

Florida Department of Environmental Protection CITIZEN SUPPORT ORGANIZATION 2022 LEGISLATIVE REPORT

(pursuant to Section 20.058 Florida Statutes)

Citizen Support Organization (CSO) Name:
Mailing Address:
Telephone Number:
Website Address (required if applicable):
Check to confirm your Code of Ethics is posted conspicuously on your website.
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.
YOUR MISSION AND LAST CALENDAR YEAR'S PROGRAM ACCOMPLISHMENTS: CSO's Mission: (Consistent with your Articles and Bylaws)
Describe Last Calendar Year's Results Obtained: Brag! (List or discuss the past calendar year's accomplishments and contributions. Cite specific support from last calendar year's Annual Program Plan.)
Describe the CSO's Plans for the Next Three Calendar Years:

CSO's LAST CALENDAR YEAR STATISTICS:

Total Number of CSO General Membership:

Total Number of Board of Directors:

Total Volunteer Hours for the Board of Directors (Hours from VSys - Work with your parks' volunteer manager):

PARK & CSO RELATIONSHIP:

Do <u>not</u> duplicate by describing accomplishments and contributions in the summary (<u>Brag</u> in the above Results Obtained). Below, describes the <u>relationship</u>.

Park Manager's Comments on the CSO & Park Relationship and Support:

Provide your perspective on

- Changing developments of the park provided by the CSO.
- Effectiveness of the organization in fulfilling their purpose to support the park(s).
- Effectiveness of the Board of Directors in completing their Annual Program Plan.
- The relationship between the park and CSO. What went well? Are there areas of improvement?

CSO President's Comments on the CSO & Park Relationship and Support:

Provide your perspective on the relationship between the park and CSO. What went well? Are there areas of improvement?

SUMMARIZE FINANCIAL ACTIVITY FOR LAST CALENDAR YEAR, DIRECT PARK(S) SUPPORT & REVENUES:

Program Service Expenses are costs related to providing your organization's programs or services in accordance with your mission. Describe and provide <u>expenses that directly support the park(s)</u>. For established nonprofit organizations, program service expenses generally represent most of the overall expense of the organization. Provide description and total \$ for each that apply.

- Building improvement, construction, or renovations \$
- Cultural resources (e.g., historic structure restoration/ renovation) \$
 - Natural resources (e.g., native plants, natural lands restoration) \$
- Maintenance equipment (e.g., mowers, chippers, blowers, chainsaws) \$
 - Other facilities and landscape maintenance \$
 - Vehicles (e.g., trucks/cars, UTVs, golf carts, accessible devices, etc.) \$
- Amenities (e.g., water fountains, benches, picnic tables, recreational equipment, kiosks etc.) \$
- Park employees or volunteers support (e.g., interns, training, uniforms, awards, or recognition) \$
 - Big ticket visitor center exhibits or interpretation updates \$

Park exhibits, displays, signage \$ 20,000

Park publications, brochures, maps, etc. \$

Programing/interpretation support material purchases \$

Other program services \$ 1991

Total Program Service Expenses \$ 18691

Visitor Services Revenue

Describe revenues and the sources generated from fundraising on park property.

Park gift shops, craft stores, and concession sales \$110214

Merchandise sales (e.g., plants, firewood, ice, t-shirts, hats, etc.) \$ 25640

Programs and Special Events (e.g., fundraising workshops, seasonal events, concerts, etc.) \$ 2108

Vending (e.g., drink machines, penny press, laundry, Wifi, etc.) \$

Rentals (e.g., bikes, canoe, kayak, SUPs, etc.) \$

In-park donation boxes \$ 234

Other visitor services revenue \$

Total Visitor Services Revenue \$ 138196

NET ASSETS: \$ 376068

Organizations end of last year's <u>Total Liabilities minus Total Assets</u>. This is <u>not</u> the above's Visitor Service Revenue minus Program Service Expenses.

CSO AUDIT THRESHOLD:

Last Calendar Year's Total Expenses (including grants) \$ 55287

Are the CSO's annual total expenses \$300,000 including grants? Then Section 215.981(2), Florida Statute requires an independent CPA audit using Government Audit Standards (<u>U.S. GAO Yellow Book</u>). The audit is **due by September 1** (9 months after the CSO's calendar year ends) to the Florida Auditor General and to the Department.

This information is complete to the best of my knowledge pursuant to Section 20.058 Florida Statutes							
CSO President	James Nash Digitally signed by James Nash Date: 2022.07.07 10:23:39 -04'00'						
Park Manager	Larry Steed Digitally signed by Larry Steed Date: 2022.07.10 11:43:16 -04'00'						

CSO's Code of Ethics is attached

✓ CSO has attached the most recent Internal Revenue Service (IRS) Form 990, 990-EZ, or 990-N receipt. All IRS Form 990's must be *complete* with Part III Program Service and *all* appropriate Schedules (A, O and others as appropriate). If filing an IRS extension, attach the IRS 8868 receipt and the most recent complete 990 and schedules.

