

Florida Department of Environmental Protection CITIZEN SUPPORT ORGANIZATION 2024 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 (From VSys - Work with your parks' volunteer manager):

PARK & CSO RELATIONSHIP:

Do not duplicate by describing accomplishments and contributions in the summary. <u>Brag</u> in the above Results Obtained. Below, describe 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 Services are costs related to providing your organizations' programs or services in accordance with your mission. Describe and provide expenses that <u>directly support the park(s)</u>. For established nonprofit organizations, program service expenses generally represent most of the overall expenses of the organization. For the last calendar year provide the total \$ for each that apply. Do not use commas.

- 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 \$
 - Park publications, brochures, maps, etc. \$
 - Programing/interpretation support material purchases
 - Other program services \$
 - **Total Program Service Expenses \$**

Visitor Services Revenue are revenues and the sources generated from fundraising on park property. Do not use commas.

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

NET ASSETS: \$

Organizations end of last year's <u>Total Assets minus Total Liabilities</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) \$

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.

CONFIRM ATTACHMENTS:

Code of Ethics

The most recent Internal Revenue Service (IRS) Form 990, 990-EZ, or 990-N receipt. All IRS Form 990's must be <u>complete</u> with Part III Program Service and <u>all</u> 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.

2024 CSO Legislative Report Acknowledgment This information is complete to the best of my knowledge pursuant to Section 20.058 Florida Statutes

Signature: James Nash	Date: 2024.06.01 13:59:44 -04'00'	
Printname:		, CSO President
	, Inc.	
Date:		
Signature: Angela L. Kaise	Pr Digitally signed by Angela L. Kaiser Date: 2024.06.07 11:29:44 -04'00'	
Print name: Angela Kaiser		, Park Manager
Date: 6.7.2024		

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 990

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

2023

OMB No. 1545-0047

Open to Public Inspection

For the 2023 calendar year, or tax year beginning 2023, and ending 20 Check if applicable: C Name of organization Friends of Rainbow Springs State Park, Inc. D Employer identification number Address change Doing business as 59-3182934 Number and street (or P.O. box if mail is not delivered to street address) Room/suite Telephone number Name change Initial return 19164 SW 81st Place Road (603)540-6641 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Amended return Dunnellon, FL 34432 326,380 Jim Nash Application pending Name and address of principal officer: H(a) Is this a group return for subordinates? Same as C above H(b) Are all subordinates included? X 501(c)(3) 501(c) (4947(a)(1) or 527 If "No," attach a list. See instructions) (insert no.) Tax-exempt status: www.friendsofrainbowsprings.org H(c) Group exemption number Form of organization: X Corporation Trust Association Other 1993 L Year of formation: M State of legal domicile: FLPart I Summary Briefly describe the organization's mission or most significant activities: To promote community interest in Rainbow Springs State Park and to assist in the Florida Park Service's mission of providing Activities & Governance resource-based recreation while preserving, interpreting and restoring natural and cultural resources. Check this box [] if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 12 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 126 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 22,610 16,490 Revenue 0 10 2 7,282 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 100,448 144,048 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 123,060 167,820 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 **b** Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 77,980 57,429 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 57,429 77,980 19 Revenue less expenses. Subtract line 18 from line 12 65,631 89,840 Beginning of Current Year End of Year Net Assets or Fund Balances 20 477,927 608,792 21 Total liabilities (Part X, line 26) 0 22 Net assets or fund balances. Subtract line 21 from line 20 608,792 477,927 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Nancy Browall Sign Signature of officer Here Nancy Browall, Treasurer Type or print name and title Print/Type preparer's name Preparer's signature Date Check Paid 06-14-2024 Stephen H. Kattell P01278226 Preparer Firm's name Kattell and Company, P.L. Firm's EIN **Use Only** Firm's address 808-B NW 16th Avenue Phone no. 352-395-6565 Gainesville FL 32601 May the IRS discuss this return with the preparer shown above? See instructions X Yes No

Checklist of Required Schedules

Part IV

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes." 1 X 2 X 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 5 x assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 Х Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 7 х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 8 X Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or 9 X Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a Х b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more 11b Х c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more 11c х d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e х Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part.X. Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Х х 13 13 х 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate 14b Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 16 х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 17 х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 х Х 20a 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 X

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1 0	Onecknist of Required Ochedules (continued)			т
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part. I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part.II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (See the Schedule	10.00		
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part.VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		<u></u>	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	17.4		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		La lay	
	reportable gaming (gambling) winnings to prize winners?	1c		

Page 6 Friends of Rainbow Springs State Park, Inc. Form 990 (2023) Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 2 X Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? x 5 6 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a 7a Х Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following: 8a Х Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? . . . 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Х Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c х 13 13 14 X 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a X X 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a х **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Other (explain on Schedule O) Another's website Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records. 20

Nancy Browall (603) 540-6641, 19164 SW 81st Place Road, Dunnellon, FL 34432

Form	aan	(2023)	

Friends of Rainbow Springs State Park, Inc.

