

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 \$ 240
- Park publications, brochures, maps, etc. \$
- Programing/interpretation support material purchases \$
 - Other program services \$ 588

Total Program Service Expenses \$ 14395

Visitor Services Revenue

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

Park gift shops, craft stores, and concession sales \$ 15348

- Merchandise sales (e.g., plants, firewood, ice, t-shirts, hats, etc.) \$
- Programs and Special Events (e.g., fundraising workshops, seasonal events, concerts, etc.) \$
 - Vending (e.g., drink machines, penny press, laundry, Wifi, etc.) \$
 - Rentals (e.g., bikes, canoe, kayak, SUPs, etc.) \$
 - In-park donation boxes \$
 - Other visitor services revenue \$
 - Total Visitor Services Revenue \$ 15348

NET ASSETS: \$ \$158,284.37

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) \$\$27,355.00

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		7/6/22				
Park Manager	Dennis Parson Digitally signed by Dennis Parson Date: 2022.07.06 18:56:59 -04'00'	7/6/22				

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.

Park exhibits, displays, signage \$ 240.00

Park publications, brochures, maps, etc. \$

Programing/interpretation support material purchases \$

Other program services \$ 588.00

Total Program Service Expenses \$ 104395

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

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

In-park donation boxes \$

Other visitor services revenue \$

Total Visitor Services Revenue \$150348

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CSO President	Emelie L'Matthews	7/6/20
Park Manager	CITIZALO). I PAGO GIESTO	

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FRIENDS OF DUDLEY FARM, INC. CODE OF ETHICS

PREAMBLE

- (1) It is essential to the proper conduct and operation of Friends of Dudley Farm, 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 Dudley Farm, 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.

Final – Approved at the Annual Membership Meeting of the CSO – September, 28, 2014

(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

forms liste Contracts,	e filing (e-file). You can electronically filed below with the exception of Form for which an extension request must be s form, visit www.irs.gov/e-file-providers	8870, Information sent to the IRS in	n Return for Transfers n paper format (see ins	Associated With Certain	Personal Benefit		
Automat	c 6-Month Extension of Time. Only	y submit origina	I (no copies needed)	,			
	ations required to file an income tax retu form 7004 to request an extension of tin			0-C filers), partnerships, R	EMICs, and trusts		
Type or print File by the due date for	Name of exempt organization or other file Friends of Dudley Farm, Inc. /Emelie L.	ent	Taxpayer identification number (TIN) 59340068				
	Number, street, and room or suite no. If a P.O. box, see instructions. 18730 West Newberry Road						
filing your return. See Instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Newberry, Florida 32669						
Enter the F	Return Code for the return that this appli	cation is for (file a	separate application f	or each return)	0 1		
Applicati Is For	on	Return Code	Application Is For				
Form 990	or Form 990-EZ	01	Form 1041-A		08		
Form 472	0 (individual)	03	Form 4720 (other tha	n individual)	09		
Form 990	-PF	04	Form 5227				
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069	orm 6069			
Form 990	-T (trust other than above)	06	Form 8870	12			
Form 990	-T (corporation)	07					
Telephor If the org If this is the for the who	ne No. ► 352-472-1142/352-226-019 anization does not have an office or place for a Group Return, enter the organization ble group, check this box ► the names and TINs of all members the	Fa: ce of business in n's four digit Gro	x No. ► the United States, checup Exemption Number	n/a ck this box (GEN)	. If this is		
 I request an automatic 6-month extension of time until							
	ne tax year entered in line 1 is for less the Change in accounting period	an 12 months, ch	eck reason: 🗹 Initial n	eturn 🔲 Final return			
3a If t	his application is for Forms 990-PF. 9	90-T. 4720. or i	6069, enter the tentat	ive tax, less any			

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

estimated tax payments made. Include any prior year overpayment allowed as a credit.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

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

nonrefundable credits. See instructions.

Cat. No. 27916D

Form 8868 (Rev. 1-2022)

3a

3b

0.00

0.00

Click on the question-mark icons to display help windows.

