

Florida Department of Environmental Protection

CITIZEN SUPPORT ORGANIZATION 2016 REPORT (pursuant to Florida Statute 20.058)

Citizen Support Organization (CSO) Name: <u>Friends Rainbow Springs State Park, Inc.</u> Mailing Address:<u>19158 S.W. 81st PL RD, Dunnellon, FL 34432</u> Telephone Number: <u>(352) 465-8555</u> Website Address (if applicable): <u>friendsofrainbowsprings.org</u>

Statutory Authority:

Section 20.2551, F.S., Citizen support organizations; use of property; audit; public records; partnerships. In summary, the statute specifies the organizational requirements, operational parameters, duties of a CSO to support the Department of Environmental Protection (Department), or individual units of the Department, use of Department property, audit requirements, public records requirements, and authorizes public-private partnerships to enhance lands managed by the Department.

Section 258.015, F.S., Citizen support organizations; use of property; audit. In summary, the statute defines a CSO, requires authorization by the Division of Recreation and Parks, and specifies the use of property. This statute authorizes the Partnerships in Parks (PIP) program for state parks, the program's operational parameters, CSO's operational parameters, and donor recognition.

Brief Description of the CSO's Mission:

To promote community interest in Rainbow Springs State Park and to assist in the Florida Park Service mission on providing resourced based recreation while preserving, interpreting, and restoring natural and cultural resources.

Brief Description of the CSO's Results Obtained:

Historical Gardens restored and renovated. Educational programs for local schools. Benches, picnic tables, handrails continue replacement or add too.

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

Continue garden renovation. Continue memorial bricks. New roof on green house. Continue educational programs. Finish mobi mat paths. Remove dangerous trees.

Copy of the CSO's Code of Ethics attached (Model provided; see CSO 2014 instructions)

Certify the CSO has completed and provided to the Department the organization's most recent Internal Revenue Service (IRS) Form 990, 990-EZ, or 990-N/Annual Financial Statement

July 2014

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Friends of Rainbow Springs State Park CODE OF ETHICS

PREAMBLE

- (1) It is essential to the proper conduct and operation 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 (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 Rainbow Springs State Park board members, officers, and employees in the performance of their official duties.

STANDARDS

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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 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.

Draft July 15, 2014 | To be adopted at next regularly scheduled board meeting September 8, 2014

Forr Depa	n 990 rtment of the Treasury	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundat ▶ Do not enter social security numbers on this form as it may be made public.	tions)	OMB No. 1545-0047 2014 Open to Public
Interr	al Revenue Service	Information about Form 990 and its instructions is at www.irs.gov/form990.		Inspection
<u>A</u>		year, or tax year beginning 07/01/14 , and ending 06/30/15		
В	Check if applicable: C Name	of organization Friends of Rainbow Springs	Employe	identification number
	Address change	State Park, Inc.	۸	
	Vame change	Dufress as Inchanting []		182934
Ξ	umbë	rand street for 1 of box, it mail is not delivered to street address COLIOI Room/suite E	Têlephon	189-6328
		town, state or province, country, and ZIP or foreign postal code	JJZ	
	erminated			167 407
\square		nellon FL 34432 G and address of principal officer:	Gross rec	eipts \$ 167,407
$\overline{\Box}$		Lph Kaleshefski	return for s	ubordinates? Yes X No
ĽĽ [,]	······································	599 SW 80th Street H(b) Are all subord		
				(see instructions)
	22			
		501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527		
		riendsofrainbowsprings.org H(c) Group exemption		
		prporation Trust Association Other ► L Year of formation: 199	93	M State of legal domicile: FL
	art I Summary			
		e organization's mission or most significant activities:		
Governance	See Sched			
naı	••••••			
ver	· · · · · · · · · · · · · · · · · · ·			
ő		if the organization discontinued its operations or disposed of more than 25% of its net assets	s.	10
õ		members of the governing body (Part VI, line 1a)	3	13
ties	4 Number of indepe	ndent voting members of the governing body (Part VI, line 1b)	4	13
Activities		ndividuals employed in calendar year 2014 (Part V, line 2a)	5	0
Ac		olunteers (estimate if necessary)	6	111
		isiness revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated bus	iness taxable income from Form 990-T, line 34	7b	<u> </u>
	9 Contributions and	grants (Part VIII, line 1h) 20,	372	<u>Current Year</u> 6,592
ne			481	9,821
Revenue	•		801	1,277
Re		66	467	70,500
		dd lines 8 through 11 (must equal Part VIII, column (A), line 12)		88,190
		r amounts paid (Part IX, column (A), lines 1–3)	0	39,582
		r far members (Dart IX, column (A), ling ()	Ő	0
			0	0
ses	15 Salaries, other co	niperisation, employee benefits (Part IX, column (A), lines 5-10)	0	0
Expenses	b Total fundraising	mpensation, employee benefits (Part IX, column (A), lines 5–10) aising fees (Part IX, column (A), line 11e) expenses (Part IX, column (D), line 25) ▶ 2,698		
ĔĂ			560	72,903
			560	112,485
			561	-24,295
58	13 I Levenue less exp	Beginning of Current		End of Year
lanc	20 Total assets (Part	X, line 16)667,		641,994
Ass I Ba	21 Total liabilities (Pa	urt X, line 26)	752	0
Net Assets or Fund Balances	22 Net assets or fund	balances. Subtract line 21 from line 20 666,	289	641,994
	art II Signature			
Ur	der penalties of perjury, I	declare that I have examined this return, including accompanying schedules and statements, and to the best	of my kn	owledge and belief, it is
tru	e, correct, and complete. I	Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
Sig	n Signature of	officer	Date	
Hei		e Kahler Treasurer		<u></u>
	Type or print	name and title		
	Print/Type preparer's	name Preparer's signature Date	Check	if PTIN
Paic	b cephen n. n	attell, CPA 03/16/16	5 self-em	bloyed P01278226
-	Firm's name	Kattell & Company, P.L.	s EIN 🕨	01-0822046
Use	Only	808B NW 16th Ave		·
	I	$C_{\text{optropyrillo}}$ ET 32601		352-305-6565

Use Only			808B	NW	τοτυ	AVE	9
	Firm's address		Gaine	esvi	lle,	FL	32601
May the IR	S discuss this	s return	with the p	oreparer	shown	above?	(see instructions)
For Paperw	ork Reduction	Act No	otice, see t	he sepai	ate inst	ructions.	

Phone no.

Form 990 (2014) Friends of Ra		59-3182934	Page
	n Service Accomplishments		X
I Briefly describe the organization's miss	ontains a response or note to	any line in this part III	<u></u>
See Schedule O			
	<u>, Inche</u>		\dots, \dots, \dots
2 Did the organization undertake any sig	nificant program services during the	vear which were not listed on the	<u>aopy</u>
prior Form 990 or 990-EZ?	ninoant program services during the	year which were not listed on the	Yes X No
If "Yes," describe these new services of	on Schedule O.	• • • • • • • • • • • • • • • • • • • •	
3 Did the organization cease conducting,	or make significant changes in how	it conducts, any program	
services?			Yes X No
If "Yes," describe these changes on So 4 Describe the organization's program se		s three largest program services as me	easured by
		port the amount of grants and allocations	
the total expenses, and revenue, if any		-	
	00 000	20 592 5	^
4a (Code:) (Expenses \$ Various projects to	80,928 including grant		
renovations to the b			
purchase of equipmen			
		••••••	
• • • • • • • • • • • • • • • • • • • •			
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• • • • • • • • • • • • • • • • • • • •			
• • • • • • • • • • • • • • • • • • • •			
4b (Code:) (Expenses \$	11,507 including grant	cof \$	venue \$ 9,821
FORS hosts several p			
attendance including	Santa Over the Ra	inbow, Cracker Days	
Halloween, Heritage	Festival and Kinde	rgarten Day. (6 eve	nts)
• • • • • • • • • • • • • • • • • • • •			
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4c (Code:) (Expenses \$	including grant	s of \$) (Re	venue \$
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• • • • • • • • • • • • • • • • • • • •			
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• • • • • • • • • • • • • • • • • • • •			
4d Other program services (Describe in S	chedule ()		
(Expenses \$	including grants of \$) (Revenue \$)
4e Total program service expenses ►	92,435		

Form 990 (2014) Friends of Rainbow Springs Part IV Checklist of Required Schedules

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, гa	IT IV Checkist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office 2 If ives complete Schedule O. Part	6		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	1		
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
U	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
U	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
7		7		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	complete Ochadula D. Dati III	8		x
~	complete Schedule D, Part III	– °–		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			x
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			v
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1. 1. L. L.	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			187 1
	VII, VIII, IX, or X as applicable.		* a	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	<u>11a</u>	<u>X</u>	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	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	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2014) Friends of Rainbow Springs Part IV Checklist of Required Schedules (continued)

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			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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? It "Yes," complete Schedule), garts land III (, , , , , , , , , , , , , , , , ,	22		X
23	Did the organization answer yes to Part VII, Section A line 3,4 or 5 about compensation of the	W		
	organization's current and former officers, directors, trustees, key employees, and highest compensated	J		
	employees? If "Yes," complete Schedule J	23		X
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 period 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, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash 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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
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		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts 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		X
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		X
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 in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2014)

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule C contains a response or note to any line in this Part V 1 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 1b 1b 1b 1b 1b 0 2a Enter the number of remoteval particle in the state within bar or applicable 1a 0 1b 1b 0 2a Enter the number of remoteval particle in the V3, Transmith et Mage end Tax. 2a 0 2b 2a Enter the number of remoteval as graats than 250, you may be a quice to a file graat inter the standard on the value of the organization than 250. You or more during the year? 3a 3a Diff the organization have urrelated basiness gross income of 51 000 or more during the year? 3a 3b HT Yes, finated a comm to fine organization there an interest in, or a signature or other authority over, a financial account in seign county (vivor to a signature or other authority over, a financial account is respin county (vivor to a signature or other authority or a signature o	No			
a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 b Elsert by Without on Forey W2GHocusted in Indi 1a. Enter -0- if not applicable 1b 1b 0 c Did the applicable for both the lange without on the second applicable on Form W-3. Transmith of Wage and Tax 2a 0 2b 2a Enter the number of employees reported on Form W-3. Transmith of Wage and Tax 2a 0 2b 3b Did the organization frage varie of my W1 on the second varies of the organization have an interest in, or a signature or other subortly over a financial account in a foreign country. (such as a bark account, securities account, or other financial account in a foreign country.) (such as a party to a prohibed tax sheller framasation? 6b b If Yes, 'mater the rame of the foreign country.) (such as a party to a prohibed tax sheller framasation? 6c c Ocea the organization in the consize one parts at the second varies of the second varies of the organization in the second of the second varies of the second varies of the second varies of the organization in consize of parts. 6c c Ocea the organization on the organization the transmited or the second varies	No			Part
1a Enter the number exported in Box 3 of Form 1083. Enter -0 in the applicable 1a 0 b Enter this moment of one Syster System 1083. Second and the applicable of the applicable applicable of the applicable of the applicable of th	NO	<u></u>	<u></u>	
b Else thysTittiges of Forties W20Piculated in limit 1s. Entros -0- if not approaches 1st		Yes		
c Did the gauge store with the store with the store of the store store of store of the st				
reportable gamme definitions for the seven the seven the seven seven to the seven se				
2a Ener the number of employees reported on Form Vi-3, Transmittal of Wage and Tax 2a 0 5 Statements, field for the calendar year ending with or within the year covered by this return? 2b 7b Note, if the sum of Ines 1a and 2a is greater than 250, you may be required to effic (see instructions) 3a 3a 3 Do the organization have undeled business greation than 250, you may be required to effic (see instructions) 3a 3a 4 At any time during the calendreed business greatization have an explanation in Schedule O 3b 3b 5 At any time during the calendreed business greatization have an interest in, or a signature or other authority over, a financial account? 4e 5 At any time am of the foreign country; I See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a 5 Was the organization have unal gross receipts that are normally greater than \$100,000, and did the organization that twas or is a party to a prohibite tax sheler transaction? 6a 6 If Yes' to line 5a or 5b, did the organization have an express statement that such contributions or gifts were not tax deductible contributions or gifts were not tax deductible contributions or gifts were not tax deductible contribution an express statement that such contributions or gifts were not tax deductible contribution an express statement that such contributions or gifts were not tax deductible contribution or an express tatement that such contributin or anot the organization neave a payment in exceeds				c D re
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. 8 9 Sponsoring organization make any taxable distributions under section 4966? 8 9 Did the sponsoring organizations maintaining donor advised funds. 9a 10 Section 501(c)(7) organizations. Enter: 10a 9b 11 Section 501(c)(12) organizations. Enter: 10a 10b 10b 11 Section 501(c)(12) organizations. Enter: 10a 10b 10b 11a 12 Gross income from members or shareholders 11a 12a 12a 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12a 12a 12a 13 Section 501(c)(29) qualified nonprofit health plans in more than one state? 13a 13a 14 Section 501(c)(29) qualified health plans in more than one	Х		- 7e	
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Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which			13a	
b Enter the amount of reserves the organization is required to maintain by the states in which			100	
the organization is licensed to issue qualified health plans		5		
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a	X		142	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				