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

				(C)					
(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation from the
	(list any hours for related organizations below dotted line)	Highest compensated employee Key employee Officer Institutional trustee Individual trustee or director		Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations			
	5.00									
Member		X						0	0	0
_(2)Laurie_Baker	4.00									•
Member		X			_			0	0	0
_(3)Gail_Reading	4.00					ĺ			_	•
Member		Х			_			0	0	0
_(4)Mark_Rickert	5.00							_	_	_
Member		Х						0	0	0
_(5)David_Frisina	4.00									_
Member		X						0	0	0
_(6)Marylou Klein	4.00									
Member		<u> </u>						0	0	0
_(7)Carol_Scharf	8.00					İ				
Member		X						0	0	0
_(8)Diane_Kahler	4.00									
Treasurer		X		X				0	0	0
(9)Linda Brown	8.00				-					
Secretary		X		Х				0	0	0
(10)Stasha McKnight	15.00					Ì				
Vice President		x		х				0	0	0
(11)Jim Nash	8.00									
President		X		X				0	0	0
(12)Nancy Browall	8.00									
Treasurer		х		x				0	0	0
<u>(13)</u>										
<u>(14)</u>										

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Part VII Section A. Officers, Directors, (A) Name and title	(B) Average hours per week	(B) (do r Average box hours offic			C) sition ore the	nan one s both a /trustee	(D) Reportable		(E) Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation from the	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		1099-MISC/ 1099-NEC)	organization and related organizations	
(15)											
(16)											
(17)											
(18)						!					
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)									,		
1b Subtotal	not limited to			• • •			•	0 received more th	0 nan \$100,000 of		
reportable compensation from the organization. 3 Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Sched. 4 For any individual listed on line 1a, is the sum of organization and related organizations greater to individual	ctor, trustee, ule J for such reportable con han \$150,000	individence in individual indi	lual . ation es," any	and com	othe	er come Sch	npen: edul	sation from the le J for such		3 X 4 X 5 X	
Section B. Independent Contractors 1 Complete this table for your five highest co	-	-									
compensation from the organization. Repo (A) Name and business addre		ation 1	or th	he c	aler	ndar <u>y</u>	/ear	ending with or v (B) Description of service		c) Compensation	
Total number of independent contractors (received more than \$100,000 of compensations)	•					ose li	stec	d above) who			

Part \		Statement of Rev				s rain, inc.			
		Check if Schedule O	contains a res	sponse	e or note to any l	line in this Part \ (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Fundraising events Related organizations Government grants (contri All other contributions, gift and similar amounts not in	ibutions)	1a 1b 1c 1d 1e	2,702				
Contr	h	lines 1a-1f				16,490			
Program Service Revenue	1	All other program service r	evenue		Business Code				
	3	Total. Add lines 2a-2f . Investment income (includir other similar amounts) .	ng dividends, int	erest, a	nd	7,282			7,282
	4 5	Income from investment of Royalties	tax-exempt bon	d proce	eds				
Other Revenue	С	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	(i) Rea 6a 6b 6c		(ii) Personal				
	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	7a (i) Securit		(ii) Other				
	8a b	Net gain or (loss) Gross income from fundrai events (not including \$ _ of contributions reported or 1c). See Part IV, line 18 Less: direct expenses .	sing n line	- 8a 8b					
	9a b	Net income or (loss) from f Gross income from gaming activities. See Part IV, line Less: direct expenses . Net income or (loss) from g	19	9a 9b					
	b	Gross sales of inventory, le returns and allowances . Less: cost of goods sold Net income or (loss) from s		10b	158,560	144,048	144,048		
Miscellanous Revenue	11a b c				Business Code				
≥	1 .	Total Add lines 11s 11d				1		1.000 1000 1000 1000 1000	