FORS Code of Ethics

It is essential to the proper conduct and operations of Friends of Rainbow Springs 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 requires that the law protect against any conflict and establish standards for the conduct of CSO board members, officers, and employees in situations where conflicts may exist.

It is hereby declared, to be the policy of the state that no CSO board member, officer, or employees 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, there is enacted a code of ethics setting the standards of conduct required of Friends of Rainbow Springs State Park members, officers, and employees in the performance of their official duties.

Standards

- 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 judgement of the CSO board member, officer, or employee would be influenced thereby.
- 2. Prohibition of Accepting Compensation Given to influence a Vote. No CSO 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, officer, or employee 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, or 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 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 the recording the minutes of the meeting, who shall incorporate the memorandum in the minutes. If it is not possible for 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 that 15 days after the vote.
- 9. Failure to observe 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 **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print 59-3182934 Friends of Rainbow Springs State Park, Inc. Number, street, and room or suite no. If a P.O. box, see instructions. File by the due date for 19164 SW 81st Place Road filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See instructions. Dunnellon FL 34432

Application	Return	Application	Return
Is For	Code	Is For	Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

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• T	he books are in the care of ▶ Diane Kahler, 19164 SW 81st Place Road Dunnellon FL 34432	_		
T	elephone No.▶ <u>352-489-6328</u> FAX No.▶			
• If	the organization does not have an office or place of business in the United States, check this box		▶	
• If	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	his is		
	e whole group, check this box ▶ 🗌 . If it is for part of the group, check this box ▶ 🗌 and attach			
a list	with the names and TINs of all members the extension is for.			
2	I request an automatic 6-month extension of time until			
3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
	nonrefundable credits. See instructions.	3a	\$	
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
С	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by			
	using EFTPS (Electronic Federal Tax Payment System). See instructions.	3с	\$	
Caut	tion: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and For	m 88	379-TE for payment	

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2022)

60m 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)

OMB No. 1545-0047 2020

Form 990-EZ (2020)

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

)epartmer	nt of the Treesury	Do not enter social security numbers on this form as it may be m	ade public.		Open to Public
Internal Revenue Service Go to www irs gov/Form000575						Inspection
-	A Fort	he 2020 calenda	your or tax year beginning	mormation.		
-	S Check	if applicable:	C Name of organization			, 20
Ļ	3	ss change	Friends of Rainbow Springs State Park, Inc.			tification number
Ļ	7	change	Number and street (or P.O. hox if mail is not delivered to street address) Room/suite		9-31829	
Ļ] initial n		Nonasalia	E rele	phone nun	ipel
Ļ	Final re	ntum/terminated	19164 SW 81st Place Road	1.		
Ī	-	ed return	City or town, state or province, country, and ZIP or foreign postal code		352) 489	
Ļ		tion pending	Dunnellon, FL 34432		p Exempti	on
G	Acco	unting Method:	Cash ☑ Accrual Other (specify) ►		ber ►	
1	Webs	ite: ► <u>www</u> .1	friendsofrainhowsprings	H Check ►	X if th	e organization is not
J	Tax-e	xempt status (c	heck only one) - X 501(c)(3) [501(c)(3) 4 (c)		to attach S	
K	Form	of organization:	X Corporation Trust [7 Assistant Francisco 1927]		0, 990-EZ,	or 990-PF).
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Į.	art l	Revenue	, Expenses, and Changes in Net Assets or Fund Balances (see		▶\$	45,809
_						art I)
_	1	Contributions.	ne organization used Schedule O to respond to any question in this Part I gifts, grants, and similar amounts received			X
	2	Program serv	gifts, grants, and similar amounts received		1	19,663
	3	Membership d	ice revenue including government fees and contracts.		2	1,072
	4				3	
	5		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		4	1,192
	1.	c Gain or (loss)	other basis and sales expenses		7	
	6	Gamina and 6	from sale of assets other than inventory (subtract line 5b from line 5a) undralsing events:		5c	
	1 -	a Green income	draising events:			
6	'	© GIOSS HICOING	from gaming (attach Schedule G if greater than		1 1	
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Revenue	. '	C.033 HICOINE	norm tunoralsing events (not including \$ of earth of		-{	
Œ		nom tungraisin	g events reported on line 1) (attach Schedule G if the			
	Ι.	sum of such gr	ross income and contributions exceeds \$15,000) 6b			
		Less. Unect ex	penses from gaming and fundraising events		1	
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	"		(1003) Italii sales of inventory (silotrant line 75 from line 7-)	24,493	7e	
	1					(611)
	9		' / MO III GO I. Z. O. 4. DC DO // SM/ S		8	
	10	Grants and simi	iller amounts paid (fist in Schedule O).		9	21,316
	11		, or ioi iiigiidgis		10	95,001
ø,	12	Salaries, other	compensation, and employee benefits	• • • • •	11	
Expenses	13				12	
ę,	14				13	6,093
Ú	15				14	1,117
	16				15	1,554
	_17				16	34,201
_	18	Excess or (delic	it) for the year (subtract line 17 from line 9)	· · · · >	17	137,966
	19				18	(116,650)
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Neir Assets	20	Other changes i	n net assets or fund balances (explain in Schedule O).	• • • • •	19	484,638
\Box	21	Net assets or fu			20	
or I	Paperw	ork Reduction A	Act Notice see the seem to the lines 18 through 20.	▶ ∫	21	367 000