The information provided will enable you to file a more complete return and reduce the chances the IRS will need to contact you.

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)

2020

OMB No. 1545-0047

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.

. 20 A For the 2020 calendar year, or tax year beginning , 2020, and ending B Check if applicable: C Name of organization D Employer identification number Address change Friends of Dudley Farms, Inc. 59340068 Room/suite Name change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Initial return 18730 West Newberry Road 352-226-0153 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Newberry, FL 32669 Number ► ? Application pending Accrual Other (specify) ▶ Cash G Accounting Method: H Check ► ☐ if the organization is **not** FriendsofDudleyFarm.org I Website: ▶ required to attach Schedule B (Form 990, 990-EZ, or 990-PF). J Tax-exempt status (check only one) — ✓ 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 Trust Association Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 1 8,000 ? 2 2 Program service revenue including government fees and contracts 3 3 8,292 4 4 Investment income 5a Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . 5c 500 Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than Revenue Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b 1,388 Less: direct expenses from gaming and fundraising events . . . 6c 1,660 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d-272 7a Gross sales of inventory, less returns and allowances 7a 7b C Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c 3,814 8 Other revenue (describe in Schedule O) 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 20,334 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 2 12 9.000 13 Professional fees and other payments to independent contractors 13 14 14 7,555 15 Printing, publications, postage, and shipping 15 925 16 16 17 Total expenses. Add lines 10 through 16 17 0 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 2,854 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 20 Other changes in net assets or fund balances (explain in Schedule O) . . . 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 2.854 Form 990-EZ (2020) Page 2 Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year 22 Cash, savings, and investments 22 23 23 Land and buildings 24 Other assets (describe in Schedule O) 24 25 Total assets . 25 26 Total liabilities (describe in Schedule O) 26 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 27 Part III Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III Expenses (Required for section What is the organization's primary exempt purpose? 501(c)(3) and 501(c)(4) organizations; optional for Describe the organization's program service accomplishments for each of its three largest program services, others.) as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. Paid one half of salary of one staff member. Staff member provides maintenance and visitor services, ? (Grants \$) If this amount includes foreign grants, check here 28a 9,000 Livestock maintenance, vet bills, feed and fencing (Grants \$) If this amount includes foreign grants, check here 29a 3,501 Commissary purchases, items for sale such as books, toys, baskets, and other living history items (Grants \$) If this amount includes foreign grants, check here 30a 3,553 **31** Other program services (describe in Schedule O)) If this amount includes foreign grants, check here 31a Total program service expenses (add lines 28a through 31a) . . . 16,054 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable (d) Health benefits, (b) Average compensation contributions to employee (e) Estimated amount of (a) Name and title hours per week (Forms W-2/1099-MISC) benefit plans, and other compensation devoted to position (if not paid, enter -0-) deferred compensation Emelie L. Matthew President 10 0 0 0 Gavle Ambrose Vice President 10 0 0 0 **Grace Neagle** Treasurer 10 0 **Archie Matthews** Secretary 5 0 0 0 Art Wade Past President 5 0 0 0 Cydney Wade Director 5 0 0 0 **Gloria Hughes** Director 0 10 0 0 **Lorraine McDowell** Director 0 10 0 0 Susan McNulty Director 3 Λ Λ Λ Norm Tankerslev Director 10 0 0 0

	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
	, , , , , , , , , , , , , , , , , , , ,		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		√
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		√
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 35c		√
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b 38a	Did the organization file Form 1120-POL for this year?	37b 38a		√ √
ь 39	If "Yes," complete Schedule L, Part II, and enter the total amount involved	_		
a	Initiation fees and capital contributions included on line 9	-		
ь 40а	Gross receipts, included on line 9, for public use of club facilities	_		
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		√
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filed			
42a	The organization's books are in care of ▶ Grace Neagle Located at ▶ 18730 Wet Newberry Road, Newberry, FL ZIP + 4 ▶	326		
b	Located at ► 18730 Wet Newberry Road, Newberry, FL ZIP + 4 ► 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 ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	42b	Yes	No √
С	Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? .	42c		√
	If "Yes," enter the name of the foreign country ▶			
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		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	163	√
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		√
c	Did the organization receive any payments for indoor tanning services during the year?	44c		√
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		√