167,820

144,048

7,282

0

Part IX Statement of Functional Expenses

	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			nuse takki s <u>ili j</u> uaga saki nasuji <u>lisi i se</u>	Alternative Angles (per per al fall and a section of the section o
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
7 8	Pension plan accruals and contributions (include				-
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes		-		
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
C	Accounting	1,250		1,250	
d	Lobbying	2/250			-
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees		A CANADA R. Brind D. Service V. Mary Caracter of	the state of the s	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A), amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	680	660		20
13	Office expenses	12,257	8,054	4,125	78
14	Information technology	608		608	
15	Royalties				
16	Occupancy	932	932		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	65	65		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,202	3,202		
23	Insurance	1,663	831	832	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	Firewood for Campers	1,062	1,062		
b	Repair & Maintenance - Park	56,261	56,261		
С					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	77,980	71,067	6,815	98
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Page 11 Form 990 (2023) Friends of Rainbow Springs State Park, Inc. 59-3182934 **Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 227,540 520,640 1 Cash - non-interest-bearing 187,024 2 2 3 3 4 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 7 Notes and loans receivable, net 57,991 57,991 8 9 9 Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D 10a 10b 10c 30,161 Less: accumulated depreciation 38,000 5,372 b 11 11 12 12 Investments - other securities. See Part IV, line 11 13 13 14 14 15 15 477,927 16 608,792 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 0 26 0 Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net Assets or Fund Balances 477,927 608,792 27 28 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29

608,792

30

31

32

477,927

477,927

30

31

32

33

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

orm	990 (2023) Friends of Rainbow Springs State Park, Inc.	59-318293	4	Pá	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>		· · ·	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		167,	820
2	Total expenses (must equal Part IX, column (A), line 25)	2		77,	980
3	Revenue less expenses. Subtract line 2 from line 1	3		89,	840
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		477,	927
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		41,	025
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		608,	792
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		<u>.</u>	
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
þ	Were the organization's financial statements audited by an independent accountant?		2b		x
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
·c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		
EΕΑ			Form	990	(2023)

EEA

SCHEDULE A (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public

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

Name of the organization Employer

nation. Inspection
Employer identification number

Frie	iends of Rainbow Springs State Park, Inc. 59-3182934								
Par	t I	Reason for Public Cha	ri <mark>ty Status.</mark> (Al	I organizations mus	st compl	ete this p	oart.) See instruction	ns.	
The o	rgar	ization is not a private foundation be	ecause it is: (For lin	nes 1 through 12, check o	only one b	ox.)			
1		A church, convention of churches,	or association of c	hurches described in se	ction 170	(b)(1)(A)(i)) .		
2	$\overline{\sqcap}$	A school described in section 170	(b)(1)(A)(ii). (Attac	ch Schedule E (Form 990	0).)	,			
3	Ħ	A hospital or a cooperative hospita		•)(A)(iii).			
4	Ħ	A medical research organization o	-				(b)(1)(A)(iii). Enter the		
•	ш	hospital's name, city, and state:	ooratoo iir oorijano	ao,, and a noophal dood			(4)(1)(1)(1)(1)		
5		An organization operated for the be	nefit of a college o	r university owned or on	erated by	a dovernm	ental unit described in		
•	ш	section 170(b)(1)(A)(iv). (Complete	-	r aniversity evence or op-	crated by	a governm	crital ariit accombact iii		
e			•	Lunit docaribad in postie	n 470/h\	/4\/A\/ ₆ \			
6	H	A federal, state, or local governme	•		. ,				
7	Ш	An organization that normally received		•	jovernmer	ntal unit or t	rom the general public		
		described in section 170(b)(1)(A)(
8	님	A community trust described in sec							
9	Ш	An agricultural research organization						ege	
		or university or a non-land-grant co	llege of agriculture	(see instructions). Enter	the name,	, city, and s	tate of the college or		
	_	university:							
10	X	An organization that normally received receipts from activities related to its						3	
		support from gross investment inco							
		acquired by the organization after					,		
11		An organization organized and ope	erated exclusively t	o test for public safety. S	See sectio	on 509(a)(4	1).		
12		An organization organized and ope	rated exclusively fo	or the benefit of, to perform	m the fund	ctions of, or	to carry out the purpos	es of	
		one or more publicly supported org	anizations describ	ed in section 509(a)(1)	or sectio :	n 509(a)(2)	. See section 509(a)(3). Chec	k
		the box on lines 12a through 12d th	at describes the typ	oe of supporting organiza	ation and o	complete lir	nes 12e, 12f, and 12g.		
а		Type I. A supporting organizat	ion operated, supe	rvised, or controlled by i	its suppor	ted organiz	ation(s), typically by given	ving	
		the supported organization(s) t	he power to regula	rly appoint or elect a ma	jority of th	e directors	or trustees of the		
		supporting organization. You r	nust complete Pa	rt IV, Sections A and B	3.				
b		Type II. A supporting organiza	tion supervised or	controlled in connection	with its su	upported or	ganization(s), by havin	g	
		control or management of the s							
		organization(s). You must cor							
С		Type III functionally integrate	-		connection	with, and	functionally integrated	with.	
		its supported organization(s) (s		•				•	
d		Type III non-functionally inte	•					ion(s)	
-		that is not functionally integrate	_						
		requirement (see instructions).	-	•			on and an axons vonco	-	
е		Check this box if the organization	· ·				I Type II Type III		is .
•		functionally integrated, or Type					i, type ii, type iii		
	_	, , , , , , , , , , , , , , , , , , , ,		,, ,	•				
		nter the number of supported organ rovide the following information abo							
g					() A 1- H-		4.3.4	4	A
	(i) Name of supported organization	(ii) EiN	(iii) Type of organization (described on lines 1-10	1	organization ur governing	(v) Amount of monetary support (see		Amount of support (see
				above (see instructions))		ment?	instructions)	ir	nstructions)
					V	NI.			
					Yes	No			
(A)									
				•					
(B)									
(- <i>)</i>						ļ			
(C)									
								<u> </u>	
(D)									
·					-				
(E)									
									