	nbow Springs State s for Part II)			3182	
Check if the organization used Scheo	dule O to respond to any	question in this Par	+ E I		5
30 Cook and		1- 1- 1 M 1 (10 M)	(A) Beginning of year	,	(X
22 Cash, savings, and investments		• • • • • • • • • • • • • • • • • • • •	410.583	100	(B) End of year
					306,958
			21,997	 	16,040
			52,058		45,001
			484,638		367,999
The first balances time 21 of contino to) much common with the course			26	11
				21	367,988
		Question in this Par	· · · · · · · · · · · · · · · · · · ·		Expenses
SE SE	E SCHEDOTE O		-	(Requ	ired for section
Describe the organization's program service service)(3) and 501(c)(4)
as measured by expenses. In a clear and concise manne persons benefited, and other relevant information for each	r, describe the genrices prov	gest program services	,		izations; optional for
				alhers	
26 various projects to increase visit	oria ania	the Park			
The bridge	reidouslb				
the purchase of ec	pripment for the Pa	9 r k			
(Grants \$ 95,001) If th	is amount includes foreign g	rants check here			
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(Grants \$) If thi	S amount includes foreign as				
31 Other program services (describe in Schedule O) (Grants \$	s amount includes foreign gr	ants, check here	<u>···</u> ,▶ [] [30a	
32 Total program service expenses (add lines 28a thro Part IV List of Officers, Directors, Trustees, and	s amount includes foreign gra	ants, check here	<u></u>	31a	
Dort IV	Jugit O laj			44 [
List of Officers, Directors, Trustees, and	Key Employees /link	 	<u> ▶ </u>	32	112,501
Part IV List of Officers, Directors, Trustees, and Check if the organization used Schedule O	Key Employees (list each	one even if not compe	nsated - see the instru	32 ctions	112,501 for Part (V)
Check if the organization used Schedule O t	Key Employees (list each to respond to any question in	one even if not compe this Part IV	nsated - see the instru	32 ctions	112,501 for Part IV)
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Check if the organization used Schedule O to (a) Name and title Terry Blaes Board Member Linda Brown Board Member Diane Kahler Treasurer Marylou Klein Secretary Mike McCarthy Board Member Jim Nash Board Member Gerry Rapp Board Member Lerry Rapp Board Member Lerry Ross Tice President	(b) Average hours per week devated to position 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	one even if not compethis Part IV (e) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0	(d) Health benefits, contributions to employes benefit plans, and deferred compensation	(e)	Estimated amount of their compensation C C C C C C C C C C C C C
Check if the organization used Schedule O to (a) Name and title Terry Blaes Board Member Linda Brown Board Member Diane Kahler Freasurer Marylou Klein Becretary Mike McCarthy Board Member Fim Nash Board Member Perry Rapp Board Member Terry Ross Tice President Connie Santoro resident	(b) Average hours per week devated to position 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	one even if not compethis Part IV (e) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0	(d) Health benefits, contributions to employes benefit plans, and deferred compensation	(e)	Estimated amount of their compensation O O O O O O O O O O O O O
Check if the organization used Schedule O t (a) Name and title Terry Blaes Board Member Linda Brown Board Member Diane Kahler Freasurer Marylou Klein Becretary Mike McCarthy Board Member Fim Nash Board Member Cerry Rapp Coard Member TROSS Tice President Connie Santoro resident arol Scharf	(b) Average hours per week devated to position of the control of t	one even if not compethis Part IV (e) Reportable compensation (Forms W-2/1099-MISC) [if not paid, enter -0-)	(d) Health benefits, contributions to employes benefit plans, and deferred compensation	(e)	Estimated amount of their compensation O O O O O
Check if the organization used Schedule O to (a) Name and title Terry Blaes Board Member Linda Brown Board Member Diane Kahler Freasurer Marylou Klein Becretary Bike McCarthy Board Member Fim Nash Board Member Ferry Rapp Oard Member rt Ross Ice President Onnie Santoro resident arol Scharf	(b) Average hours per week devated to position 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	one even if not compethis Part IV (e) Reportable compensation (Forms W-2/1099-MISC) [if not paid, enter -0-)	(d) Health benefits, contributions to employes benefit plans, and deferred compensation	(e)	Estimated amount of their compensation O O O O O O O O O O O O O
Check if the organization used Schedule O t (a) Name and title Terry Blaes Board Member Linda Brown Board Member Diane Kahler Freasurer Marylou Klein Becretary Mike McCarthy Board Member Fim Nash Board Member Cerry Rapp Coard Member TROSS Tice President Connie Santoro resident arol Scharf	(b) Average hours per week devated to position of the control of t	one even if not compethis Part IV (e) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0	(d) Health benefits, contributions to employes benefit plans, and deferred compensation	(e)	Estimated amount of their compensation O O O O O O O O O O O O O
Check if the organization used Schedule O to (a) Name and title Terry Blaes Board Member Linda Brown Board Member Diane Kahler Freasurer Marylou Klein Becretary Mike McCarthy Board Member Fim Nash Board Member Ferry Rapp Board Member Tr Ross Fice President Scharf	(b) Average hours per week devated to position of the control of t	one even if not compethis Part IV (e) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0	(d) Health benefits, contributions to employes benefit plans, and deferred compensation	(e)	Estimated amount of their compensation O O O O O O O O O O O O O
Check if the organization used Schedule O to (a) Name and title Terry Blaes Board Member Linda Brown Board Member Diane Kahler Freasurer Marylou Klein Becretary Mike McCarthy Board Member Fim Nash Board Member Ferry Rapp Board Member Tr Ross Fice President Scharf	(b) Average hours per week devated to position of the control of t	one even if not compethis Part IV (e) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0	(d) Health benefits, contributions to employes benefit plans, and deferred compensation	(e)	Estimated amount of their compensation O O O O O O O O O O O O O
Check if the organization used Schedule O t (a) Name and title Terry Blaes Board Member Linda Brown Board Member Diane Kahler Freasurer Marylou Klein Becretary Mike McCarthy Board Member Fim Nash Board Member Cerry Rapp Coard Member TROSS Tice President Connie Santoro resident arol Scharf	(b) Average hours per week devated to position of the control of t	one even if not compethis Part IV (e) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0	(d) Health benefits, contributions to employes benefit plans, and deferred compensation	(e)	Estimated amount of their compensation O O O O O O O O O O O O O
Check if the organization used Schedule O t (a) Name and title Terry Blaes Board Member Linda Brown Board Member Diane Kahler Freasurer Marylou Klein Becretary Mike McCarthy Board Member Fim Nash Board Member Cerry Rapp Coard Member TROSS Tice President Connie Santoro resident arol Scharf	(b) Average hours per week devated to position of the control of t	one even if not compethis Part IV (e) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0	(d) Health benefits, contributions to employes benefit plans, and deferred compensation	(e)	Estimated amount of their compensation O O O O O O O O O O O O O
Check if the organization used Schedule O to (a) Name and title Terry Blaes Board Member Linda Brown Board Member Diane Kahler Treasurer Marylou Klein Secretary Mike McCarthy Board Member Jim Nash Board Member Jerry Rapp Board Member Lerry Rapp Board Member Lerry Ross Lice President Connie Santoro	(b) Average hours per week devated to position of the control of t	one even if not compethis Part IV (e) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0	(d) Health benefits, contributions to employes benefit plans, and deferred compensation	(e)	Estimated amount of their compensation O O O O O O O O O O O O O

