is more than 33^{1/3} %, and line 19a line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3 % support test-2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization 🕨 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20

Schedule A (F Part VI	orm 990 or 990-EZ) 2018FRIENDS OF BLUE SPRING STATE PARK INC57-1199346PageSupplemental 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.)
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Part VISupplemental Information. Provide the explanations required by Part II, line 10; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, a lines 2, 5, and 6. Also complete this part for any additional information. (See instru	, 11b, and 11c; Part IV, Section B, Section E, lines 1c, 2a, 2b, and 8; and Part V, Section E,
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Schedule A (Fo Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	Part IV, Section B, 1c, 2a, 2b,
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Schedule A (F	orm 990 or 990-EZ) 2018 FRIENDS OF BLUE SPRING STATE PARK INC 57-1199346 Page 8
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.)
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