Total						100		Į	

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 **(e)** 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the 2 organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 **(e)** 2023 (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 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.) **Total support.** Add lines 7 through 10 11 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 14 % 14 15 % Public support percentage from 2022 Schedule A, Part II, line 14 15 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

18

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support		<u>,</u>				
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	21,481	19,663	32,111	22,608	16,490	112,353
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	197,350	23,882	128,503	234,435	302,608	886,778
3	Gross receipts from activities that are not an						-
	unrelated trade or business under section 513	97	1,072	1,807			2,976
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	Total. Add lines 1 through 5	218,928	44,617	162,421	257,043	319,098	1,002,107
_	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from				74754E-9.4703		
_	line 6.)						1,002,107
Secti	on B. Total Support			,	,		
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	218,928	44,617	162,421	257,043	319,098	1,002,107
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	2,434	1,192	79	2	7,282	10,989
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses				·		
	acquired after June 30, 1975						
С	Add lines 10a and 10b	2,434	1,192	79	2	7,282	10,989
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	221,362	45,809	162,500	257,045	326,380	1,013,096
14	First 5 years. If the Form 990 is for the or	ganization's fir	st, second, thi	rd, fourth, or fif	th tax year as a	a section 501(d	c)(3)
	organization, check this box and stop her			<u> </u>	<u> </u>		
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2023 (line 8	, ,	•	3, column (f))		15	98.92 %
<u>16</u>	Public support percentage from 2022 Sch					16	99.33 %
Secti	on D. Computation of Investment Inc						
17	Investment income percentage for 2023 (I			•		17	1.00 %
18	Investment income percentage from 2022					18	1.00 %
19a	33 1/3% support tests - 2023. If the orga						
	17 is not more than 33 1/3%, check this be						
b	33 1/3% support tests - 2022. If the organization						_
	line 18 is not more than 33 1/3%, check this bo						
20	Private foundation. If the organization die	d not check a t	oox on line 14,	19a, or 19b, cl	heck this box a	nd see instruc	tions L

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A.	All	Supporting	ı Orga	anizations
------------	-----	------------	--------	------------

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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 **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 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 lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c 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 **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI**.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- **b** 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.)