Form 990	D-EZ (20	020)							F	age 4
									Yes	No
46	Did th	ne organization engage, directly or ir	idirectly, in political c	ampaign activities	on beha	alf of or	in opposit	ion		
		ndidates for public office? If "Yes," o		, Part I				46	i	✓
Part \		Section 501(c)(3) Organizations All section 501(c)(3) organization		etione 47_49h a	nd 52 is	and cor	anlata th	a tablac	for lin	00
		50 and 51.	s must answer que	Stions 47 –430 at	10 JZ, 6	iila coi	ilbiere rii	e labies	101 1111	CS
		Check if the organization used Scl	nedule O to respond	I to any question i	in this P	art VI				
-		Check if the organization used Sci	reduie O to respond	to any question	111 11113 1	ait Vi			Yes	No
		he organization engage in lobbying								/
	•	' If "Yes," complete Schedule C, Par						-		 √
		organization a school as described in								 √
		ne organization make any transfers to s," was the related organization a se	·	_						V
		s, was the related organization a secolete this table for the organization's								d key
		oyees) who each received more than								
		,	· · · · · · · · · · · · · · · · · · ·			l) Health b		· ·		
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MI	contr	ibutions t	o employee nd deferred	(e) Estima other co	ted amo mpensa	
						compare	auon			
		number of other employees paid over								
		olete this table for the organization'			ent cont	ractors	who each	receive	d more	than
	\$100,	,000 of compensation from the organ	nization. If there is no	ne, enter "None."						
	(a)	Name and business address of each independ	ent contractor	(b) Type of	service		(c)	Compensa	ition	
				1						
				L						
		number of other independent contra	-		. ▶					
		the organization complete Schedu		` '\ '	rganizati	ons mi	,			
								► ∐ Ye		No
		of perjury, I declare that I have examined this in decomplete. Declaration of preparer (other than						nowledge ar	nd belief	, it is
	550, 011	somplete. Bestaration of proparer (earler than	Tolliooly to bacca off all life	mader of miles propa		, momea	90.			
Sign		Signature of officer				Date				
Here	?	L Signature of officer	Date							
	_	Type or print name and title								
D-: 1		Print/Type preparer's name	Preparer's signature		Date		0	. PTIN		
Paid							Check L self-emplo	if yed		
Prepa		Firm's name ►	1			Firm'	⊥ sEIN ►	-		
Use C	Jilly	Firm's address ▶				Phor				
May the	e IRS	discuss this return with the preparer	shown above? See i	instructions				► ✓ Ye	s 🗌	No

?

SCHEDULE O (Form 990 or 990-EZ

Department of the Treasury

Internal Revenue Service

Name of the organization

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.

► Attach to Form 990 or 990-EZ.

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



Open to Public Inspection

Employer identification number

Friends of Dudley Farm, Inc.	59340068
Part I Line 16	
Purchases - Commisary	3553.00
Sales Taxes - Commissary	383.00
Credit Card Fees/ Phone	398.00
Personnel	9000.00
Livestock Maintenance	3501.00
Mule Rental for Night Encounter	1660.00
Repairs	1295.00
Portable Toliet	600.00
Plant Nursery	796.00
Historic Garden Maintenance	385.00
Cane Day Supplies	22.00
Socials	106.00
Other Special Events	13.00
Collections Building Supplies	98.00
Web Site Fees	588.00
Newsletter Printing	426.00
Postage and Shipping	172.00
Furniture and Equipment	208.00
Memberships, Books and Subscriptions	145.00
Membership Outreach	65.00
Accounting	508.00
Suppplies	182.00
Bus Transportation	1,636.00