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Form	990 (2014) Friends of Rainbow Springs 59-3182934		P	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se	e insti	uction	
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		_X
Sec	tion A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the governing body, of If there are material differences in voting rights among members of the governing body, of if the governing body delegated broad authority to an executive committee or similar	У	Yes	No
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			v
3	any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct	2		X
3	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co			Δ
000		uc./	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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 filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	v
13	Did the organization have a written whistleblower policy?	13	x	<u>X</u>
14 15	Did the organization have a written document retention and destruction policy?	_14	<u>^</u>	
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
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			
0	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
10	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: ►			
Di	ane Kahler 19158 SW 81st Place Road		_	
Du	innellon FL 34432 352	-48	9-7:	<u>332</u>

DAA

Page 7

Independent C								o any line in this Part		
								t Compensated Employe		<u></u>
 1a Complete this-table for all perso organization's tax year List all of the organization's d compensation. Enter -0- in columns List all of the organization's c List the organization's five cu who received reportable compensation and any related organization and any related organization and any related organization of reportable compensation. List all of the organization's for \$100,000 of reportable compensation. List all of the organization's for organization, more than \$10,000 of List persons in the following order: 	ns required to be urrent officers, of (D), (E), and (F) urrent key empl rrent highest co ion (Box 5 of Fo izations. ormer officers, ke on from the orga ormer directors reportable comp individual trustee	e liste direct) if no oyee mper rm W ey er aniza or tr bensa es or	ed. F ors, o cors, s, if nsate /-2 a mploy tion ruste ition	Repo trust mpe any. d er ind/o yees and es t from	rt co ees hsati See nploy r Bo r Bo any hat r hat r hat r	mpe (whe on w inst yees x 7 d hig relat ecei orga	nsati ether as p ructio (oth of Fo hest ed o ved, aniza	on for the calendar year en individuals of organization and. ons for definition of "key er er than an officer, director, rm 1099-MISC) of more th compensated employees rganizations. in the capacity as a former tion and any related organ	nding with or within the s), regardless of arrount of mployee." trustee, or key employee) an \$100,000 from the who received more than director or trustee of the nizations.	
compensated employees; and forme										
Check this box if neither the org		iy rel	ated			tion	com	pensated any current office	er, director, or trustee.	1
(A) Name and Title	(B) Average hours per week (list any hours for	bo	x, unle ficer a	Pos check ess pe nd a	C) sition more erson i directo	s both pr/trust	n an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-271099-MISC)		organization and related organizations
(1) Ralph Kaleshefs	ki.	-								
···	1.00									
President	0.00	X		x				0	0	
(2) Art Ross	1.00									
Vice President	0.00	x		x				0	о	
(3) Marylou Klein	0.00			^	-			0	0	
··· -	1.00									
Secretary	0.00	X		X				0	0	(
(4)Diane Kahler	1.00									
Treasurer	0.00	x		x				0	0	(
(5) Linda Booth	_									
	1.00									
Board Member (6) Linda Green	0.00	X						0	0	(
(6) HINGA GLEEN	1.00									
Board Member	0.00	x		ĺ				0	0	(
(7) Terry Blaes									V	
	1.00									
Board Member	0.00	X						0	0	(
(8) Betty Dau										
	1.00									
Board Member	0.00	X						0	0	(
(9)Laurie Baker	1 00									
	1.00								•	
Board Member (10) Phyllis Powell	0.00	X						0	0	(
(10) EHYTTTS FOWELL	1.00									
Board Member	0.00	x						0	0	(
(11) Rosemarie Kleuke									0	
· · · · · · · · · · · · · · · · · · ·	1.00									
Board Member	0.00	x						0	0	(

Form 990 (2014) Friends of Part VII Section A. Officers	of Rainbo	OW	Sr Sr	ori	.ng	S		59-318 and Highest Compensate	2934			F	Page 8
(A) Name and title	(B) Average hours per week (list any	(d bc	lo not x, unle	Pos check ess pe	C) ition more rson i	than or is both pr/truste	ne an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F Estim amou oth comper	ated nt of er isation	
Pub	hours for related organizations befow dotted line)	Individual, trustee or director	Institutional trustee	Officer	Key employee	Highest compensated	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	D	from organiz and re organiz	ation plated	
(12) Linda Smith	1.00					ä				<u> </u>			
Board Member (13) Audrey Strahan	1.00 0.00	x						0	0	1			0
Board Member	1.00	x						0	0				0
(14)													
(15)													
													,
(16)													
(17)													
(18)													
(19)												·	
1b Sub-total c Total from continuation sheet d Total (add lines 1b and 1c) 2 Total number of individuals (in-	ets to Part VII, S	Secti miteo	on A	• 		ed ab	bove	e) who received more than	\$100,000 of	· · ·			
reportable compensation from	the organization		0						·			Yes	No
 3 Did the organization list any for employee on line 1a? If "Yes," 4 For any individual listed on line organization and related organ 	complete Sched a, is the sum	iule of re	J for eporta	such able	ind com	ividua pensa	al atior	n and other compensation	from the	• • • • • •	3		X
individual 5 Did any person listed on line 1	a receive or acc	rue	comp	pensa	ation	from	an	y unrelated organization or	individual		4		<u>X</u>
for services rendered to the or Section B. Independent Contracto		es,	com	Diete	Sch	eaule	JI	or such person		<u></u>	_5		x
1 Complete this table for your fix compensation from the organiz	ation. Report co	ensa mpe	ted ii nsati	ndep on fo	ende or the	ent co e cale	ontra enda	actors that received more t ar year ending with or with	han \$100,000 of <u>in the organization's tax y</u> e	ear.			
Name and	(A) business address							Descripti	(B) on of services		Co	(C) mpensati	on
							-						
2 Total number of independent or received more than \$100,000 or								e listed above) who	0				

Form **990** (2014)

		0 (2014) Friends of Ra		gs	<u>59-3182934</u>		Page S
Pa	rt V	Statement of Revenue Check if Schedule O co		or noto to ony lino	in this Dort \////		
				(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
Program Service Revenue Contributions, Gifts, Grants and Other Similar Amounts	1a b c d	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d		bec	1 20mm are	Cop	512-514
ibutions, Other Sin	e f	Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f	4,250				
	g	Noncash contributions included in lines 1a-1f: Total. Add lines 1a-1f	\$	6,592			
e e			Busn. Code	0,392			
Reven	2a b	· · · · · · · · · · · · · · · · · · ·	es	9,821	9,821		
vice	c	· · · · · · · · · · · · · · · · · · ·					
ર્ષ	d						
gram	e	All other program convice revenue					
Ř.	a I	All other program service revenue . Total. Add lines 2a–2f		9,821			L
	3	Investment income (including divide					· · · · · · · · · · · · · · · · · · ·
			▶	1,277			1,277
	4	Income from investment of tax-exen	• •				
	5	Royalties					
	62	(i) Real	(ii) Personal				
	b	Less: rental exps.					
		Rental inc. or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from (i) Securities sales of assets	(ii) Other				
		other than inventory					
	Ø	Less: cost or other basis & sales exps.					
	с	Gain or (loss)					
		Net gain or (loss)	▶				
e	·8a	Gross income from fundraising events					
enu		(not including \$					
Se		of contributions reported on line 1c).					
Other Revenue	h	See Part IV, line 18 a Less: direct expenses b					
ð		Net income or (loss) from fundraisin	a events				
		Gross income from gaming activities.					
		See Part IV, line 19 a					
		Less: direct expenses b			an geologia An an		
		Net income or (loss) from gaming a Gross sales of inventory, less				·····	
	IUa	roturno and allowences	149,717				
	b	Less: cost of goods sold b					
ļ		Net income or (loss) from sales of in	ventory ►	70,500			70,500
╞		Miscellaneous Revenue	Busn. Code				
	11a						
	b	•••••••••••••••••••••••••••••••••••••••					
	d	All other revenue					
		Total Add Bass 44 - 44 d	•				
	12	Total revenue. See instructions.		88,190	9,821	0	71,777

Form 990 (2014) Friends of Rainbow Springs Part IX Statement of Functional Expenses

59-3182934

Sect	ion 501(c)(3) and 501(c)(4) organizations must c Check if Schedule O contains a resp			mplete column (A).	X
Do r	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	Bb, 9b, an∰≊10b,of Part VIII.	Total expenses	Program service	Management and	Fundraising
1			expenses	general cripenses	expenses
'	Grants and other assistance to domestic organizations and domestic governments. See Rat LV ling 21				
•		<u> </u>	A CA 139 302		
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				ter ser se here en
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				·******
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other colories and wares		·····		
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits			/ * * *	
9 10					
11	Payroll taxes				· · · · · · · · · · · · · · · · · · ·
	Fees for services (non-employees):				
a L	Management				
b	Legal	F 600		F (00	
C.	Accounting	5,699		5,699	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17		and the second		
f	Investment management fees				····-
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	37,773	37,773		
12	· · · · · · · · · · · · · · · · · · ·	488	488		
13	Office expenses	7,645		7,645	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,047	2,047		
23	Insurance	1,189		1,189	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If	and the start of the			
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Supplies	18,022	12,505	2,819	2,698
b	Dues & Subscriptions	40	40		
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	112,485	92,435	17,352	2,698
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)				