1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			Yes	No
1		1546		
1				
2 3a 3b 3c 3b 3c 4a 4b 4c 4c 5c 5c 5c 5c 5c 5c				
2 3a 3b 3c 3b 3c 4a 4b 4c 4c 5c 5c 5c 5c 5c 5c		1		
2 3a 3b 3c 3b 3c 4a 4b 4c 4c 5c 5c 5c 5c 5c 5c				Design.
2 3a 3b 3c 3b 3c 4a 4b 4c 4c 5c 5c 5c 5c 5c 5c	J			
3a	1	ill marinette		
3a 3b 3c 3b 3c 4a 4b 4b 4b 5c 5c 5c 5c 5c 5c 5c 5		2		
3a 3b 3c 3b 3c 4a 4b 4b 4b 5c 5c 5c 5c 5c 5c 5c 5	r	Freek!	THE	1000
3b 3c 4a 4b 4b 4c 5b 5c 5c 5c 5c 5c 10a 10a 10b	,	۱ ـ	and Thronic	same frage was a real
3b 3c 4a 4b 4b 4c 4c 5b 5c 5c 6 6 7 8 9a 9b 9c 10a 10b 10b				2.144.0
3b 3c 4a 4b 4b 4c 4c 5b 5c 5c 6 6 7 8 9a 9b 9c 10a 10b 10b	t		to a soluti	
3b 3c 4a 4b 4b 4c 4c 5b 5c 5c 6 6 7 8 9a 9b 9c 10a 10b 10b				
3c 4a 4b 4c 4c 5b 5c 5c 6 7 8 9a 9b 9c 10a 10b		O.L.	A.1.112.12	125 <u>-11-11-1</u>
3c 4a 4b 4c 4c 5b 5c 5c 6 7 8 9a 9b 9c 10a 10b		3D	arten en en en en en en	
3c 4a 4b 4c 4c 5b 5c 5c 6 7 8 9a 9b 9c 10a 10b	3)			
4a	•	30		
4a		1800	046830	20.36
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5a 5b 5c 6 7 8 9a 9b 9c 10a 10b 10b				
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10a 10b			1 / 1	20 EST
10a 10b				
10b		10-		
		ıva	2 2 22	
		10b		
	edii		orm go	0) 2023

Part I	Supporting Organizations (continued)			
		L 20 = 2 2 2 3	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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a	ļ	<u> </u>
	A family member of a person described on line 11a above?	11b	# 2.59791 u.m	458745
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations		V	No.
4			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	3.019		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	100		
	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			. 575
2	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	Total Sales Confer	
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	70		
	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	181 7 N P St.	No. 1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI			31.3
	how the organization maintained a close and continuous working relationship with the supported organization(s).	2	Such du 353	2000
3	By reason of the relationship described in line 2, above, 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			122.2
Casti	supported organizations played in this regard.	3		I
	on E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see		ructie	ne)
1 a	The organization satisfied the Activities Test. Complete line 2 below.	; 1113L	iacac	məj.
a b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru-	ctions)	ı	
2	Activities Test. Answer lines 2a and 2b below.	20,0,,0,	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	75.5	111111	W 100
_	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		100 000000
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's		475,44	
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	1.5	TANK ALIVA	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

hedul	e A (Form 990) 2023 Friends of Rainbow Springs State Park,	Inc	. 59-31829	34 Page (
art				
1	te t			in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organi			
ecti	on 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		
ecti	on 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d	100 11 12 12 12 12 12 12 12 12 12 12 12 12	
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):	1, 0		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ecti	on C - Distributable Amount	,	The state of the s	Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		

6 emergency temporary reduction (see instructions). Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

3

4 5

Enter 0.85 of line 1.

Enter greater of line 2 or line 3.

Income tax imposed in prior year

Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continue	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	ed			
	organizations, in excess of income from activity		2		
3_	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	izations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	 provide details in Part 	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.		<u> </u>	7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2023	ns	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				and a first of the second of t
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		per de la companya d La companya de la companya della companya del	47.7	
4	Distributions for 2023 from				
	Section D, line 7:				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.			l	
6	Remaining underdistributions for 2023. Subtract lines 3h			ra L	
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
b	Excess from 2020				
C	Excess from 2021			4307	
d	Excess from 2022				

