

accounting year. The form must be signed by two authorized officers, one of whom shall be the Chief Fiscal Officer.

1. Name of the organization: FRIENDS OF LONG HUNTER STATE PARK COID: _____
FEIN: 58-1999074 Accounting period end date: 06/30/2015 (mm/dd/yy)
Has the accounting period changed since your last registration? ☐ Yes ☒ No

2. Gross Revenue:

A. Direct and Indirect Contributions From the Public	\$ <u>343.78</u>
B. Public Special Events	\$ <u>172.00</u>
C. Membership Dues	\$ <u>970.33</u>
D. Government Grants	\$ <u>0.00</u>
E. Other Revenue	\$ <u>298.00</u>
F. Total Gross Revenue	\$ <u>1784.11</u>

3. Expenses:

A. Program Services	\$ <u>462.37</u>
B. Fund Raising	\$ <u>27.81</u>
C. Administrative	\$ <u>377.68</u>
D. Other	\$ <u>2085.15</u>
E. Total Expenses	\$ <u>2953.01</u>

4. Excess or deficit for the year (Subtract line 3E from 2F) \$ -1168.90