Form 990 (2014) Friends of Rainbow Springs Part X Balance Sheet

		Check if Schedule O contains a response or note t	to any line	in this Part X			
					(A)	<u> </u>	(B)
					Beginning of year		End of year
	1	Cashing-interest bearing		a 🛙	195,166	1	171,803
	2	Cash non-interest bearing Savings, and temporary cash investments Pledges and grants tecelvable, net		MATI			433,823
	3			3	IL I V		
	4	Accounts receivable, net		4			
	5	Loans and other receivables from current and former off					
		trustees, key employees, and highest compensated emp		,			
		Complete Part II of Schedule I				5	
	6	Loans and other receivables from other disqualified pers					
		4958(f)(1)), persons described in section 4958(c)(3)(B),	•				
		sponsoring organizations of section 501(c)(9) voluntary					
ú		organizations (see instructions). Complete Part II of Scho		6			
Assets	7	Notes and loans receivable, net		7			
As	8	Inventories for sale or use			26,639	8	24,826
	9	Descrid summaries and defensed shares				9	
	10a	Land, buildings, and equipment: cost or	[]	••••••••••••••••••••••••••••••			
		other basis. Complete Part VI of Schedule D	10a	23,510			
	b	Less: accumulated depreciation	10b	11,968	12,690	10c	11,542
		Investments multiply funded encyddian	·			11	
						12	
	13	Investments-program-related. See Part IV, line 11			13		
		Intangible assets	1		14		
		Other exacts Con Dart IV line 14			15		
	16	Total assets. Add lines 1 through 15 (must equal line 34			667,041	16	641,994
	17	Accounts payable and accrued expenses	752	17	· · · · · · · · · · · · · · · · · · ·		
	18	Grants payable			18		
	19	Deferred revenue	· · · · · · · · · · · · · · · · · · ·	19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of		21			
s	22	Loans and other payables to current and former officers,		·····			
Liabilities		trustees, key employees, highest compensated employe					
abil		discussified assess Constate Dart II of Oshadula I				22	
Ξ	23	Secured mortgages and notes payable to unrelated third				23	
		Unsecured notes and loans payable to unrelated third pa	artica			24	
	25	Other liabilities (including federal income tax, payables to					
		parties, and other liabilities not included on lines 17-24).	Complete	Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			752	26	0
		Organizations that follow SFAS 117 (ASC 958), check	k here 🕨	X and			
ces		complete lines 27 through 29, and lines 33 and 34.					
ılan	27	Unrestricted net assets			656,173		638,015
ñ	28	Temporarily restricted net assets			10,116		3,979
Net Assets or Fund Balances	29	Permanently restricted net assets				29	
ц Г		Organizations that do not follow SFAS 117 (ASC 958)), check h	ere ► 🔄 and			
s S		complete lines 30 through 34.					
set		Capital stock or trust principal, or current funds			30		
As		Paid-in or capital surplus, or land, building, or equipment				31	·
Net		Retained earnings, endowment, accumulated income, or	other func	ls		32	
					666,289		641,994
<u> </u>	34	Total liabilities and net assets/fund balances	<u></u>		667,041	34	641,994

Form **990** (2014)

Fo	rm s	90 (2014) Friends of Rainbow	Spring	s 59-3182934				Pa	ge 12
F	Parl	XI Reconciliation of Net Assets							
_		Check if Schedule O contains a res	ponse or note	e to any line in this Part XI	<u></u>				
•	1 -	otal revenue (must equal Part VIII, column (A), li	ne 12)		1				190
2	2 -	otal expenses (must equal Part IX, column (A), li	ne 25)		2				<u>485</u>
:	3 I	Revenueressexpenses Subtractaine 2 from line	1	1	3				<u>295</u>
4	4 1	let asse <u>ts,</u> opfund balancestat beginning of year	must equal Pa	rf X, line 33 column (A))	4	\square	Ø.	56,2	289
Į	5 I	let unrealized gains (losses) on investments			1 5		V		
e	6 I	Revenue less expenses Subtractaine 2 from line Net assets, or fund balances at beginning of year Net unrealized gains (losses) on investments Donated services and use of facilities			6	() (Ø	•	
7	7 1	nvestment expenses			7				
8	B	Prior period adjustments			8		_		
ę	э (Other changes in net assets or fund balances (exp	olain in Schedu	le O)	9				
10		let assets or fund balances at end of year. Combi							
	:	3, column (B))	<u></u>		10		64	11,9	994
, F	Parl	XII Financial Statements and Rep	orting						_
		Check if Schedule O contains a res	ponse or note	e to any line in this Part XII					
						_		Yes	No
1	1 /	Accounting method used to prepare the Form 990	: 🗌 Cash	X Accrual Other					
	I	the organization changed its method of accountin	ng from a prior	year or checked "Other," explain in					
	5	Schedule O.							
2	2a \	Vere the organization's financial statements comp	iled or reviewe	ed by an independent accountant?			2a		X
	I	"Yes," check a box below to indicate whether the	e financial state	ements for the year were compiled or					
	r	eviewed on a separate basis, consolidated basis,	or both:						
	Γ	Separate basis Consolidated basis	Both cor	nsolidated and separate basis					
	b ∖	Vere the organization's financial statements audite	ed by an indep	pendent accountant?			2b	X	
	I	"Yes," check a box below to indicate whether the	e financial state	ements for the year were audited on a					
	s	eparate basis, consolidated basis, or both:					- 14		
		Separate basis Consolidated basis	Both cor	nsolidated and separate basis				1.11	1. 1.
	c l	"Yes" to line 2a or 2b, does the organization hav	e a committee	that assumes responsibility for oversight					:
		of the audit, review, or compilation of its financial	statements and	d selection of an independent accountant?			2c	Х	
	I	the organization changed either its oversight pro-	cess or selection	on process during the tax year, explain in					
	5	Schedule O.						19 - A.	n e e
. 3	Ba /	s a result of a federal award, was the organization	n required to u	ndergo an audit or audits as set forth in					1
	t	ne Single Audit Act and OMB Circular A-133?					3a		X
	b l	"Yes," did the organization undergo the required	audit or audits	? If the organization did not undergo the					
	r	equired audit or audits, explain why in Schedule C	and describe	any steps taken to undergo such audits.			3b		
							Forn	990	(2014)

SCHEDULE A Public Charity Status and Public Support OMB NO. 154									
(Form 99	90 or 990-EZ)		te if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust						
			toth(u)(i) honexempt chanable trust						
	of the Treasury	► Information abo				an in at www.ire.cov/form000	Open to Public Inspection		
	enue Service		out Schedule A (Form 990 or 990 Rainbow Springs	_	ISTRUCTION	S IS at www.irs.gov/form990.			
	le organization	State Park,	Inch ChC		\square	59-318			
Part I			Status (All organizations			his part.) See instruction	hs / V		
The orga	nization is not	a private foundation becaus	e it is: (For lines 1 through 11,	check only or	ne box.)				
			sociation of churches described	in section 1	70(b)(1)((A)(i).			
		cribed in section 170(b)(1)							
3	•		ce organization described in se d in conjunction with a hospital	• •		•	ospital's name		
· 🗆	city, and state	•							
5	-	•	of a college or university owned	or operated	by a gov	vernmental unit described in			
<u>م</u>		(b)(1)(A)(iv). (Complete Part	•						
			overnmental unit described in s substantial part of its support fr						
' 🗆		section 170(b)(1)(A)(vi). (C		om a governi	nentai u	The of from the general public			
8 🗌			170(b)(1)(A)(vi). (Complete Par	t II.)					
9 X	An organizati	on that normally receives: (*	I) more than 33 1/3% of its sup	port from cor	ntribution	is, membership fees, and gro	SS		
_	receipts from	activities related to its exem	npt functionssubject to certain	exceptions, a	and (2) r	no more than 33 1/3% of its			
	support from	gross investment income ar	nd unrelated business taxable in	ncome (less s	section 5	11 tax) from businesses			
		•	0, 1975. See section 509(a)(2)	• •					
	-	-	exclusively to test for public saf	•					
11	•	•	exclusively for the benefit of, to ions described in section 509(a	•					
			cribes the type of supporting or				Check		
a 🗌		-	ed, supervised, or controlled by	-		· · · · ·			
- L			o regularly appoint or elect a m				3		
	organization.	You must complete Part I	V, Sections A and B.						
ь 🗌	Type II. A su	pporting organization superv	vised or controlled in connectior	with its supp	ported or	rganization(s), by having			
	control or ma	nagement of the supporting	organization vested in the sam	e persons tha	at contro	l or manage the supported			
). You must complete Par							
c [_]			orting organization operated in						
- L	• •	•	tions). You must complete Pa						
۵Ľ			supporting organization operate ganization generally must satisf						
			t complete Part IV, Sections A						
еП	•	· · · · · ·	d a written determination from t			pe I, Type II, Type III			
	functionally in	tegrated, or Type III non-fu	nctionally integrated supporting	organization.	••				
-		of supported organizations							
g Pro	wide the follow	ving information about the s	upported organization(s).	1		-,			
	e of supported panization	(ii) EIN	(iii) Type of organization (described on lines 1–9	(iv) Is the organ listed in your go		(v) Amount of monetary support (see	(vi) Amount of other support (see		
υiε	Jailization		above or IRC section	document	-	instructions)	instructions)		
			(see instructions))	Yes	No				
(A)									
(B)									
(C)									
(D)									
(E)									
				1					
Total									
For Pape	erwork Reduc	tion Act Notice, see the In	structions for			Schedule A (F	orm 990 or 990-EZ) 2014		

	dule A (Form 990 or 990-EZ) 2014 Fri					-3182934	Page 2
Pa	rt II Support Schedule for O						
	(Complete only if you cheo						ty under
	Part III. If the organization	tails to quality	under the test	s listed below,	please complet	e Part III.)	
	tion A. Public Support	((0 m / 1
Calen	dar year (or≢fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received Do not include any "unusual grants.")	Ing	spe	CIIO		JOD	У
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.	and the second s					
	tion B. Total Support				1 <u></u>	<u> </u>	
	dar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	·······					
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10					l	· · · · · · · · · · · · · · · · · · ·
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the	-					
Sect	organization, check this box and stop here tion C. Computation of Public Su		tano	<u> </u>			•••••
-				n (f))		14	%
14	Public support percentage for 2014 (line 6, Public support percentage from 2013 Sche						%
15 16a	33 1/3% support test—2014. If the organi				33 1/3% or more	····	/0
Tua	box and stop here. The organization quali						
b	33 1/3% support test—2013. If the organi				15 is 33 1/3% or m		······································
5	check this box and stop here. The organiz						▶□
17a	10%-facts-and-circumstances test—201						······ · L
	10% or more, and if the organization meet Part VI how the organization meets the "fa	ts the "facts-and-c	ircumstances" test,	check this box a	nd stop here. Expl	ain in	
	organization						►
b	10%-facts-and-circumstances test-201	-					
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization me	eets the "facts-and	d-circumstances" te	st. The organizati	on qualifies as a p	ublicly	
40							▶∟
18	Private foundation. If the organization did						
	instructions						····· ►

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 Friends of Rainbow Springs Part III Support Schedule for Organizations Described in Section 50

59-3182934

Page 3

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 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.)

	tion A. Public Support						
Caler	ndar year (or¤fisçal year beginning in) ►	(a) 2010	(b) 2011	(ç) 2012	(d) 2013 🥟	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any funusual grants.")	7 17 52:		CLIQ	20,372	106592	46,959
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the	163,231	图 87,761	86,595	147,109	9,821	494,517
3	organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513	103,231			52,486		202,203
4	Tax revenues levied for the organization's benefit and either paid				52,460	149,717	202,203
5	to or expended on its behalf The value of services or facilities furnished by a governmental unit to the						
6	organization without charge Total. Add lines 1 through 5	171,023	94,960	91,599	219,967	166,130	743,679
7a	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 8	Add lines 7a and 7b Public support (Subtract line 7c from		-	· · · · · · · · · · · · · · · · · · ·			
0	line 6.)						743,679
	tion B. Total Support	(-) 2010	(1-) 2011	(-) 2012	(4) 2012	(a) 2014	(A Total
	ndar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	171,023	94,960	91,599	219,967	166,130	743,679
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,183	4,499	2,761	3,801	1,277	15,521
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b	3,183	4,499	2,761	3,801	1,277	15,521
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,	174,206	99,459	94,360	223,768	167,407	759,200
14	First five years. If the Form 990 is for the	استعداده والمستعد المستعد					
	organization, check this box and stop her	e	· · · · · · · · <u>· · · · · · · · · · · </u>	<u> </u>			🕨 📘
Sec	tion C. Computation of Public Su			- 			
15	Public support percentage for 2014 (line 8	, column (f) divided	l by line 13, colum	ın (f))			97.96%
<u>16</u>	Public support percentage from 2013 Sche						95.62%
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2014 (I			, column (f))			2%
18	Investment income percentage from 2013						2%
19a	33 1/3% support tests—2014. If the orga 17 is not more than 33 1/3%, check this be	ox and stop here.	The organization	qualifies as a publ	icly supported orga	anization	► X
b	33 1/3% support tests—2013. If the orga						
20	line 18 is not more than 33 1/3%, check the Private foundation . If the organization did						······ 【 -
20	Finale roundation. If the organization did	A HOL GHEGK & DOX (on inc 14, 19a, 01	TOD, OTEON THIS DO	A and see instituct		

