

# Florida Department of Environmental Protection

# CITIZEN SUPPORT ORGANIZATION 2018 REPORT

(pursuant to Florida Statute 20.058)

Citizen Support Organization (CSO) Name: FRIENDS OF DUNNS CREEK STATE PARK CSO, INC.

Mailing Address: P.O. Box 147, Pomona Park, FL 32181

Telephone Number: (386) 329-3721 Website Address (if applicable):

https://friendsofdunnscreekstatepark.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.

# **Brief Description of the CSO's Mission:**

The Friends of Dunns Creek State Park CSO, Inc. is a not-for-profit corporation functioning as a citizen support organization for the benefit of Dunns Creek State Park. Its primary functions are to generate additional resources and support in the best interest of the park through events and activities including maintaining memberships, conducting community outreach, special work projects, educational activities, interpretive programs, and fund raising activities including requesting and receiving grants or gifts contributions.

# **Brief Description of the CSO's Results Obtained:**

In 2017 the CSO raised \$3,943.08 in special events; memberships and kayak training and budgeted 30% of its funds for the immediate, direct use of the park. Monthly work days were conducted; many have participated in the CSO's kayak training; the CSO hosted several groups including the United Church of Christ 5K walk/run and the South Eastern Distance Riders Association Spring Gallop equestrian activities. Membership has remained at 70 memberships. The CSO was recognized by the FPS for 2017 Special Event Award for natural Resources Education and the president was awarded the Outstanding Adult Volunteer of the Year for Visitor Services.

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

The park is opened for daily use so fund raising for major projects such as pavilions, trails, and camping facilities will be researched. The CSO has held the first Annual Putnam County Earth Day Celebration and will continue to build community awareness by hosting this county-wide nature-based event. Other group events such as paddling trips, equestrian rides, mountain bike rides and birding hikes will continue to be supported. The CSO will continue its monthly Board of Director Meetings and quarterly Membership Days in the park.

- **□ Copy of the CSO's Code of Ethics attached** (Model provided; see CSO 2014 instructions)
- ☑ Certify the CSO has completed and provided to the Department the organization's most recent Internal Revenue Service (IRS) Form 990 or 990-EZ.