	m 990-EZ (2020) Friends of Rainbow Springs State Park, Inc. 59-3182			
ĪĖ	The state of the schedule of the state of th			Page 3
-	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			_
	Some able to lespond to any question in this Part V	- •		<u></u>
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Y	s No
34		3:	3	<u>x</u>
	The state of the s		-	1
			-	
35 ;	- Did the bright attout nave unrelated business cross income of \$4,000	34	1	X
	The state of the s			
ł	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule Q. Was the organization a section 501(c)(4) 501(c)(5) or 504(c)(8) and 504(c)(8) and 504(c)(8) are 504(c)(8) and 504(c)(8).	35		X
(35	b	
6		350	3	X
_	The state of the s		Ī	
7 a	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-BOL for this work.	36	<u> </u>	X
		┨	ŀ	ļ
Ва		37E)	<u> </u>
. 6		38a		X
		-		
a	Initiation fees and capital contributions included on line 9. Gross receipts, included on line 9 for public years of the second		1	
Ja	X-7 - garazations. Lines amount of tax imposed on the organization during the surround			1
	U SECTION AND L			
D	Toolson to t(c)(4), and 501(c)(29) progrizations. Did the constitution	ĺ		
		ļ		ì
_	The state of the property of the property of the state of	4	1	
G	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	40b	 	<u> </u>
	on organization managers or disqualified persons during the year under on the continuous and the continuous			
4	T000; 610 4000			1
a	TOTAL DESCRIPTION OF TOTAL DESCRIPTION OF THE PROPERTY OF THE		1.	}
	Too rembuised by the organization		i ·	İ
-	January 11 duly duly duly duly duly duly duly vest was the organization		l	
	1 1 60' COmbiete Loui 9880-1	40.		
		40e	L	X
4	The organization's books are in care of ▶ Diane Kahler Telephone no. ▶ 250 to			
h	Located at ► 19164 SW 81st Place Road, Dunnellon, FL ZiP+4 ➤ 34432	9-6:	328	
_	at any time during the calendar year, did the omanization have an internal		3/	
	The state of the s	ADL	Yes	No
	If "Yes," enter the name of the foreign country	42b		X
	See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and	i		
		J		
	At any time during the calendar year, did the organization maintain an office outside the United States?	40-		
	if "Yes," enter the name of the foreign country	42c		X
,	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in Ileu of Form 1041-Check here.		_	
	and enter the amount of tax-exempt interest received or accrued during the tax year.		, -	LJ
	Did the arganization	-	V !	
• ;	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
,	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	44a		<u> </u>
. L	Old the organization receive any payments for indoor tanning services during the year?	44b		<u>x</u>
. 1	"Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	14c		<u>x</u>
r	explanation in Schedule O	الم	ſ	
	the organization have a controlled entity within the meaning of section 512(b)(13)?	14d		
	tid the organization receive any payment from or engage in any transaction with a controlled entity within the	15a		<u>x</u>
	= """\"\"\"\"\"\"\"\"\"\"\"\"\"\"\"\"\"\		1	
	orm 990-EZ. See instructions			
-۸		racing I	1	