е

Excess from 2023

Page	8

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

ition. Inspection
Employer identification number

rier	ds of Rainbow Springs State Park, Inc.		59-3182934
Pai	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds or A	Accounts
	Complete if the organization answered "Yes"		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed
•	funds are the organization's property, subject to the organiz		
6	Did the organization inform all grantees, donors, and donor		
O	only for charitable purposes and not for the benefit of the do		
	conferring impermissible private benefit?		
Dor		<u> </u>	
Par		on Form 000 Port IV line 7	
	Complete if the organization answered "Yes"		
1	Purpose(s) of conservation easements held by the organization		f 1 to to story Device a partner to and a second
	Preservation of land for public use (for example, recreating	=	f a historically important land area
	Protection of natural habitat	☐ Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form	1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
	easement on the last day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic si		
ď	Number of conservation easements included on line 2c, acc	quired after July 25, 2006, and not	
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, r		
-	tax year	· · · · · · · · · · · · · · · · · · ·	
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the p		
•	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
·	otali di a voldi loci i locio develed le menne me, meperanis,		Ç ,
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserva	ation easements during the year
,	Amount of expenses incurred in monitoring, inspecting, man	diffig of violations, and officioning consolve	acon odcomonic caming the year
	Does each conservation easement reported on line 2d abor	up satisfy the requirements of section 170	(b)(4)(B)(i)
8	and section 170(h)(4)(B)(ii)?		
•	In Part XIII, describe how the organization reports conserva		
9			
	sheet, and include, if applicable, the text of the footnote to the	ne organization's financial statements that	describes the
	organization's accounting for conservation easements	of Art Historical Transcorres o	- Other Similar Assets
Par	t III Organizations Maintaining Collections		Other Sillinar Assets
	Complete if the organization answered "Yes"		
1a	If the organization elected, as permitted under FASB ASC 9		
	of art, historical treasures, or other similar assets held for pe		
	service, provide in Part XIII the text of the footnote to its fin		
b	If the organization elected, as permitted under FASB ASC 9		
	art, historical treasures, or other similar assets held for publ	ic exhibition, education, or research in fur	therance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tr		
-	following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1		\$
и Ь	Accete included in Form 990 Part Y		\$

Schedul	eD(Form 990) 2023 Friends of Rain	nbow Springs	State Par	k, Inc.	·	59-318		Page 2
Part								ntın <u>ued)</u>
3	Using the organization's acquisition, access	ion, and other record	ds, check any o	of the following t	hat make s	ignificant use of its		
	collection items (check all that apply):							
а	Public exhibition		d 🗌	Loan or exchan	ge progran	า		
b	Scholarly research		e 🗌	Other				
С	Preservation for future generations						-	
4	Provide a description of the organization's of	collections and expla	in how they fu	ther the organiz	ation's exe	mpt purpose in Par	t	
-	XIII.	•	•	· ·		•		
5	During the year, did the organization solicit	or receive donations	of art, historica	il treasures, or o	other simila	r		
•	assets to be sold to raise funds rather than						. Yes	☐ No
Part	Control of Control							
_ 441	Complete if the organization	answered "Yes	on Form 9	90, Part IV. I	line 9. or	reported an ar	nount on 1	Form
	990, Part X, line 21.		2	,	, -,			
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contrib	utions or other	assets not			
ıu	included on Form 990, Part X?						Yes	☐ No
h	If "Yes," explain the arrangement in Part XII				• •			
þ	ii 163, explain the attangententin Fatt All	ii and complete the f	Showing table.			Δι	mount	
_	Beginning balance					lc O		
۲. C	Additions during the year					ld		
d	Distributions during the year					le		
e	- · · · · · · · · · · · · · · · · · · ·				_	lf		
f n-	Ending balance						□ Voo	No No
2a	Did the organization include an amount on F	-unii 990, Pari A, III II. Chook boro if 45 -	ovalanation be	w or custoutal at	on Dort VI	mty!	res	
b Daw	If "Yes," explain the arrangement in Part XII	ii. Oneck here it the	exhiguarion na	s peen provided	on Falt Al		• • • • •	لسا
Parl		anawarad "Vaa	" on Form O	00 Part IV	lina 10			
	Complete if the organization					(a) Theorem ! !	(6) 5	vooro b==!
_		(a) Current year	(b) Prior ye	ar (c) Two	years back	(d) Three years back	(e) Four	years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and							
	losses		ļ <u>.</u>				-	
d	Grants or scholarships					-		
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the cur	rent year end balan	ce (line 1g, col	umn (a)) held as	3:			
а	Board designated or quasi-endowment	%						
b	Permanent endowment%)						
С	Term endowment%							
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.						
3a	Are there endowment funds not in the poss		zation that are	held and admini	istered for t	he	-	
	organization by:							Yes No
	(i) Unrelated organizations?						3a(i)	
	(ii) Related organizations?						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organi							
4	Describe in Part XIII the intended uses of the							
Par								
- ,	Complete if the organization		on Form 9	90, Part IV.	line 11a.	See Form 990	, Part X, I	ine 10.
-	Description of property	(a) Cost or ot		o) Cost or other basi	1	c) Accumulated	(d) Book	
		(investr	1 '	(other)	,	depreciation		
1a	Land				3 -4			
b	Buildings				1			
	Leasehold improvements							
q C	•			68,16	51	38,000		30,161
d	Equipment			66,10	'-	20,000		,
e	Other		art V lina 10a	column (P)				30,161
ı otal.	Add lines to through te. (Column (a) must	equal FUIII 990, Pa	arca, iii le TUC,	ooranin (D) · ·				20110T