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

# **PREAMBLE**

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

# **STANDARDS**

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

## 1. Prohibition of Solicitation or Acceptance of Gifts

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

## 2. Prohibition of Accepting Compensation Given to Influence a Vote

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

# 3. Salary and Expenses

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

### 4. Prohibition of Misuse of Position

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

## 5. Prohibition of Misuse of Privileged Information

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

# 6. Post-Office/Employment Restrictions

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

# 7. Prohibition of Employees Holding Office

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

## 8. Requirements to Abstain From Voting

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

# 9. Failure to Observe CSO Code of Ethics

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

# Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

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

2017

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

AF	or the	2017 calend	ar year, or tax year beginning	January 1	, <b>2017</b> , a	and ending	Dec	ember	31 , 20	17			
B	Check if ap	plicable:	C Name of organization		Constant Library		D Emplo	oyer ide	entification numbe	er			
	Address ch	hange	Friends of Dunns Creek State Park, Inc.					81	1-0605774				
	Name char		Number and street (or P.O. box, if mail is not de	is not delivered to street address)  Room/suite  E Telephone numb									
	Initial retur	n n/terminated	PO Box 147					380	6 329 3721				
	Amended :	900000000000000000000000000000000000000	City or town, state or province, country, and ZIF	P or foreign postal code			F Grou	p Exer	nption				
	Application		Pomona Park, FL 32181				Num	ber >	F.				
G /	Account	ing Method:	✓ Cash	) ▶		Н	Check >	▶ ☐ if	the organization	is <b>not</b>			
	Vebsite		lsofdunnscreek <del>statepark</del> .org						ach Schedule B				
JT	ax-exem	npt status (che	eck only one) - 🗸 501(c)(3) 🗌 501(c) (	) ◀ (insert no.) ☐ 4947	'(a)(1) or	☐527	(Form 99	90, 990	)-EZ, or 990-PF).				
		organization:			Other								
			7b to line 9 to determine gross receipts. If										
(Pa	rt II, colu	umn (B) belov	w) are \$500,000 or more, file Form 990 inst	ead of Form 990-EZ	0 (*)			▶ \$					
P	art I	Revenu	e, Expenses, and Changes in Ne	t Assets or Fund B	alance	es (see the	e instruc	tions	for Part I)				
		Check if	the organization used Schedule O t	o respond to any que	estion i	n this Part	1			. 🗆			
	1	Contribution	ons, gifts, grants, and similar amounts	received				1		90			
	2	Program s	ervice revenue including government f	fees and contracts .			[	2	*******************	2,329			
	3	Membersh	nip dues and assessments				[	3	1	770			
	4	Investmen	tincome					4		0			
	5a	Gross amo	ount from sale of assets other than inve	entory	5a		0						
	b		or other basis and sales expenses .	7/	5b	/ 10 h 10	0						
	C		ss) from sale of assets other than inve		from li	ne 5a)		5c					
	6	Gaming ar	nd fundraising events	22. 8		1.45			***************************************				
	a	Gross inc	ross income from gaming (attach Schedule G if greater than										
ne		\$15,000)			6a		0						
Revenue	b	Gross inco	ome from fundraising events (not include	ding \$	of	contributio	ns						
Re		from funda	raising events reported on line 1) (atta	ach Schedule G if the									
		sum of suc	ch gross income and contributions exc	ceeds \$15,000)	6b		0						
	C	Less: direc	ct expenses from gaming and fundrais	ing events	6c		0						
	d	Net incom	ne or (loss) from gaming and fundrais	ing events (add lines	6a and	6b and s	ubtract						
		line 6c)						6d		0			
	7a	Gross sale	es of inventory, less returns and allowa	ınces	7a		754						
	b	Less: cost	of goods sold		7b		830						
	C	Gross pro	fit or (loss) from sales of inventory (Sub	otract line 7b from line	7a) .			7c	1.38-31.00	-77			
	8	Other reve	enue (describe in Schedule O)					8		C			
	9	Total reve	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, a	nd 8			🕨	9		3,112			
	10	Grants and	d similar amounts paid (list in Schedule	e O)				10		0			
	11	Benefits p	aid to or for members					11		0			
es	12	Salaries, o	ther compensation, and employee be	nefits				12		0			
Sus	13	Profession	nal fees and other payments to indepe	ndent contractors .				13		0			
Expense	14	Occupano	y, rent, utilities, and maintenance .					14		0			
ய	15		ublications, postage, and shipping .					15		277			
	16	Other exp	enses (describe in Schedule O)					16		2,296			
	17	Total exp	enses. Add lines 10 through 16				▶	17		2,573			
S	18	Excess or	(deficit) for the year (Subtract line 17 f	from line 9)				18		539			
set	19		s or fund balances at beginning of ye										
AS		end-of-yea	ar figure reported on prior year's returr	n)				19		18,421			
Net Assets	20		nges in net assets or fund balances (ex					20		(			
_	21	Net assets	s or fund balances at end of year. Com	nbine lines 18 through	20 .		▶	21		18,960			

Pa	Balance Sheets (see the instructions t					
	Check if the organization used Schedule	O to respond to a	ny question in this			🗆
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			12,452	22	12,271
23	Land and buildings			3,713	23	3,713
24	Other assets (describe in Schedule O)			2,976		2,976
25	Total assets				25	18,960
26	Total liabilities (describe in Schedule O)			0	26	0
27	Net assets or fund balances (line 27 of column			S	27	18,960
Par	Statement of Program Service Accom Check if the organization used Schedule					Expenses
Mha	is the organization's primary exempt purpose?	O to respond to a	ny question in this	Part III	(Red	quired for section
					501	(c)(3) and 501(c)(4)
as m	ribe the organization's program service accompli- neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the ach program title.	e services provide	d, the number of		anizations; optional for ers.)
28	Putnam Counth Earth Day brought 239 people to the					
	organizations. Attendees also enjoyed bird watching					
	ranger-led eco tours, gorpher tortoise tours, native p					
00	(Grants \$ 1,834) If this amount				288	1,030
29	Kayaking 101 and Dunns Creek Kayak Tours provide					
	natural resources to 5 people. Events were led by an	American Canoe As	sociation certified i	nstructor.		
	(Grants \$ 122) If this amount	in all also favoises and				
30		includes foreign gra			<b>29</b> a	0
50	Outreach. FODCSP was represented by one of its bo					
	e.g., Azalea Days and Halloween festivities at Ravine festival, Bartram Frolic, etc. The CSO was promoted					
		includes foreign gra			30a	0.57
31	Other program services (describe in Schedule O)	· · · · · ·			302	257
	(Grants \$ 495) If this amount			▶ □	31a	199
32	Total program service expenses (add lines 28a	through 31a)			32	
	List of Officers, Directors, Trustees, and Key					
	Check if the organization used Schedule					
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-		1	Estimated amount of other compensation
Ken	Mahaffey					
Pres		2				
Sam						
	President	2				
	Aitchell					
	etary/Treasurer	4		·	_	
	Gooding					
Direc	Bradshaw	1		<del> </del>	+	**************************************
Direc		1				
	le Martin			<del> </del>		
Direc		1				
-	yl Heckman				+	XX 1 - 1 - 2 - 1 - 2 - 1 - 2 - 1 - 2 - 2 -
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	y Hodge				+	
Direc		1				
						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		-				