Schedu	ule A (Form 990 or 990-EZ) 2014 Friends of Rainbow Springs 59-318:	2934		Page 4
Par				
	(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, compl	ete Sectior	ns A	
	and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part			
	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete			
Sectio				
	Are all of the organization's supported organizations listed by name in the organization's governing		Nes	No
1			Ares V	No
	documents? If Not describe in Part VI how the supported organizations are designated ut designated by		1	
	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).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	ĺ.		
	(b) and (c) below.	<u>3a</u>		
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.	3b		
с	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	1 a 4 1		/ s
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			har en esta esta esta esta esta esta esta esta
N,	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
		4b	N. C	
_	despite being controlled or supervised by or in connection with its supported organizations.	40		·····
C	Did the organization support any foreign supported organization that does not have an IRS determination	1.5	an an An An	
	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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,		e da la	
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action		14	
	was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations; or (c) 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.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
•	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent		1.1.1	
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	- <u>·</u>		
o		8		
0-	If "Yes," complete Part I of Schedule L (Form 990).	0		1. Sec. 1
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more		1.1	
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described		1.1	
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9(a)) 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.	90		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting		1.00	
	organizations)? If "Yes," answer (b) below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		1997	
	determine whether the organization had excess business holdings.)	10b		
	Schedule A	(Form 990 or	r 990-E	Z) 2014

...

Sched	ule A (Form 990 or 990-EZ) 2014 Friends of Rainbow Springs 59-3182	934		Page 5
	t IV Supporting Organizations (continued)			<u> </u>
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below the governing body of a supported organization?	11a		
b	A family-member of a person described in (a) above?	116		
C	A 35% controlled entitiv of a person described in (a) or (b) above? If Yes to a, b, for c, provide detail in Part Vi	<u>11c</u>	<u>M</u>	
Secti	ion B. Type I Supporting Organizations		<u>/</u>	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in 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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		1.1	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		1. P	
0	supervised, or controlled the supporting organization.	2		
Secti	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		
Secu	on D. All Type III Supporting Organizations		Vee	Nia
	Did the exercise ties provide to each of its supported exercise ties, by the last day of the fifth month of the		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, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
n	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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 how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's	1.1		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1.1		
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations	Ŭ		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ns) [.]		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions).		
		,		
2 A	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in 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 (a) and (b) 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? 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. S.		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 Friends of Rainbow Spri	ngs	59-3182	2 934 Pa
Part V Type III Non-Functionally Integrated 509(a)(3) Supportir			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trus	t on Nov. 20, 1	970. See instructions. A	.11
other Type III non-functionally integrated supporting organizations must complete	e Sections A th	rough E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
	1 0		(optional)
1 Net short-term capital gain 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TIAN		
2 Recoveries of prior-year distributions			
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	······································		
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		-
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally-inte		supporting organization (see

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

Schedule A (Form 990 or 990-EZ) 2014

Schedule A	(Form 990 or 990-EZ) 2	2014 Fri	ends	of	Rainbow	Springs

Par	t V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organiza	tions (continued)						
Sect	ion D - Distributions		· · · · · · · · · · · · · · · · · · ·	Current Year					
1	Amounts paid to supported organizations to accomplish exempt pu	rposes							
2	Amounts paid to perform activity that directly furthers exempt purport organizations, in excess of income from activity	oses of supported							
3									
4	Amounts paid to acquire exempt-lise assets	<u>ICUIUI</u>							
5	Qualified set-aside amounts (prior IRS approval required)								
6	Other distributions (describe in Part VI). See instructions.								
	Total annual distributions. Add lines 1 through 6.								
8	Distributions to attentive supported organizations to which the organizations to attentive supported organizations to which the organizations attention of the organization of the organiz	nization is responsive							
	(provide details in Part VI). See instructions.								
9	Distributable amount for 2014 from Section C, line 6								
10	Line 8 amount divided by Line 9 amount								
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014					
1	Distributable amount for 2014 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2014								
	(reasonable cause required-see instructions)								
3	Excess distributions carryover, if any, to 2014:								
a									
b									
C									
d									
e	From 2013								
	Total of lines 3a through e		<u></u>						
	Applied to underdistributions of prior years		· · · · · · · · · · · · · · · · · · ·						
h	Applied to 2014 distributable amount								
<u> i</u>	Carryover from 2009 not applied (see instructions)								
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	· · · · · · · · · · · · · · · · · · ·							
4	Distributions for 2014 from Section								
	D, line 7: \$								
	Applied to underdistributions of prior years								
	Applied to 2014 distributable amount								
	Remainder. Subtract lines 4a and 4b from 4.								
5	Remaining underdistributions for years prior to 2014, if								
	any. Subtract lines 3g and 4a from line 2 (if amount								
	greater than zero, see instructions).			<u> Andrea († 1965)</u> Andrea († 1965)					
6	Remaining underdistributions for 2014. Subtract lines 3h								
	and 4b from line 1 (if amount greater than zero, see instructions).								
7	Excess distributions carryover to 2015. Add lines 3j and 4c.								
8	Breakdown of line 7:								
a									
b									
c									
d	Excess from 2013								
	Excess from 2014								
		·····		••••					

Schedule A (Form 990 or 990-EZ) 2014

i

Schedule A (Form 990 or 990-EZ) 2014 Friends of Rainbow Springs Part VI Supplemental Information. Provide the explanations required by Part II, line Part III, line 12. Also complete this part for any additional information. (See inst	59-3182934 Page & 10; Part II, line 17a or 17b; and
Public Inspection	Сору
• • • • • • • • • • • • • • • • • • • •	
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	······
· · · · · ·	

	IEDULE D m 990)	Supplemental Complete if the organiz	Financial	Statements		OMB No. 1545-0047
	m 550)	Part IV, line 6, 7, 8, 9, 10, 11	a, 11b, 11c, 11d	, 11e, 11f, 12a, or 12b.		2014
	ment of the Treasury I Revenue Service		ch to Form 990.			Open to Public Inspection
	of the organization	Information about Schedule D (Form 9	190) and its inst	ructions is at www.irs.c	Employer identif	
		ainbow Springs	đ	8		ication number
S	tate Park, 1	Inch inch	nnt	INA	59-3182	2934 \
		tions Maintaining Dongr Advised Fun	ds or Other	Similar Funds or A		T M
	Complete	if the organization answered "Yes" to Fe	orm 990, Part	IV, line 6.		
				or advised funds	(b) Fund	is and other accounts
1	Total number at end of	f year				
2	Aggregate value of con	ntributions to (during year)				
3	Aggregate value of gra	ants from (during year)				
4	Aggregate value at end	d of year				
5	Did the organization in	form all donors and donor advisors in writing that	the assets held	in donor advised		
	funds are the organiza	ation's property, subject to the organization's exclu	usive legal contro	ol?		Yes No
6		form all grantees, donors, and donor advisors in				
	only for charitable purp	poses and not for the benefit of the donor or dono	or advisor, or for	any other purpose		
	conferring impermissib	le private benefit?				Yes No
Pa		tion Easements.				
		if the organization answered "Yes" to Fe		IV, line 7.		
1	Purpose(s) of conserva	ation easements held by the organization (check	all that apply).			
	Preservation of lan	nd for public use (e.g., recreation or education)	Preserva	tion of a historically impo	ortant land area	1
	Protection of natur	al habitat	Preserva	tion of a certified historic	structure	
	Preservation of op	en space				
2		ough 2d if the organization held a qualified conser	vation contributio	on in the form of a conse	rvation	·····
	easement on the last d					at the End of the Tax Year
а	Total number of conse	ervation easements			. 2a	
b	Total acreage restricted	d by conservation easements			2b	W
С	Number of conservatio	on easements on a certified historic structure inclu	uded in (a)		2c	· · · · · · · · · · · · · · · · · · ·
d		n easements included in (c) acquired after 8/17/0	•			
	historic structure listed	in the National Register			2d	
3		on easements modified, transferred, released, exti	inguished, or terr	minated by the organizat	ion during the	
	tax year 🕨					
4		re property subject to conservation easement is le		•		
5	-	have a written policy regarding the periodic moni	itoring, inspection	i, handling of		
		ment of the conservation easements it holds?				Yes No
6	Staff and volunteer hol	urs devoted to monitoring, inspecting, and enforci	ing conservation	easements during the ye	ear	
	▶					
7	x .	ncurred in monitoring, inspecting, and enforcing c	onservation ease	ements during the year		
	▶\$					
8		on easement reported on line 2(d) above satisfy t	•			
		B)(ii)?				Yes 🗌 No
9	•	ow the organization reports conservation easeme			,	
		clude, if applicable, the text of the footnote to the	organization's fin	iancial statements that de	escribes the	
- Do	<u> </u>	ing for conservation easements.	Uistoriaal Tre	Course or Other 6	Similar Acc	
ra		tions Maintaining Collections of Art, I if the organization answered "Yes" to Fo			Similar Asse	3lS.
					alanaa ahaat	<u>n 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 199</u>
Ia		ted, as permitted under SFAS 116 (ASC 958), no treasures, or other similar assets held for public e				
		, in Part XIII, the text of the footnote to its financia				
h		ted, as permitted under SFAS 116 (ASC 958), to			nce sheet	
D D		treasures, or other similar assets held for public e				
		the following amounts relating to these items:		aon, or researed in fullit		
					► ¢	
	(ii) Assets included in	t in Form 990, Part VIII, line 1 Form 990, Part X		•••••••	► Ψ ► ¢	•••••••••••••••••
2	If the organization roce	Form 990, Part X eived or held works of art, historical treasures, or	other similar acc	ets for financial gain, pro	► Ψ vide the	•••••
2	-	lired to be reported under SFAS 116 (ASC 958) r				
					► ¢	
		orm 990, Part VIII, line 1 m 990, Part X				
For P	aperwork Reduction	Act Notice, see the Instructions for Form 990.	· · · · · · · · · · · · · · · · · · ·	<u></u>		hedule D (Form 990) 2014
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Sche	edule D (Form 990) 2014 Friends	of Rainbow	Springs	59-	3182934		Page 2
	art III Organizations Maintainin					(continu	
3							
	Provide a description of the organization's XIII. During the year, did the organization solicit	or receive donations	of art, historical treasu	organizations exemp ures, or other similar	83 		Π.,
- Da	assets to be sold to raise funds rather than art IV Escrow and Custodial A		part of the organizatio	n's collection?		Yes	No
Га	Complete if the organizatio 990, Part X, line 21.		' to Form 990, Pa	rt IV, line 9, or rep	ported an amount o	on Form	
1a	Is the organization an agent, trustee, custo						
	included on Form 990, Part X?					Yes	No
a	If "Yes," explain the arrangement in Part XI	II and complete the fo	bliowing table:		[]	Amount	
с	Beginning balance				1c	7 arrio arr	
d	Additions during the year		• • • • • • • • • • • • • • • • • • •		1d		
е	Distributions during the year				1e		
f	Ending balance				1f		
	Did the organization include an amount on						
	If "Yes," explain the arrangement in Part XI Int V Endowment Funds.	II. Check here if the e	xplanation has been p	orovided in Part XIII		<u></u>	
ı a	Complete if the organizatio	n answered "Yes"	to Form 990 Pa	rt IV line 10			
	Comprete in and organizatio	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four y	ears back
1a	Beginning of year balance						
	Contributions						
	Net investment earnings, gains, and losses						
d	Grants or scholarships						
е	Other expenditures for facilities and						
	programs						
t	Administrative expenses				-		·
9 2	End of year balance Provide the estimated percentage of the cu	rrent year and balance	l	held as:			
a	Board designated or quasi-endowment ►						
	Permanent endowment >%						
С	Temporarily restricted endowment	%					
	The percentages in lines 2a, 2b, and 2c sh	ould equal 100%.					
3a	Are there endowment funds not in the poss	ession of the organization	ation that are held and	administered for the			
	organization by:						es No
	(i) unrelated organizations					3a(i)	
b	(ii) related organizations If "Yes" to 3a(ii), are the related organizatio	ns listed as required o	n Schedule R?			3a(ii) 3b	
	Describe in Part XIII the intended uses of t				• • • • • • • • • • • • • • • • • • • •		
1	rt VI Land, Buildings, and Equ	uipment.					
	Complete if the organizatio	<u>n answered "Yes"</u>	to Form 990, Par	t IV, line 11a. See	e Form 990, Part X	<u>, line 10.</u>	
	Description of property	(a) Cost or other t			Accumulated	(d) Book val	lue
4 -	Land	(investment)	(oth	u) (depreciation		
ום ה	Land	·		····			,
	Buildings Leasehold improvements						<u></u>
	Equipment			23,510	11,968	11	L,542
	Other						
Total	. Add lines 1a through 1e. (Column (d) must	equal Form 990, Par	t X, column (B), line 1	0c.)	▶	17	L,542