Form 990-EZ (2020)

46 D		ainbow Springs Sta				-3182	534		age
40 L	old the organization engage, directly or indirectly or individual or ind	ctly, in political campaign ac	tivities on behalf of or in o	nnosition				Yes	N
Part V			*****	pposition			40		
	VI Section 501(c)(3) Organization	ons Only				• • •	46		X
	All section 501(c)(3) organizati 50 and 51.	ons must answer que	stions 47 - 49b and 5	2, and co	mplete th	e table	as for	lines	
	Check if the organization used	Schodula O ta	,		•				
	Check if the organization used	Scriedule O to respon	d to any question in	this Part	<u>VI</u>				П
7 D	d the organization engage in Johnving activity	on on house and a second						Yes	N
ye	ar? If "Yes," complete Schedule C, Part II . the organization a school as described in se	* * * * * * * * * * * * * * * * * * *	election in effect during t	he tax					
8 ls	the organization a school as described in se d the organization make any transfers to an e	rtion 170(b)(1)(A)(ii)? If "Yes	S ^{il} Complete Schodule F	• • • • •	• • • • • •	• • •	47		X
9a Di bif'	d the organization make any transfers to an e Yes," was the related organization a section	xempt non-charitable relate	e organization? G organization?	· 表表 发 表 ()	4 * * * *	7, 2 4	48	ļ	X
וו עם	Yes," was the related organization a section models this table for the organization's live his	527 organization?				• • •	49a		X
en	emplete this table for the organization's five his aployees) who each received more than \$100	thest compensated employer	es (other than officers, din	ectors, trust	es and kev	• • •	49b		
<u> </u>	ployees) who each received more than \$100	,000 of compensation from t	he organization. If there i	s none, ente	r "None."				
	(a) Name and title of each employee	(b) Average	(c) Reportable	(d) Healt	h benefits	1			
		hours per week devoted to position	compensation	contributions analig franced	s to employee and deferred		Stimated Ther comp		
		davened to pusicion	(Forms W-2/1099-MISC)		ensation	"	niet comp	is:rz900	2
NE				!	•				
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COIL	al number of other employees paid over \$100 aplete this table for the organization's five high 0,000 of compensation from the organization.	ect comments did i	int contractors who each (received mo	re than				
CUIT	al number of other employees paid over \$100 plete this table for the organization's five high 0,000 of compensation from the organization. (a) Name and business address of each independent cor	est compensated independe If there is none, enter "None	int contractors who each i e." (b) Type of service	received mo	-	c) Compe	15ation		
\$10	piete this table for the organization's five high 0,000 of compensation from the organization.	est compensated independe If there is none, enter "None	3."	received mo	-	c) Comper	15ation		n.i
\$10	piete this table for the organization's five high 0,000 of compensation from the organization.	est compensated independe If there is none, enter "None	3."	received mo	-	c) Comper	nsation		
\$10	piete this table for the organization's five high 0,000 of compensation from the organization.	est compensated independe If there is none, enter "None	3."	received mo	-	c) Comper	nsation		107
\$10	piete this table for the organization's five high 0,000 of compensation from the organization.	est compensated independe If there is none, enter "None	3."	received mo	-	c) Comper	nsation		
\$10	piete this table for the organization's five high 0,000 of compensation from the organization.	est compensated independe If there is none, enter "None	3."	received mo	-	c) Comper	nsation		
\$100	piete this table for the organization's five high 0,000 of compensation from the organization. (a) Name and business address of each independent con	est compensated independe If there is none, enter "Non Mactor	(b) Type of service	received mo	-	c) Comper	15ation		
\$100	number of other independent contractors age	lest compensated independe If there is none, enter "Non wactor	(b) Type of service	received mo	-	c) Comper	nsation		
\$100	plete this table for the organization's five high 0,000 of compensation from the organization. (a) Name and business address of each independent contractors each independent contractors each independent contractors each organization complete Schedule A? Note	est compensated independe If there is none, enter "Non identication the receiving over \$100,000. All section 501(c)(3) organ	(b) Type of service		(0	c) Comper	nsation		
\$100 NE Total Did the	plete this table for the organization's five high 0,000 of compensation from the organization. (a) Name and business address of each independent continues and business address	est compensated independe If there is none, enter "Non inactor the receiving over \$100,000. All section 501(c)(3) organ	(b) Type of service		{c				