'Part				ago -
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
	detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		./
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		1
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		1
	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶	<b>L</b>	action and a second	
42a		342 23	4 577	2
	Located at ► 335 Paradise Circle, Satsuma, FL ZIP + 4 ►	32	189	
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	42b	Yes	No ✓
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country: ▶	42c		1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year			<b>▶</b> □
44-			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
d	Did the organization receive any payments for indoor tanning services during the year?	44c		1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a	ļ	✓
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	Tod		
(60) 40,000 (0,000) 40,000	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45h		1

Page	- 4
1 aye	

40	Did the executation and " " "	alianatha in a tri		h - h - 10 - c			Yes	No
46	Did the organization engage, directly or in to candidates for public office? If "Yes," of	iairectiy, in political c complete Schedule C	ampaign activities on . Part I	penalt of c	or in opposi	tion 46		,
Part			, , , , , , , , , , , , , , , , , , , ,		•	. 46		
	All section 501(c)(3) organization		stions 47–49b and	52, and co	omplete th	e tables	for lin	es
	50 and 51.			,		0 100.00		
	Check if the organization used Sc	hedule O to respond	to any question in t	his Part VI				
	24					200000000000000000000000000000000000000	Yes	No
47	Did the organization engage in lobbying				during the	tax		
	year? If "Yes," complete Schedule C, Par					. 47		1
48	Is the organization a school as described in							1
49a	Did the organization make any transfers t						-	1
b b	If "Yes," was the related organization a se Complete this table for the organization's					. 49b		1.1
50	employees) who each received more than							
	employees) who each received more than		T		h benefits,	e, enter i	vone.	
	(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contributions	s to employee			
		devoted to position	(Forms W-2/1099-MISC)		, and deferred ensation	other co	mpensa	ition
None								
				-				
f	Total number of other employees paid ov	er \$100.000	. >			L		
51	Complete this table for the organization			contractor	s who eacl	h received	d mor	e than
	\$100,000 of compensation from the orga	anization. If there is n	one, enter "None."					
	(a) Name and business address of each independ	dent contractor	(b) Type of serv	<i>i</i> ice	(0	) Compensa	tion	
		4(4			ļ			
None			-					
		CHEMICAL CONTRACTOR AND ADDRESS OF THE CONTRACTOR OF THE CONTRACTO			-			
				-X				
							1000 1000	000000000000000000000000000000000000000
			-					
	Total number of other independent contra	•		-				
52	Did the organization complete Scheducompleted Schedule A	ule A? Note: All se	ection 501(c)(3) orga	inizations i	must attac	n a .▶∏ Ye	<u>.</u> П	No
Under r	penalties of perjury, I declare that I have examined this	return including accompa	wing schedules and statem	ents and to th	e heet of my k			
true, co	rrect, and complete. Declaration of preparer (other than	n officer) is based on all inf	ormation of which preparer	has any knowl	edge.	nowledge ar	iu bellei	, 11 15
***************************************	Your Mil	Bell			5.	17.1	8	
Sign	Signature of officer	100		Da	ate	7		
Here	Linda Joy Mitchell, Secretary/Trea	surer						
	Type or print name and title							
Paid	Print/Type preparer's name	Preparer's signature	Da	ate	Check			
Prep					self-emple	oyed		
Use	Only Firm's name Firm's address F				m's EIN ▶			
May t	he IRS discuss this return with the prepare	r shown above? See	instructions	] Ph	ione no.	▶ ☐ Ye	e $\sqcap$	No
						€	<u>~ LJ</u>	.40

# SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Friends of Dunns Creek State Park, Inc.

Employer identification number 810605774

Pai	11	Reason for Public Char	ity Status (All	organizations must	complet	e this na	art ) See instruction	ne
and the same of the last		inization is not a private foundate	tion because it is	s: (For lines 1 through	12 chec	k only on	e hoy	113,
1								
2	☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3		A hospital or a cooperative hos						
A								
4	لبا	A medical research organization hospital's name, city, and state		injunction with a nosp	itai desc	ribea in s	ection 1/0(b)(1)(A)(	III). Enter the
5		An organization operated for t section 170(b)(1)(A)(iv). (Comp	he benefit of a	college or university	owned o	r operate	d by a governmenta	al unit described in
6		A federal, state, or local govern		mental unit described	in section	n 170(b)	(1)(A)(v).	
7		An organization that normally described in section 170(b)(1)	receives a subst	tantial part of its supp	oort from	a govern	nmental unit or from	the general public
8		A community trust described in	section 170(b)	(1)(A)(vi). (Complete F	Part II.)			
9		An agricultural research organi	zation described	in section 170(b)(1)	A)(ix) op	erated in	conjunction with a la	and-grant college
		or university or a non-land-graiuniversity:	nt college of agri	iculture (see instructio	ns). Ente	r the nam	ne, city, and state of	the college or
10	Ш	An organization that normally receipts from activities related	eceives: (1) more	e than 331/3% of its su	ipport fro	m contrib	outions, membership	fees, and gross
		support from gross investment	income and unr	related business taxal	ole incom	e fless se	ection 511 tax) from	businesses
		acquired by the organization at	fter June 30, 197	75. See <b>section 509(</b> a	)(2). (Cor	nplete Pa	ert III.)	
11		An organization organized and						
12	4	An organization organized and	operated exclus	ively for the benefit of	, to perfo	orm the fu	inctions of, or to car	ry out the purposes
		of one or more publicly support	rted organization	ns described in secti	on 509(a	)(1) or se	ection 509(a)(2). See	e section 509(a)(3).
		Check the box in lines 12a thro	ugh 12d that des	scribes the type of sup	porting o	rganizatio	on and complete line	s 12e, 12f, and 12g.
a	i	☐ Type I. A supporting organ	ization operated	, supervised, or contr	olled by i	ts suppoi	rted organization(s),	typically by giving
		the supported organization	(s) the power to	regularly appoint or e	lect a ma	jority of t	he directors or trust	ees of the
		supporting organization. You	ou must comple	ete Part IV, Sections	A and B.			
t	)	☐ Type II. A supporting organ	nization supervis	ed or controlled in co	nnection	with its s	upported organization	on(s), by having
		control or management of	the supporting o	rganization vested in	the same	persons	that control or mana	age the supported
		organization(s). You must	complete Part I	V, Sections A and C.		324		- O
C	:	☑ Type III functionally integ	rated. A support	ting organization oper	ated in c	onnection	n with, and functiona	ally integrated with.
		its supported organization(	s) (see instructio	ns). You must comp	lete Part	IV, Secti	ons A, D, and E.	, ,
C	i	☐ Type III non-functionally i	ntegrated. A su	pporting organization	operated	d in conne	ection with its suppo	orted organization(s)
		that is not functionally integ	grated. The orga	nization generally mus	st satisfy	a distribu	ition requirement an	d an attentiveness
		requirement (see instruction						
6	•	Check this box if the organ	ization received	a written determination	on from the	ne IRS tha	at it is a Type I, Type	e II, Type III
f	r	functionally integrated, or T			oporting (	organizati	ion.	
		Enter the number of supported or Provide the following information						
	(1)	Name of supported organization	(II) EIN	(described on lines 1–10	(iv) Is the o	organization or governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
	Flori	da Park Service, specifically			100	1.0		
A) [	Dun	ns Creek State Park		state government	1		161.44	
				otato governinent			101.44	
B)								
C)		9						-
D)								
	•							
E)				/ Obstan				
Cote	. 0							