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 Friends of Rainbow S	orings	59-3182934	Page 3
Part VII	Investments—Other Securities.			<u> </u>
	Complete if the organization answered "Yes" to	Form 990, Part IV, li	ne 11b. See Form 990, Part X, line 12	2.
	(a) Description of security or category	(b) Book value	(c) Method of valuation:	
	(including name of security)		Cost or end-of-year market value	
(1) Financial				
(2) Closely-h		noric		
(3) Other		<u>LILIL</u>		
(A)				
(B)	· · · · · · · · · · · · · · · · · · ·			
(C)				
(D)				
(E)				
. (F)				
(G) (H)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.) ►			
Part VIII	Investments—Program Related.		<u> </u>	
i ait viii	Complete if the organization answered "Yes" to	Form 990 Part IV li	ne 11c. See Form 990. Part X. line 13	3
	(a) Description of investment	(b) Book value	(c) Method of valuation:	
			Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part IX	Other Assets.			_
	Complete if the organization answered "Yes" to	Form 990, Part IV, li		
	(a) Description		(b) Book	value
(1)				
(2)				
(3)				
(4)				
(5)		· · · · ·		
(6)				
<u>(7)</u> (8)				
(9)	······································			
transition in the second se	nn (b) must equal Form 990, Part X, col. (B) line 15.)		>	
Part X	Other Liabilities.	<u></u>	<u> </u>	
	Complete if the organization answered "Yes" to	Form 990, Part IV, li	ne 11e or 11f. See Form 990, Part X,	
	line 25.	, ,		
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes			
(2)				
(3)				
(4)	· · · · · · · · · · · · · · · · · · ·		Not a specific sector of the sector se	
(5)				
(6)				
(7)				
(8)				
(9)		-		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

X

Schedule D (Form 990) 2014 Friends of Rainbow Springs	59-3	182934	Page 4
Part XI Reconciliation of Revenue per Audited Financial Stater	nents With Revenue	per Return.	2
Complete if the organization answered "Yes" to Form 990,		•	
1 Total revenue, gains, and other support per audited financial statements		1	76,683
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a 2a		
b Donated services and use of facilities	269 269		
 a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Ref XIII.) 	7 20 1	JU	UV
d Other (Describe in Part XIII.)	2d		- J
e Add lines 2a through 2d		2e	_
3 Subtract line 2e from line 1		3	76,683
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)		1,507	
c Add lines 4a and 4b			11,507
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			88,190
Part XII Reconciliation of Expenses per Audited Financial State			and the second secon
Complete if the organization answered "Yes" to Form 990,			
1 Total expenses and losses per audited financial statements		1	100,978
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a	•	
b Prior year adjustments			
c Other losses d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	100,978
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			/
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)		1,507	
c Add lines 4a and 4b	· · · · · · · · · · · · · · · · · · ·	40	11,507
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			112,485
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b and 2b; Part V	, line 4; Part X, line	Э
2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid			
Part X - FIN 48 Footnote			
			~
FORS hold no uncertain tax positions and,	therefore, ha	s no poli	cy for
aveluating them			
evaluating them.			
			•••••
Part XI, Line 4b - Revenue Amounts Include	d on Return -	Other	
		•	
Cost of Park Events		Ş	11,507
Part XII, Line 4b - Expense Amounts Include	ed on Return	- Other	
Cost of Park Events		\$	11,507

Page 5

Public Inspection Copy
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SCHEDULE I (Form 990)		Governm	ents, a	nd Individuals	te to Organiza in the United to Form 990, Part IV, 990.	States	
Department of the Treasury		nformation about	Schedule		instructions is at ww	w.irs.gov/form990	0
Name of the organization	riends) of Rainbow ate Park, Inc.	Springs	$\Theta($	JUON	\bigcirc	OV	
	nformation on Grants and						
the selection criteria us 2 Describe in Part IV the	maintain records to substantiate th sed to award the grants or assistar e organization's procedures for mor	nce? nitoring the use of	grant funds	in the United States.		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · ·
	nd Other Assistance to Do ne 21, for any recipient that						
	address of organization	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) (non-ca
(1) Rainbow Spring 19158 SW 81st Dunnellon					39,582	Cost	Tru
(2)							<u> </u>
(3)							
(4)							
· · · · · · · · · · · · · · · · · · ·							
(5)							
(6)							
		, , , , , , , , , , , , , , , , , , ,					
(7)							
(8)							
(9)							
· · · · · · · · · · · · · · · · · · ·							
2 Enter total number of	section 501(c)(3) and government	organizations listed	I in the line	1 table			

2

Enter total number of other organizations listed in the line 1 table 3

For Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA

2

Schedule I (Form 990) (2014)	Friends of	Rainbow	v Spring	JS		<u>9-3182</u>			
Part III	Grants and	d Other Assistance	e to Domes	tic Individu	als. Compl	ete if the c	organizatic	n answered	"Yes" t	to Form 990,
	Part III can	be duplicated if add	ditional spac	e is needed						
	(a) Type₌of grant	t or assistance		lumber of	(c) Am	ount of	(d) Ar	nount of assistance		nod of valuation
			614 634 147	pients	Cash	grant	non-cash	assistance	<u> </u>	(, appraisal, othe
				JNC	5UI	\mathbb{N}		$\bigcirc \bigcirc$	N.	V
				-						Ø
2										
		·								
5										
6										
					-					
7										
Part IV	Supplemer	ntal Information. P	rovide the in	nformation re	equired in F	Part I, line	2, Part III,	column (b)	, and a	ny other addit
							••••			
							•••••			
							•••••			
• • • • • • • • • • • • • • • • • • • •										
• • • • • • • • • • • • • • • • • • • •			• • • • • • • • • • • • • • • • • • • •							
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Program Service Mgt & General Fundraising Garden Maintenance	Form 990, Part IX,	Line 11g - Otl	her Fees for	: Services		
Program Service Mgt & General Fundraising Garden Maintenance	Description					
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Schedule O (Forn	n 990 or 990-EZ) (201	4)		·		Page 2
Name of the organization	of Rainbow	Springe			Employer identification	
Friends	OI RAINDOW	Springs				3
	Boat Maint			·····		
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CHANGE OF ACCOUNTING PERIOD

~		990	1	Ret	urn d	of Oı	ganiz	zat	ion Exempt	From	n Ind	come Tax	C	┝	OMB No. 1545-0047
Fo	m	550							of the Internal Reve				idations)		2015
		t of the Treasu venue Service	ry						numbers on this fo and its instruction						Open to Public Inspection
Δ			alendar vear, c						, and ending					I	
B		if applicable:	C Name of organiz						w Springs	22/0	_/		D Employ	er ident	ification number
Ē		s change					, Inc								
Η		I	Doing business a										59-3	3182	934
Ц	Name	cnange		et (or P.O. box if				ddre	ss)			Room/suite	E Telepho	ne numb	rec
Ц	Initial re Final re			W 81st P le or province, col					-				352	-489	-6328
\Box	termina				nay, and								_		00 ARE
	Amende	ed return	Dunnello F Name and addre		-Ar	2	PL 344	43	۷			1	G Gross r	eceipts \$	93,075
Π	Applicat	tion pending		Kalesh		4						H(a) Is this a gr	oup return fo	r subordin	ales? Yes X No
ليتنا				SW 80th			-					H(b) Are all sul	ordinates ir	cluded?	Yes No
			Dunnel					L	34432			4	" attach a lis		structions)
	Tax-ex	empt status:	X 501(c)(3)		{) 4 (ir		<u> </u>	4947(a)(1) or	527					
 J	Websi		ww.frien	dsofra				L				H(c) Group exe	mption num	ber 🕨	
ĸ		of organization:	X Corporation	Trust	Associa		Other ►			1	L Ye	ar of formation; 1	the second se	1	ate of legal domicile: FL
	Part		mmary	••••••••••••••••••••••••••••••••••••••					<u></u>						
	1	Briefly des	scribe the organ	nization's miss	sion or	most si	ignificant	t ac	tivities:						
8		See	Schedule	o					•••••••••••••						
anc		• • • • • • • • • • • •													,
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Governance				-			-		ns or disposed of	more that	in 25%	6 of its net as:	sets.	1	
ە ھ			f voting membe										. 3	13	
Activities	4	Number of	f independent v	oting member	s of the	e goven	ning bod	ly (F	Part VI, line 1b)		• • • • • • •		. 4	13)
ť							r 2015 (I	Par	t V, line 2a)					0	
Ac			ber of voluntee								••••	•••••	. 6	11	
	78	Total unre	lated business i	revenue from	Part VI	ill, colui	mn (C), I	line	12	• • • • • • • • •	•••••		. <u>7a</u>		0
·····		Net unreia	ited business ta	ixable income	Trom F	om 99	0-1, line	34	<u></u>		<u>.</u>	Prior Yea		<u> </u>	O Current Year
_	8	Contributio	ons and grants ((Part VIII. line	1h)								5,592	<u> </u>	2,249
nue	9	Program s	ervice revenue	(Part VIII, line	e 2g)								,821		6,628
Revenue	10	Investmen	t income (Part)	VIII, column (/	A), lines	s 3, 4, a	and 7d)						L,277		756
æ	11	Other reve	nue (Part VIII, o	column (A), lir	ies 5, 6	6d, 8c, 9	9c, 10c, á	and	11e)),500		39,070
									umn (A), line 12) .				<u>3,190</u>		48,703
			d similar amoun									39	<u>,582</u>		45,214
	14	Benefits pa	aid to or for me	mbers (Part I)	<, colun	nn (A),	line 4)								
s									n (A), lines 5-10)			······			0
ens			al fundraising fe	•					1(·				0
Expenses			raising expenses	•	•		· · · ·		••••••••••••••••••••••		.	70	,903	ļ	29,026
			enses (Part IX,)						, line 25)				,485		74,240
									, line 25)		·		,295		-25,537
2%	10	Trevenue i	ess expenses. C								·	Beginning of Curr			End of Year
Net Assets or Fund Batances	20	Total asset	ts (Part X, line '	16)									,994		651,894
AS D	21	Total liabili	ties (Part X, line	∋ 26)							Ĺ		0		35,437
ŽĒ	22				ne 21 f	rom line	20		<u></u>			641	,994		616,457
	<u>art II</u>		nature Bloc												
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808B NW 16th Ave

Use Only

352-395-6565

Phone no.