\$100 \$E Total Did the	number of other independent contractors ear ne organization complete Schedule A? Note leted Schedule A	est compensated independe If there is none, enter "Non inactor the receiving over \$100,000. All section 501(c)(3) organ	(b) Type of service		{c			No	
\$100	number of other independent contractors each organization complete Schedule A? Note leted Schedule A	est compensated independe If there is none, enter "Non inactor the receiving over \$100,000. All section 501(c)(3) organ	(b) Type of service		{c			No	
\$100 Total Did the compound of penalticonnect.	number of other independent contractors ear ne organization complete Schedule A? Note leted Schedule A	est compensated independe If there is none, enter "Non inactor the receiving over \$100,000. All section 501(c)(3) organ	(b) Type of service		{c			No	
\$100 Total Did the compensation of the compens	number of other independent contractors each as organization complete. Schedule A: New of perjury, I declare that I have examined this read complete. Declaration of preparer (other than Diane Kahler, Treasurer.)	est compensated independe If there is none, enter "Non inactor the receiving over \$100,000. All section 501(c)(3) organ	(b) Type of service		{c			No	
\$100 Total Did the compensation of the compens	number of other independent contractors each sorganization complete Schedule A? Note leted Schedule A	est compensated independe If there is none, enter "Non inactor the receiving over \$100,000. All section 501(c)(3) organ	(b) Type of service	d to the best of knowledge.	{c			No	——————————————————————————————————————
\$100 Total Did the compensation of the compens	number of other independent contractors each and susiness address of each independent contractors each are organization complete. Schedule A? Note leted Schedule A	est compensated independe If there is none, enter "Non inactor the receiving over \$100,000. All section 501(c)(3) organ	(b) Type of service	d to the best of knowledge.	of my knowled	⊠ Y		No	
\$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100	number of other independent contractors ear (a) Name and business address of each independent contractors ear ne organization complete Schedule A? Note leted Schedule A ies of perjury, I declare that I have examined this re and complete. Declaration of preparer (other than Diane Kahler Signature of officer Diane Kahler, Treasurer Type or print name and title Print/Type preparer's name Stephen H. Kattell	there is none, enter "None of there is none, enter "None of the or is none, enter the or is not or is n	izations must attach a chedules and statements, and of which preparer has any	d to the best of knowledge. Date	of my knowled	ge and b	fes Dellef, it is	No	
\$100 NE Total Did th comp or penalti correct. n	number of other independent contractors each eorganization complete Schedule A? Note leted Schedule A	est compensated independe If there is none, enter "None itractor th receiving over \$100,000. All section 501(c)(3) organ turn, including accompanying so officer) is based on all information Preparer's signature tephen H. Kattell pany, P. L.	(b) Type of service (b) Type of service izations must attach a chedules and statements, and of which preparer has any	d to the best of knowledge. Date Che self-	of my knowled	⊠ Y	fes Dellef, it is	No	
\$100 NE Total Did th comp or penalti correct. n	number of other independent contractors each independent independent independent contractors each independent contractors independent independent contractors independent independent contractors each independent independent independent contractors each independent independent independent independent contractors each independent	there is none, enter "None of there is none, enter "None of the receiving over \$100,000. All section 501(c)(3) organism, including accompanying sofficer) is based on all information of the phen H. Kattell pany, P.L.	izations must attach a chedules and statements, and of which preparer has any	d to the best of knowledge. Date	of my knowled	ge and b	fes Dellef, it is	No	
\$100 NE Total Did th comper penalti correct. n e	number of other independent contractors each eorganization complete Schedule A? Note leted Schedule A	est compensated independe If there is none, enter "Non identication the receiving over \$100,000. All section 501(c)(3) organ itum, including accompanying so officer) is based on all information Preparer's signature tephen H. Kattell bany, P.L.	izations must attach a chedules and statements, and of which preparer has any	d to the best of knowledge. Date Che self-	of my knowled	ge and b	fes Dellef, if is	No	

Form 990-EZ (2020)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable true ► Attach to Form 980 or Form 990-EZ.