Part							
	(Complete only if you checked the	ne box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	alify under
<u> </u>	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support				,		T
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Secti	on B. Total Support				1	h.,	I
Caler	idar year (or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
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 is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc First five years. If the Form 990 is for the organization, check this box and step had	ne organization	n's first, secon	d, third, fourth	n, or fifth tax y	12 ear as a section	on 501(c)(3)
Secti	organization, check this box and stop he on C. Computation of Public Suppor	t Percentan		· · · · ·	<u> </u>		
14	Public support percentage for 2017 (line 6			11. column (fl)		14	%
15	Public support percentage from 2016 Sch	nedule A, Part	II, line 14 .			15	%
16a	331/3% support test—2017. If the organi box and stop here. The organization qua	zation did not lifies as a pub	check the bo	x on line 13, ar l organization	nd line 14 is 33	3 <sup>1</sup> / <sub>3</sub> % or more,	check this
b	331/3% support test—2016. If the organi this box and stop here. The organization	zation did not qualifies as a	check a box of publicly support	on line 13 or 16 orted organizat	Sa, and line 15 ion	is 33 <sup>1</sup> / <sub>3</sub> % or m	nore, check
17a	10%-facts-and-circumstances test—2010% or more, and if the organization means the "Part VI how the organization meets the "organization".	ets the "facts facts-and-circ	-and-circumst cumstances" te	ances" test, chest. The organi	neck this box a zation qualifies	and <b>stop here</b> s as a publicly	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization in supported organization	O16. If the org tion meets the neets the "fac	anization did r ne "facts-and- ts-and-circum	not check a bo circumstances stances" test.	ox on line 13, 1 " test, check The organizati	16a, 16b, or 17 this box and ion qualifies as	a, and line stop here. a publicly
18	<b>Private foundation.</b> If the organization di instructions	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see

Part	le A (Form 990 or 990-EZ) 2017  Support Schedule for Organiza	tions Dosor	ibad in Cast	ion 500(a)(0)			Page 3
	(Complete only if you checked th				nization failed	to qualify u	nder Part II
	If the organization fails to qualify						idei i ait ii.
Secti	on A. Public Support			, p.ou.ou	mproto r art	,	
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		(0)	(0) = 0 10	(4) 2010	(6) 2011	(i) rotal
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8 8	Add lines 7a and 7b	71					
Secti	on B. Total Support			A-1,	I THE TAX THE	Li	L
Calen	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6		2 333 300				
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						<u> </u>
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for th	e organization	n's first, secon	id, third, fourth	i, or fifth tax y	ear as a section	on 501(c)(3)
Coot	organization, check this box and stop her on C. Computation of Public Suppor	t Doroonton		<del></del>		<u> </u>	

	organization, check this box and stop here		• -
Secti	on C. Computation of Public Support Percentage		
15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	%
Secti	on D. Computation of Investment Income Percentage	·	
17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	%
19a	331/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 331/3%, check this box and stop here. The organization qualifies as a publicly support	re tha	n 33 <sup>1</sup> / <sub>3</sub> %, and line
b		s more	than 331/3%, and
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box at		
	Scher	lule A (	Form 990 or 990-EZ) 2017

#### 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 Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supp	orting Organizations
---------------------	----------------------

	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).			
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	2 3a		1
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		5
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		1
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	40		<b>✓</b>
b		5a 5b		<b>V</b>
C	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 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 support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		1
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		1
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		\ \
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		<b>V</b>
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 <b>Part VI.</b>	9c		1
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			
L	supporting organizations)? If "Yes," answer 10b below.	10a		✓
α	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10h		

10b

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		✓
	A family member of a person described in (a) above?	11b		✓
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		1
Secu	on B. Type I Supporting Organizations		34	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
25			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		W- 1.5	
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).			
Secti	on D. All Type III Supporting Organizations	1	l	
Occu	on b. All Type in 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		162	IVO
8	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	1	- Automi
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		1
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0	supported organizations played in this regard.	3	<u> </u>	1
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ction	s).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☑ The organization supported a governmental entity. Describe in Part VI how you supported a government entity	see in	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	1	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	0:		
3	Parent of Supported Organizations. Answer (a) and (b) below.	2b	1	
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? Provide details in <b>Part VI.</b>	3a		1
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
~	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		1

Schedule	A (Form	990 or	990-	F7)	2017

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organ	nizati	ons must complete Sec	tions 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	The state of the s	
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-functional instructions).	ly int	egrated Type III support	ing organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	S) Supporting Organi	zations (continued)	r age r
	ection D - Distributions			
1	Amounts paid to supported organizations to accomplish exempt purposes			
2				
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8				
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			***************************************
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
***************************************	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b				
С	Excess from 2015			
d				
e	Excess from 2017			

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.)
	15_
	<u> </u>