	Service Accomplishment	ts o any line in this Part III	
Briefly describe the organization's miss			**********
See Schedule O			
	•••••••••••••••••••••••••••••••••••••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
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Did the organization undertake any sign	ificant program services during the	a year which were not listed on the	
		-	Yes X
		•••••••••••••••••••••••••••••••••••••••	
If "Yes," describe these new services o			
Did the organization cease conducting,	or make significant changes in nov	w it conducts, any program	
If "Yes," describe these changes on Sc			
		its three largest program services, as mea	
		eport the amount of grants and allocations	to others,
the total expenses, and revenue, if any	, for each program service reported	d.	
(Code:) (Expenses \$	56,662 including gram	nts of \$ 45,214) (Rev	enue \$
Various projects to :	increase visitor's	s enjoyment of the Pa	ark including
		rden and boat mainter	
ourchase of equipment			
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(Code:) (Expenses \$	9,277 including gran		enue \$ 6,62
(Code:)(Expenses \$ ORS hosts several pattendance including alloween, Heritage F	9,277 including gran ark activities that Santa Over the Ra 'estival and Kinde	nts of \$) (Rev roughout the year to ainbow, Cracker Days, ergarten Day. Three e	enue \$ 6,62 promote park Art Shows,
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Form 990 (2015) Friends of Rainbow Springs Part IV Checklist of Required Schedules

59-3182934

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II			x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	·		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part i	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		1	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	1		
	debt negotiation services? if "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	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	11f	X	_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
þ	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	<u>14a</u>		X
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			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			v
	If "Yes," complete Schedule G, Part III	19		X

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<u> </u>	art IV Checklist of Required Schedules (continued)			T
	Did the susceivation approach and a more beenited for Weiger (6 10/co. 11 complete Debadule 1.)	20a	Yes	No X
20a		20a		
b 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
00				<u> </u>
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	1 22		x
	employees? If "Yes," complete Schedule J	23		
24a				ĺ
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	040		x
	through 24d and complete Schedule K. If "No," go to line 25a	24a		
b		24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		
	to defease any tax-exempt bonds?			
d or-		24d		
25a		0.5		v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
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?			v
	If "Yes," complete Schedule L, Part I	25b		<u>x</u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			x
	disqualified persons? If "Yes," complete Schedule L, Part II	26		<u></u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		x
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	~ ~ ~		A
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable films thresholds, conditions, and exemptions):	[]	ļ	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	200		X
а ь	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u></u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	0.01		X
с	Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b		<u> </u>
÷	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		
50		30	Ì	x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
•	Dert	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
		32		x
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts 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		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	000		
~	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	355		
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	- 1	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,		ł	
	Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	+		
	19? Note. All Form 990 filers are required to complete Schedule O.	38	x	

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=om	990 (2015) Friends of Rainbow Springs 59-3182934		P	age
Pa	rt 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			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	_		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
Ba	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<u>3a</u>		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	<u>3b</u>		
la	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)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
ia	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
3	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
)	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
;	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
ł	If "Yes," indicate the number of Forms 8282 filed during the year7d			
3	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	_7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
1	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
1	if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	14 A		
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
1	Did the sponsoring organization make any taxable distributions under section 4966?	<u>9a</u>		
)	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
1	Initiation fees and capital contributions included on Part VIII, line 12			
)	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	4		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
I	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	4		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	4	ł	
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
(f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	1	

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Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and t	or a	'No"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See	e insti	uctio	ns. TVPI
	Check if Schedule O contains a response or note to any line in this Part VI		<u>مەرەرەن</u>	X
<u>Sec</u>	tion A. Governing Body and Management		Vaa	No
	Enter the number of voting members of the governing body at the end of the tax year 1a 13		Yes	No
1a	Enter ale homber of folding members of the geronicity at the ond of the dat 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			ļ
	committee, explain in Schedule O.			
Ь	Enter ale number of young members included in inter 10, boote, whe are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
J	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the exemption have members or stackholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
19	one or more members of the governing body?	7a		X
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			W.
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Coo	<u>ie.)</u>		
	ſ		Yes	
10a	Did the organization have local chapters, branches, or affiliates?	<u>10a</u>		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	401		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<u>10b</u> 11a	x	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	118	-	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	x	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	x	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
С		12c	x	
13	describe in Schedule O how this was done Did the organization have a written whistleblower policy?	13		X
13 14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		<u>X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		1	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None	• • • • • •	•••••	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	ane Kahler 19158 SW 81st Place Road nnellon FL 34432 352.	. 4 9 4	<u>י</u> ת ב	220
	nnellon FL 34432 352-			(2015)

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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title			o not x, unl ficer a	Pos check ess pe nd a	C) sition more arson i directo	than one is both an x/trustee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	(W-2/1099-MISC)		organization and related organizations
(1) Ralph Kaleshefs)	ki 1.00								
President	0.00	x		x			0	0	0
(2) Art Ross		1							
	1.00	ļ						i	
Vice President	0.00	x		x			0	0	0
(3) Marylou Klein		1							
• •	1.00								
Secretary	0.00	X		X			0	0	0
(4)Diane Kahler									
	1.00								
Treasurer	0.00	X		X		4	0	0	0
(5) Linda Booth									
• •	1.00								
Board Member	0.00	X					0	0	0
(6) Linda Green									
	1.00								
Board Member	0.00	X					0	0	0
(7) Terry Blaes									
	1.00								
Board Member	0.00	X					0	0	0
(8) Betty Dau									
	1.00								
Board Member	0.00	X					0	0	0
(9) Laurie Baker									
	1.00								
Board Member	0.00	X					0	0	0
(10) Phyllis Powell									
	1.00			Ì					
Board Member	0.00	X					0	0	0
(11) Rosemarie Kleuke									
	1.00								
Board Member	0.00	X					0	0	0
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(A) Name and title	(B) Average hours per week (list any bours for	Average Positi hours per (do not check n week box, unless per (list any officer and a di hours (r					ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1069-MISC)	1	(F) Estimated amount of other compensation from the	l
	related organizations below dotted line)				organization and related organizations							
(12) Linda Smith Board Member	1.00	x						0	0	į		C
(13) Audrey Straha Board Member	in 1.00 0.00	x						0	0	1		<u> </u>
	· · · · · · · · · · · · · · · · · · ·											
											<u></u>	
1b Sub-total c Total from continuation sheet	ts to Part VII, S	ecti	on A		• • • •							•••••
 d Total (add lines 1b and 1c) 2 Total number of individuals (inc reportable compensation from 1 		nitec	to t				oove) who received more than 3	\$100,000 of		Yes	No
 Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line organization and related organiz individual Did any person listed on line 1a 	complete Schedu 1a, is the sum o zations greater to a receive or accr	ule J of re han	l for porta \$150	such ble (),000 ensa	indi com ? If	vidua pens "Yes from	ation ," co any	a and other compensation f omplete Schedule J for suc / unrelated organization or	rom the h individual		3	x x
for services rendered to the org Section B. Independent Contractor		es," (comp	lete	Sch	edule	e J fo	or such person	<u></u>	· · · · · · · · · · · · · · · · · · ·	5	X
 Complete this table for your five compensation from the organization 	ation. Report con	nsat nper	ed in Isatic	idepe on fo	ende r the	nt co cale	ontra enda	r year ending with or within	n the organization's tax ye	ar.		
Name and b	(A) Usiness address					_		Descriptio	(B) n of services		(C) Compense	ition

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Part VIII Statement of Rev Check if Schedule		response or r	note to any line	in this Part VIII		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a Federated campaigns	1a					
b Membership dues	1b	838				
c Fundraising events	10					
d Related organizations	1d					
e Government grants (contributions)	_1e					
1a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar exercise to develop the develop to						

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and similar amounts not included above 1f 1,411 Contribu and Oth g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f..... 2,249 Revenue Busn. Code 2a Sponsored Park Activities 6,628 6,628 ь Program Service с d f All other program service revenue g Total. Add lines 2a-2f ► 6,628 3 Investment income (including dividends, interest, and other similar amounts) 756 ► 756 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6a Gross rents b Less: rental exps. c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (I) Securities (ii) Other sales of assets other than inventory b Less: cost or other basis & sales exps. c Gain or (loss) d Net gain or (loss) ► 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c), See Part IV, line 18 a b Less: direct expenses _____ b c Net income or (loss) from fundraising events ... ► 9a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities ► 10a Gross sales of inventory, less returns and allowances 83,442 а b Less: cost of goods sold 44,372 b c Net income or (loss) from sales of inventory 🕨 39,070 39,070 Miscellaneous Revenue Busn. Code 11a b С d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. 48,703 6,628 0 39,826

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Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon	(A)		(C)	(D)
	hot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1					
	and domestic governments. See Part IV, line 21	45,214	45,214		
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				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes				
1	Fees for services (non-employees):				- <u></u>
а	Management				
b	Legai		·····		
с	Accounting	3,076		3,076	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	21,502	19,168	2,233	10
	Advertising and promotion	150	150		
3	Office expenses	2,891		2,891	
4	Information technology		·····		
5	Royalties			· · · · · · · · · · · · · · · · · · ·	
6	Occupancy				
7	Travel		·····		
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
	Interest				4
1	Payments to affiliates		1		······································
2	Depreciation, depletion, and amortization	1,407	1,407		······································
	Insurance				
	Other expenses. Itemize expenses not covered			· · · · · · · · · · · · · · · · · · ·	
	above (List miscellaneous expenses in line 24e. If		1		
	line 24e amount exceeds 10% of line 25, column		er aller en er aller som som Briter		
	(A) amount, list line 24e expenses on Schedule O.)				
- '		`			
J.					
· •	All other expenses				
	Total functional expenses. Add lines 1 through 24e	74,240	65,939	8,200	10
	Joint costs. Complete this line only if the			0,200	10
C fi	organization reported in column (B) joint costs rom a combined educational campaign and undraising solicitation. Check here ► [] if				

Page 10

DAA

Form 990 (2015) Friends of Rainbow Springs Part X Balance Sheet

59-3182934

Page 11

		(A)	T	(B)
		Beginning of year		End of year
	1 Cash—non-interest bearing	171,803	1	177,95
	and temporary cash investments	433,823	2	434,57
			3	
	Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees.			
	Complete Part II of Schedule L		5	
	b Loans and other receivables from other disgualified persons (as defined under section			· · · · · · · · · · · · · · · · · · ·
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
8	organizations (see instructions). Complete Part II of Schedule L		6	
2000 7	Notes and loans receivable, net		7	
6	inventories for sale or use	24,826	8	28,44
9	riepaid expenses and deferred charges		9	
10	a Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D 10a 23, 575			
	b Less: accumulated depreciation 10b 12,666	11,542	10c	10,90
11			11	· · · · · · · · · · · · · · · · · · ·
12	investmentsother securities. See Part IV, line 11		12	
13	investments program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add thes 1 through 15 (must equal line 34)	641,994	16	651,894
17			17	35,437
18	Grants payable		18	
19	Deletted levenue		19	
20	rax-exempt bond liabilities		20	
21	Escow of custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors,			· · · · · · · · · · · · · · · · · · ·
	trustees, key employees, highest compensated employees, and			
	disqualified persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	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			
26	of Schedule D		25	
20	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	0	26	35,437
27	complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets			
28			27	616,457
29	Temporarily restricted net assets	3,979	28	
2.5	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34.	1		
30		and the second	1	
31	Capital stock or trust principal, or current funds		30	
32	Paid-in or capital surplus, or land, building, or equipment fund		31	
32 33	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances		32	
33 34			33	616,457
<u>v+</u>	Total liabilities and net assets/fund balances	641,994	34	651,894