Department of the Treasury

Open to Public

		evenue Service	► G	o to www.irs.gov	/Form990 for instruction	ns and th	e latest in	formation.	Inspection	
		he organization					- 141501 111	Employer identifica		
Fx:	ienc	ds of Rainb	ow Springs St	ate Park, In	ic.			E0 21000	7.4	
-	art I		for Public Char	ity Status. (All	organizations mus	t comple	te this p	art.) See instruction	ns	
The	orga	1145011011 19 1101 G	huvers tortunation b	ecause It Is: {For III	165 1 through 12, check i	only one hi	ny l		10.	
1	닏	A church, conv	rention of churches,	or association of c	hurches described in se	etion 178	hi/1i/Ai/e	L		
2		A SCHOOL GESCI	ibed in section 170	(b)(1)(A)(ii). (Attac	h Schedule E (Form 99)	0 or 990-F	7 11	•		
-3		A nospital or a	cooperative hospita	il service organizat	ion described in section	1706W4	 (41/661			
4	Ш	A medical rese	arch organization o	perated in conjunct	tion with a hospital desc	ribed in se	etion 170	h\/1\(A\/III) Enter the		
		Manual Paris	s, city, and signe:							
5		An organization	operated for the be	nefit of a college o	r university owned or op	erated by	COVOTERN	netal conta describe at the		
		sactioл 170(b)	(1)(A)(iv). (Complet	te Part II.)	- чиновалу отглоз ог ор	cacaca by a	a Anaettiitie	iniai unik described in		
6		A federal, state, or local government or governmental unit described in section 170(b)(1/A)(c)								
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public								
		described in se	ction 170(b)(1)(A)(vi). (Complete Par	t II.)	0.000111111071		om me general public		
8		A community to	ust described in sec	tion 170(b)(1)(A)(vi). (Complete Part II.)					
9		An agricultural:	research organizatio	on described in sec	tion 170(b)(1)(A)(ix) o	perated in				
		or university or	a non-land-grant col	lege of sartculture	(see instructions). Enter	ibe nome :	conjunction	i wan a iand-grant colle	ege	
		university:	_	• • • • • • • • • • • • • • • • • • • •	(mor actions) Emer	uic Hairie,	wity, at all si	ate of the college of		
,10	X	An organization	that normally receiv	es: (1) more than 3	33 1/3% of its support fro	um contribu	tions	h _ h _ f		
		receipts from ac	tivities related to its	exempt functions -	subject to certain excep	igane, ond	(3) po mai	verstilb tees, and gross	5	
		support from gro	oss investment incor	ne and unrelated b	usiness taxable income	Appe conti	(2) NO MOI 35 E11 tovi	e man 33 1/376 OF 165		
		acquired by the	organization after J	une 30, 1975, See	section 509(a)(2). (Co	wolata Da	+181 x +181 x	Irom Dusinesses		
11		An organization	organized and oper	rated exclusively to	test for public safety. S	es section	ι 111. <i>)</i> α ΕΠΟ/αν/Α	•		
12		An organization	organized and open	ated exclusively for	the benefit of, to perform	s the functi	opo et per	a 		
		of one or more	publicly supported o	roanizations descri	ibed in section 509(a)(1	l or socia	UID UI, UI I ≓00/\#	o carry out the purpose	5	
		Check the box is	n lines 12a through 1	2d that describes t	the type of supporting on	damiasejos 11 hi amerija	วาร จอระบุ หา อดลไสว์ไ). See section 509(a)	(3).	
	8	Type I. A su	ipporting organizatio	On operated super	vised, or controlled by it	garnzauch	and compl	ete lines 12e, 12f, and 1	2g.	
		the supporte	ed organization(s) th	e power to regular	y appoint or elect a majo	s aupporte	o organize	tion(s), typically by givi	ng	
		supporting o	organization. You m	ust complete Par	t iV, Sections A and B.	Jiny of the	alrectors o	r trustees of the		
	Ь	☐ Type II. A s	upporting organizati	on supervised or c	ontrolled in connection	ulah ian		•		
		control or m	anagement of the su	oportina omanizati	on vested in the same p	orooma 45-4	ported org	anization(s), by having		
		organization	(s). You must com	piete Part IV Sec	tions A and C		COULTO! OL	manage the supported		
	C	Type til fun	ctionally integrated	d. A supporting or	anization operated in co	·				
		its supporte	d organization(s) (se	e instructions). Vo	ou must complete Part	Minechon (viun, amo ru	inctionally integrated w	ith,	
	d	Type III nor	n-functionally integ	rated. A supporting	g organization operated	iv	ns A, D, a	na E.		
		that is not fu	nctionally integrated	The organization	generally must satisfy a	in connec	uon with it	supported organizatio	n(s)	
		requirement	(see instructions), \	Ou must complet	te Part IV, Sections A a	าเราเอกแดน	requireme	nt and an attentiveness		
	e	Check this b	ox if the organization	Teceived a written	determination from the t	ING D, AND	Part V.			
		functionally i	ntegrated, or Type II	l non-functionally in	ntegrated supporting org	ras unat () (sa ıypeı.	Type II, Type III		
	f	Enter the number	r of supported organ	izations	weater arbbottill nif	SI UZBUQIT,			······································	
	g	Provide the follow	wing information abo	ut the supported o	manization(e)	* * * * *	• • • • •	• • • • • • • • • • •	• • • • •	
	(1)	Name of supported or	ganization	(ii) EIN	(III) Type of organization	Chart to ab.				
]	(described on lines 1-10)		organization Ir governing	(v) Amount of monetary support (see	(vi) Amount of	
				1	apova (šea Iuštructibus))	qocun		juštunčijous)	other support (see instructions)	
						Yes				
(A)					******	163	No			
()	_			l			İ			
(B)						 				
(40)								,		
(C)						 				
(C)								i		
//Ni						<u> </u>				
(D)		_				i	i	ļ		
/E:										
(E)										
Total						 				
F				<u> </u>						