Part VII	Investments - Other Securities Complete if the organization answere	d "Yes" on Form	n 990, Part IV	, line 11b. See Fo	rm 990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value	(c)	Method of valuation: r end-of-year market value
(1) Financial	derivatives				
, ,	eld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)	·				
(F)					
(G)					
(H)	nn (b) must equal Form 990, Part X, line 12, col.(E	211			
Part VIII	Investments - Program Related	<i>,,,,</i>		ggantistate etan, in albeiti sass	<u> </u>
1 die viii	Complete if the organization answere	d "Yes" on For	m 990. Part IV	. line 11c. See Fo	rm 990. Part X. line 13.
	(a) Description of investment		(b) Book value	(c)	Method of valuation:
(4)				Cost or	r end-of-year market value
(1)					
(2)					
(3)					
(5)					
(6)					
(7)					
(8)					
(9)					
	nn (b) must equal Form 990, Part X, line 13, col. (i	B))			
Part IX	Other Assets	, , , , , , , , , , , , , , , , , , ,			
	Complete if the organization answere	d "Yes" on Fori	m 990, Part IV	, line 11d. See Fo	rm 990, Part X, line 15.
	(a) [Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)			-		
(8)					
(9)	(1) 15 000 B 1V 5 451 (5				
Part X	on (b) must equal Form 990, Part X, line 15 col. (E Other Liabilities	3))	<u> </u>		
FaitA	Complete if the organization answere line 25.	ed "Yes" on For	m 990, Part IV	, line 11e or 11f. S	See Form 990, Part X,
1.	(a) Description of liability	(b) Book v	alue		
	income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column	(b) must equal Form 990, Part X, line 25 col. (B))		13 P		

	000) 2022	End on de	of Doinbow	Caringa	Ctato	Dank	Tna	59-3182934	
aule D (F	orm 990) 2023	rrienas	of Rainbow	Springs	State.	Park,	Inc.	33-3102334	
rt XI	Reconcil		-					With Revenue per Return	
	_ , ,				. 11	000	D-4 1\	/ 1: 10-	

	Complete if the organization answered "Yes" on Form 990, Pa	art IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	[기계 전환] - (2017) 2
b	Donated services and use of facilities	2b	1 may 6.50 1 0.50 mg -
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
	Add lines 2a through 2d		2e
e	Subtract line 2e from line 1		3
3	· · · · · · · · · · · · · · · · · · ·		¥2.25
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4-	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	Pitty Con Prof. Control of Contro
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5
Part			er Return
	Complete if the organization answered "Yes" on Form 990, Pa	art IV, line 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	- 1000 - 1000
b	Other (Describe in Part XIII.)	4b	
	·		4c
C	Add lines 4a and 4b		-0
с 5			5
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).		· · · · · · · · · · · · · · · · · · ·
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . XIII Supplemental Information		5
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). XIII Supplemental Information e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	ines 1b and 2b; Part V, line 4; F	5
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . XIII Supplemental Information	ines 1b and 2b; Part V, line 4; F	5
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). XIII Supplemental Information e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.	ines 1b and 2b; Part V, line 4; F	5
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SCHEDULE O (Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Employer identification number

Friends of Rainbow Springs State Park, Inc.	59-3182934
01. Committee meeting documentation (Part VI, line 8b)	
01. COMMITTO 000 INCOMING GOODMING TO THE TOTAL	
There are no committees with authority to act on behalf of the govern	ing body.
OO TO COO	
02. Form 990 governing body review (Part VI, line 11)	
A copy of the Form 990 is provided to the Board prior to its filing.	
03. Conflict of interest policy compliance (Part VI, line 12c)	
The Organization holds board member orientation to inform new members	of the conflict of
interest policy. Annual statements of conflicts are obtained.	
04. Governing documents, etc, available to public (Part VI, line 19)	
04. Governing documents, etc., available to public (Fait VI, Time 15)	
Governing documents are available upon request.	