Form **990** (2015)

	2015) Friends of Rainbow Springs 59-3182934				Page 1
Part XI	Reconciliation of Net Assets				
1 Total	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			<u> </u>
2 Total	revenue (must equal Part VIII, column (A), line 12) expenses (must equal Part IX, column (A), line 25)	1			,703
3 Reve	expenses (must equal Part IX, column (A), line 25) nue less expenses. Subtract line 2 from line 1	2			,240
4 Net a	ssets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3	ļ		,537
5 Net u	nrealized gains (losses) on investments	4		641	<u>,994</u>
6 Dona	ed services and use of facilities ment_expenses	5			
7 Inves	ment expenses	6	·		
8 Prior	period adjustments				
9 Other	changes in net assets or fund balances (explain in Schedule O)	8			
10 Net a	sets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	3			
<u>33, cc</u>	lumn (B))	10		616,	457
Part XII	Financial Statements and Reporting			0101	, 107
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	u lad
1 Accou	nting method used to prepare the Form 990: 🔲 Cash 🕱 Accrual 🗍 Other			res	<u>No</u>
	organization changed its method of accounting from a prior year or checked "Other," explain in				
Sched	ule O.				
2a Were	he organization's financial statements compiled or reviewed by an independent accountant?		2		x
If "Yes	" check a box below to indicate whether the financial statements for the year were compiled or	• • • • • • • • •	····· -=		
review	ed on a separate basis, consolidated basis, or both:				
	parate basis 🔲 Consolidated basis 🔲 Both consolidated and separate basis				
b Were	he organization's financial statements audited by an independent accountant?		2	x	
lf "Yes	" check a box below to indicate whether the financial statements for the year were audited on a		·····		+
separa	te basis, consolidated basis, or both:				
X Se	parate 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?		20	x	
If the c	rganization changed either its oversight process or selection process during the tax year, explain in	••••	····· _		
Schedu	le O.				
3a Asare	sult of a federal award, was the organization required to undergo an audit or audits as set forth in				
the Sin	gle Audit Act and OMB Circular A-133?		3a		x
b If "Yes,	did the organization undergo the required audit or audits? If the organization did not undergo the				- <u>**</u>
	audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.				

Form **990** (2015)

SCHEDULE A (Form 990 or 990-	F7) F	Public Charity Sta	itus ai	nd Pu	iblic Support	OMB No. 1545-0					
		Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.									
		4947(a)(1) non	exempt cl	naritable 1	trust.	2015					
Department of the Treas Internal Revenue Service		Attach to Fo	orm 990 or	Form 99	0-EZ.	Open to Pub					
Name of the organization	on Friends of	f Rainbow Spring	<u>r 990-EZ) a</u>	nd its inst	ructions is at www.irs.gov/form99). Inspection					
	State Par	, Inc.				ntification number					
Part I Re	eason for Public Cha	rity Status (All organizati		t.compl	te this part.) See instructi	82934					
	. not a pinate roundation pe	cause ILIS: (FOT lines 1 through	11 check	only one	here)	ons.					
	, convention of churches, of	r association of churches descri	hed in cor	tion 170/	5V4VA3/8						
	described in section 170(E	D)(1)(A)(ii), (Attach Schedule F	Form 990	or 000.57	2))						
- A Hospita	a cooperative nospital	service organization described i	section	170/6//41	AV::::						
	i research organization ope	rated in conjunction with a hose	ital descrit	ed in se	tion 170(b)(1)(A)(iii). Enter the	£ V . H.					
page 1											
5 🔄 An organi	ization operated for the ben	efit of a college or university ow	ned or ope	erated by a	a governmental unit described in						
		i cal (1.)									
6 A federal,	state, or local government	or governmental unit described	in section	170(b)(1)(A)(v).						
	zauon inat normally receive	s a substantial part of its suppo	rt from a g	overnmen	tal unit or from the general publi	c					
					C ()	-					
9 X An organiz	ration that normally seating	on 170(b)(1)(A)(vi). (Complete	Part II.)								
	om activities related to its a	s: (1) more than 33 1/3% of its	support fro	m contrib	utions, membership fees, and gr	oss					
		ACTINCTIONS-SUDJECT to CER	ain excent	hne and	(2) DO Moro than 02 4/00/ -4 //-						
acquired b	w the organization after Jun	and unrelated business taxable 30, 1075, See anatic	e income (less section	on 511 tax) from businesses						
10 An organiz	ation organized and operat	e 30, 1975. See section 509(a)(2). (Comp	plete Part	111.)						
11 An organiz	ation organized and operate	ed exclusively to test for public	safety. See	section	509(a)(4).						
one or mo	re publicly supported organi	zations described in section 50	to perform	the function	ons of, or to carry out the purpo 09(a)(2). See section 509(a)(3).	ses of					
the box in	lines 11a through 11d that (describes the type of supporting		section 5	09(a)(2). See section 509(a)(3).	Check					
a 🔄 Type I. A s	supporting organization oper	ated, supervised, or controlled	by ite supr		mplete lines 11e, 11t, and 11g.						
and coppers	red orderunsgrout(2) nie howe	r to regularly appoint or elect a	maiority o	f the direc	tors or trustees of the supporting	•					
		LIV, Sections A and B.				1					
b Type II. A s	supporting organization supe	ervised or controlled in connect	on with its	supported	organization(s) by baying						
	menagement of the suppoint	ly organization vested in the sa	me person	is that cor	itrol or manage the supported						
	.(e). Log under comptete h	arciv, Sections A and C.									
its supports	d organization(a) (ass list	pporting organization operated i	n connecti	on with, a	nd functionally integrated with,						
	a elanimation (alle listi	uciions), rou must complete P	art IV Sou	Mione A	D and E						
that is not f	unctionally integrated. The	A supporting organization opera	ited in con	nection wi	th its supported organization(s)						
requirement	(see instructions) You mu	organization generally must satistic complete Part IV, Sections	sfy a distrib	oution requ	uirement and an attentiveness						
e Check this b	ox if the organization receiv	ved a written determination from	A and D,	and Part	V.						
functionally	integrated, or Type III non-	functionally integrated supportin	ne iks n . omenizo	at it is a l	уре I, Туре II, Туре III						
	er or supported organization	S	g organiza								
g Provide the follo	wing information about the	supported organization(s).	• • • • • • • • • • • • •	• • • • • • • • • • • •		· · · · ·					
 (i) Name of supported organization 	(II) EIN	(III) Type of organization		organization	(v) Amount of monetary	(vi) Amount of					
ergen izzalen		(described on lines 1-9 above (see instructions))		ur governing	support (see	other support (see					
			0000	ment?	instructions)	instructions)					
)			Yes	No							
,											
}	1										
>	1	i ·									
					1						
)											
)											
)											
)											
)											

-	Part II Support Schedule for	Orgonizationa	Described		<u> </u>	9-3102934	Page 2
		Organizations	Described in	Sections 170(I	b)(1)(A)(iv) an	d 170(b)(1)(A)(vi)
	(Complete only if you che Part III If the organization	n fails to quali	on line 5, 7, or	8 of Part I or If	the organizatio	n failed to quali	fy under
Se	Part III. If the organizatio		ly under the tes	its listed delow,	please comple	te Part III.)	
	lendar year (or fiscal year beginning in)	(a) 2011	(1) 0010		1	······	
•••		(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge				, ,		
4	Total. Add lines 1 through 3		1				
5	The portion of total contributions by				· · · · · · · · · · · · · · · · · · ·	<u> </u>	
	each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the amount			1			
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
;ale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources						
9	Net income from unrelated business activities, whether or not the business						·····
	is regularly carried on						
0	Other income. Do not include gain or						
-	loss from the sale of capital assets						
	(Explain in Part VI.)						
1	Total support. Add lines 7 through 10						
2	Gross receipts from related activities, etc. First five years . If the Form 990 is for the	(see instructions)				12	
3		viganization 5 ms	t, second, third, fou	rth, or fifth tax year	as a section 501	·····	
	organization, check this box and stop here						
iec	tion C. Computation of Public Su	pport Percent	เลกด				
4	Public support percentage for 2015 (line 6, Public support percentage for 2014 School	column (f) divided	by line 11, column	(f))		14	%
5	a abile support percentage non 2014 Scher	Jule A, Part II, Ilne	≩ 14			1 1 5 1	%
ba	33 1/3% support test-2015. If the organiz	ation did not cheo	k the box on line 1	and line 14 is 33	1/3% or more of	ook thin	
	box and stop here. The organization qualifi 33 1/3% support test-2014. If the organization	es as a publicly s	upported organizat	ion			▶□
þ	The second		K 8 DOX OD 1108 1.3	nr una and uno 15	ic 22 1/20/ or mo		
~	check this box and stop here. The organiza	ation qualifies as a	a publicly supported	organization			▶ 🗍
a	To react and on canadings test-2015	. II ule olganizatio	п аю пот спеск а г	x x x x x x x x x x x x x x x x x x x	or 16b, and line 1	4 is	
	10% or more, and if the organization meets	the "facts-and-cir	cumstances" test, o	check this box and	stop here. Explai	n in	
	Part VI how the organization meets the "fac						
	organization						
b	To reflects and chick and est-2014	. Il the organizatio	n did not check a b	ox on line 13, 16a.	16b. or 17a. and	line	
	15 is 10% or more, and if the organization r	neets the "facts-a	nd-circumstances"	est, check this box	and stop here.		
	Explain in Part VI how the organization mee	ets the "facts-and-	circumstances" test	. The organization (qualifies as a pub	licly	
	supported organization Private foundation. If the organization did r	····				•••••	🕨 🔲
				Tra, or Trb, cneck	inis pox and see		

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 Friends of Rainbow Springs Part II

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Page 2

Schedule A (Form 990 or 990-EZ) 2015 Friends of Rainbow Springs

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

59-3182934

(e) 2015

Page 3

(f) Total

Part III (Complete only if you checked the box on line 9 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.) Section A. Public Support Calendar year (or fiscal year beginning in) ► (a) 2011 (b) 2012 (c) 2013 (d) 2014 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual

	grants.")	7,199	5,004	20,372	6,592	2,249	41,416
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	87,761	86,595	147,109	100,798	59,222	481,485
3	Gross receipts from activities that are not an unrelated trade or business under section 513			52,486	58,740	30,848	142,074
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						112/0/4
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	94,960	91,599	219,967	166,130	92,319	664,975
7a	Amounts Included on lines 1, 2, and 3 received from disqualified persons						
	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						
C							
8	Public support. (Subtract line 7c from line 6.)						664,975
	tion B. Total Support						
	ndar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	94,960	91,599	219,967	166,130	92,319	664,975
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,499	2,761	3,801	1,277	756	13,094
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						257074
c	Add lines 10a and 10b	4,499	2,761	3,801	1,277	756	13,094
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	99,459	94,360		167,407	93,075	678,069
14	First five years. If the Form 990 is for the organization, check this box and stop here				• •	•••	
Sect	tion C. Computation of Public Su		Δ		<u></u>	<u></u>	🕨 🖵
15	Public support percentage for 2015 (line 8,						
16	Public support percentage from 2014 Sched	ule A. Part III line 1	5	·//	• • • • • • • • • • • • • • • • • • • •	15	98.07 %
in the second second	tion D. Computation of Investmen	t Income Perce	ntage	<u></u>		16	97.96 %
17	Investment income percentage for 2015 (lin	e 10c, column (f) div	ided by line 13, co	olumn (fi)		17	2 %
18	Investment income percentage from 2014 S	Schedule A, Part III, I				18	
	33 1/3% support tests-2015. If the organi			, and line 15 is m	ore than 33 1/3%	and line	2 %
	17 is not more than 33 1/3%, check this box	and stop here. The	organization qua	lifies as a publicly	supported organiz	ation	► X
b	33 1/3% support tests-2014. If the organi	zation did not check	a box on line 14 c	r line 19a, and line	e 16 is more than 3	33 1/3%, and	······
	line 18 is not more than 33 1/3%, check this	box and stop here.	The organization	qualifies as a pub	licly supported org	anization	
20	Private foundation. If the organization did r	not check a box on li	ne 14, 19a, or 19t	, check this box a	Ind see instructions		····· ► H
						المحادثة والمحادثة بالمراج فتعاصل والمتحادث والمتحادي والمحاد	and the second s

Schedule A (Form 990 or 990-EZ) 2015

1

Schedule A (Form 990 or 990-EZ) 2015 Friends of Rainbow Springs 59-3182934 Page 4 Part IV Supporting Organizations (Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain, 1 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and b satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) С purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3c 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign b 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. 4b 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. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in 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). 5a 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? 5b Substitutions only. Was the substitution the result of an event beyond the organization's control? C 5c 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 7 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 8 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. 9a b Did one or more disgualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b c Did a disgualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below. 10a

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.)