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.)

	ction A. Public Support						
.Cal	endar year (or fiscal year beginning in) >	(2) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1=1	1-1	3.7
	received. (Do not include any "unusual grants.")	6,924	21,241	28,603	21,481	19,663	97,912
2	Gross receipts from admissions, merchandise					23,003	21,312
	sold or services performed, or facilities fumished in any activity that is related to the						
	organization's tax-exempt purpose	135,800	137,018	144,499	197,350	23,882	630 E40
3	Gross receipts from activities that are not an	111/000	12,,010		197,191	23,002	638,549
	unrelated trade or business under section 513.	71,955	CE 107	6 705	2	. 070	
4	Tax revenues levied for the	71,933	65,187	6,726	97	1,072	145,037
•	organization's benefit and either paid to		,			ļ	
	or expended on its behalf						
-5	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge	į į			ļ		
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3	214,679	223,446	179,828	218,928	44,617	881,498
14				İ		j	
	received from disqualified persons	<u> </u>					
D	Amounts included on lines 2 and 3	İ				1	
	received from other than disqualified]	j				
	persons that exceed the greater of \$5,000			ļ	+		
	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.)				[1	881,498
	ction B. Total Support					 	
	endar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	214,679	223,446	179,828	218,928	44,617	881,498
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,				[
	royalties, end income from similar sources	1,528	1,586	2,113	2,434	1,192	8,853
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	}		ļ	ļ.		
	acquired after June 30, 1975	l i	1		1	1	
C	Add lines 10a and 10b	1,528	1,586	2,113	2,434	1,192	O DES
11	Net income from unrelated business	2,020	2,000	- 4,11	2,434	1,192	8,853
	activities not included in line 10b, whether					İ	
	or not the business is regularly carried on						
12	Other income. Do not include gain or	-					
	loss from the sale of capital assets			1		į	
	(Explain in Part VI.)			1	ŀ	İ	
13	Total support. (Add lines 9, 10c, 11,					<u> </u>	'
	and 12.)	216,207	225 020	101 045	202 255	45 22	
14	First 5 years. If the Form 990 is for the orga	nization's first	225,032	181,941	221,362	45,809	890,351
	Organization, check this boy and stop here	11122110113 11161, 1	second, unita, r	ouren, or men te	ax year as a se	ction 501(c)(3)	_
Sec	organization, check this box and stop here tion C. Computation of Public Suppor	+ Porconto		• • • • • • • • •	• • • • • • •		<u></u> , → ∐
15	Public support percentage for 2020 /line 8	t reicentage	- I		·		
16	Public support percentage for 2020 (line 8, co Public support percentage from 2019 Schedu	olumn (T), divide				15	99.01 %
Ser	tion D. Computation of Investment In-	ule A, Part III, K	ne 15		<u></u>	16	99.10 %
17	ction D. Computation of Investment Inc	ome Percen	age				
19	Investment income percentage for 2020 (line	: TUC, column (f)), divided by lin	ie 13, column (i))	17	1.00 %
10 10-	Investment income percentage from 2019 Sc	nedule A, Part	III, line 17			18	1.00%
192	33 7/3% support tests - 2020. If the organiz	ation did not ch	eck the box on	line 14 and lit	ne 15 je more t	than 33 1/3%, a	and line
	17 is not more than 33 1/3%, check this box	and stop here.	The organization	ion qualifies as	a publiciv sup	ported organiza	ation vi
D	22 112 W ambhott rears - 50.13. It tue ordaniz	ation did not ch	eck a box on li	ne 14 ar line 1:	9a. and line 16	is more than 3	3 1/3% and
	alle 18 is not more than 33 1/3%, check this	box and stop h	ere. The organ	rization qualifie	s as a publicly	supported ora:	anization 🕨 🔲
20	Private foundation. If the organization did n	ot check a box	on line 14, 19a	, or 19b, check	this box and	see instructions	, h

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ➤ Attach to Form 990 or 990-EZ.

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

Friends of Rainbow Springs State Park, Inc.

- Employer Identification number

59-3182934

		33-316533	<u>* </u>
01. List of grants and sin	milar amounts paid (Part I, line 10)		
Activity	Contribution of equipment to) Park	
Grantee	Rainbow Springs State Park		
Street	19158 SW 81st Place Road		
City, State, Zip	Dunnellon, FL 34432		
Amount	95,001		
02. Description of other e	xpenses (Part I, line 16)		
Description	Amount		
Depreciation	5, 957		
Firewood	11,425		
Insurance	1,444		
Office Expenses	9,300		
Supplies	6,075		
3. Description of other as	sets (Part II, line 24)		
Category	Beginning of Year	End of Year	
nventories	52,058	45,001	
4. Description of total li	abilities (Part II, line 26)		
ategory	Beginning of Year	End of Year	·
ales Tax Payable	0	11	
		· · · · · · · · · · · · · · · · · · ·	