10b Schedule A (Form 990 or 990-EZ) 2015

Sche	edule A (Form 990 or 990-EZ) 2015 Friends of Rainbow Springs 59-	3182934		Page :
	art IV Supporting Organizations (continued)			
		J	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
8			1	
	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a		
		11b		
Course of the second se	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	11c		
	ton 2. Sport oupporting organizations		Yes	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	ſ	Tes	No
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			1
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			1
	controlled the organization's activities. If the organization had more than one supported organization,	1	1	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	1	1
Sect	ion 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		1	
	or management of the supporting organization was vested in the same persons that controlled or managed			
Soct	the supported organization(s).	1		<u> </u>
Jeci	ion D. All Type III Supporting Organizations			
1	Did the proprior provide to each of its supported exercise time, but the last days of the set of the set		Yes	No
•	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		1	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	di seta		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	a section of the sect		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1	00000	
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	1 - ³⁶⁷ - 24	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		i si	540 [°] 1914 - 1914 - 1914 - 1914 - 1914 - 1914 - 1914 - 1914 - 1914 - 1914 - 1914 - 1914 - 1914 - 1914 - 1914 - 1914 -
	supported organizations played in this regard.	3		
<u>Secti</u>	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructions):		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (se	e instructions).		
2 4	ctivities Test. Answer (a) and (b) below.	r	<u> </u>	
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
	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		
Ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in 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.	26		
3	Parent of Supported Organizations. Answer (a) and (b) 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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	36		

Schedule A (Form 990 or 990-EZ) 2015

hedule A (Form 990 or 990-EZ) 2015 Friends of Rainbow Spr Part V Type III Non-Functionally Integrated 509(a)(3) Support		<u>59-31829</u>	9 34 Pi
Check here if the organization satisfied the Integral Part Test as a qualifying tr			
other Type III non-functionally integrated supporting organizations must comple			
ection 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		<u></u>
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		·····
ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			the second s
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
ction C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 Friends of Rainbow Springs

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required) 5 Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2015 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (iii) (i) (ii) Section E - Distribution Allocations (see instructions) **Excess Distributions** Underdistributions Distributable Pre-2015 Amount for 2015 Distributable amount for 2015 from Section C, line 6 Underdistributions, if any, for years prior to 2015 2 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2015: 3 a b C d From 2013..... e From 2014..... f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount Carryover from 2010 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2015 from Section 4 D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2015 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2015, if 5 any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). 6 Remaining underdistributions for 2015. Subtract lines 3h تهيئهم والمناصب والمبرك الرواحين والراب and 4b from line 1 (if amount greater than zero, see instructions). Excess distributions carryover to 2016. Add lines 3j and 4c. Breakdown of line 7: 8 a b c Excess from 2013 d Excess from 2014

Schedule A (Form 990 or 990-EZ) 2015

59-3182934

Page 7

e Excess from 2015

Schedule A (F	Form 990 or 990-EZ)2015 Frie	nds of	Rainbow	Springs	Į.	59-3182934	Page 8
Part VI	Supplemental III, line 12; Par B, lines 1 and 3a and 3b; Pa	I Information rt IV, Section A 2; Part IV, Sec rt V, line 1; Pa	. Provide th A, lines 1, 2, ction C, line rt V, Section	e explanation 3b, 3c, 4b, 1; Part IV, S n B, line 1e;	ns required by 4c, 5a, 6, 9a, Section D, line Part V, Sectio	9b, 9c, 11a, 11b, s 2 and 3; Part I\	Part II, line 17a or and 11c; Part IV, /, Section E, lines nd 8; and Part V, ctions.)	Section 1c, 2a, 2b,
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CHEDULE D form 990)	Complete if the or	al Financial Statements ganization answered "Yes" on Form 990,		OMB No. 1545-0047
•	Part IV, line 6, 7, 8, 9, 1	0, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2015
partment of the Treasury emal Revenue Service	► Information about Schedule D (Ec	 Attach to Form 990. prm 990) and its instructions is at www.irs. 	nov/form990	Open to Public Inspection
me of the organization		THE EVEL WIN IN THE HEREIGHT IS GUNTWINS.	Employer Identifica	
	ainbow Springs			
State Park,			59-31829	34
Part I Organiza Complete	tions Maintaining Donor Advised	Funds or Other Similar Funds or A on Form 990, Part IV, line 6.	Accounts.	
		(a) Donor advised funds	(b) Funds a	and other accounts
Total number at end o	of year			
2 Aggregate value of co	ontributions to (during year)			
Aggregate value of grade of	ants from (during year)			
Aggregate value at en Did the organization in	d of year			
		exclusive legal control?		
Did the organization in	form all grantees, donors, and donor advisor	rs in writing that grant funds can be used	·····	Ves No
	poses and not for the benefit of the donor or			
Part II Conserva	ition Easements.			
	if the organization answered "Yes" of	on Form 990, Part IV, line 7.		
Purpose(s) of conserva	ation easements held by the organization (ch	neck all that apply).		
	nd for public use (e.g., recreation or educatio		rtant land area	
Protection of natur		Preservation of a certified historic		
Preservation of op	en space			
		onservation contribution in the form of a conser	vation	
easement on the last d				he End of the Tax Yea
Total number of conse	ervation easements	•••••••••••••••••••••••••••••••••••••••	2a	
o Total acreage restricted	d by conservation easements		2b	
 Number of conservation 	n easements on a certified historic structure	included in (a)	20	
d Number of conservation	n easements included in (c) acquired after 8/	/17/06, and not on a		
historic structure listed	in the National Register		_2d	
Number of conservation	n easements modified, transferred, released,	, extinguished, or terminated by the organization	on during the	
tax year 🕨				
	e property subject to conservation easement			
Does the organization I	have a written policy regarding the periodic i	monitoring, inspection, handling of		
Violations, and enforcer	ment of the conservation easements it holds	?		. Yes No
Staff and volunteer hou	ars devoted to monitoring, inspecting, handlin	ng of violations, and enforcing conservation ea	sements during t	ne year
	curred in monitoring increating handling of	violations, and enforcing conservation easeme		
► \$		violations, and emorcing conservation easeme	ints auring the ye	ar
· · · · · · · · · · · · · · · · · · ·		sfy the requirements of section 170(h)(4)(B)(i)		
				Yes 🗌 No
In Part XIII, describe ho	ow the organization reports conservation eas	ements in its revenue and expense statement,	and	
		the organization's financial statements that de		
	ng for conservation easements.	•		
art III Organizati Complete i	ons Maintaining Collections of And f the organization answered "Yes" or	rt, Historical Treasures, or Other Sinn Form 990, Part IV, line 8.	imilar Assets	¢
), not to report in its revenue statement and ba	lance sheet	···· · · · · · · · · · · · · · · · · ·
works of art, historical to	reasures, or other similar assets held for put	blic exhibition, education, or research in further	ance of	
	in Part XIII, the text of the footnote to its fina			
), to report in its revenue statement and balance	e sheet	
		plic exhibition, education, or research in further		
public service, provide t	he following amounts relating to these items	:		
(i) Revenue included o	n Form 990, Part VIII, line 1		▶ \$	
(iii) Assets included in F	Form 990, Part X		▶ \$	
If the organization receiv	ved or held works of art, historical treasures,	or other similar assets for financial gain, provi	de the	
	red to be reported under SFAS 116 (ASC 95			
Revenue included on Ec	orm 990, Part VIII, line 1		▶ \$	
	· · · · · · · · · · · · · · · · · · ·	90.		

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Part III Organizations Maintaini	ng Collections o	f Art, Historical	Treasures	, or Other Sin	nilar Ass	sets (continue	ed)
3 Using the organization's acquisition, access collection items (check all that apply):	ssion, and other record	ds, check any of the f	ollowing that	are a significant u	ise of its		
a Public exhibition	d	Loan or exchange p	marams				
b Scholarly research	e	Other					
c Preservation for future generations	- L		•••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • •		
4 Provide a description of the organization's	collections and explain	in how they further th	e organizatio	n's exempt pumos	a in Dad		
XIII.			e organizatio	na evenihr heihea	¢ III Fall		
5 During the year, did the organization solic	it or receive denotions	of out bistorian inca					
assets to be sold to raise funds rather tha	n to be maintained on	or an, mistorical treas	sures, or ourse	er similar			Π.
Part IV Escrow and Custodial	rrangements	part of the organizati	ons conecuo	<u>117</u>		Yes	
Complete if the organization		" on Form 990 P	art IV line	9 or reported	an amoi	int on Form	
990, Part X, line 21.			art iv, mie	e, or reported	an amou		
1a Is the organization an agent, trustee, custo	dian or other interme	diary for contributions	or other ass	ets not		······	
included on Form 990, Part X?				613 1101		Yes	
b If "Yes," explain the arrangement in Part X	III and complete the f	nllowing table:	•••••		• • • • • • • • • • • •	[_] res	
		anorning tuble.				Amount	
c Beginning balance						ranounc	
c Beginning balance d Additions during the year	•••••••••••••••••••••••••••••	*****	• • • • • • • • • • • • • • • •	•••••••••••••••	1c 1d		
e Distributions during the year	•••••••••••••••••••••••••	* * * * * * * * * * * * * * * * * * * *	• • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	10		
e Distributions during the year f Ending balance	•••••••••••••••••••••••••••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • •	•••••	10		• •
2a Did the organization include an amount on	Form 990 Part X line	21 for econy or ou					<u> </u>
b If "Yes," explain the arrangement in Part X	II. Check here if the e	volanation has been r	novided on I	Dort Nability ?	•••••	Yes	
Part V Endowment Funds.		Aplanation has been			******		
Complete if the organization	n answered "Yes"	on Form 990 Pa	art IV line	10			
	(a) Current year	(b) Prior year	(c) Two ye		1ree years bac	4 (a) Faur 1/2	
1a Beginning of year balance		(4) (10) (302)	(c) 110 y		nee years bat	k (e) Four yea	rs back
b Contributions					·······		
c Net investment earnings, gains, and							
d Grants or scholambian							
d Grants or scholarships e Other expenditures for facilities and							
•							
programs							
f Administrative expenses							
g End of year balance							
Provide the estimated percentage of the cu	rrent year end balance	e (line 1g, column (a))	held as:				
a Board designated or quasi-endowment >							
c Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c sh	%						
a Are there endowment funds not in the poss		tion that are hald and					
organization by:	ession of the organiza	uon inal are neid and	administered	I FOF THE		[- <u>r</u>
						Yes	No
(i) unrelated organizations	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	•••••	••••••	· · · • • · · · · · • • • •	3a(i)	_
(ii) related organizations			•••••	• • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • •	3a(ii)	
o in realition line ba(ii), are the related organiz	cations listed as requir	ed on Schedule R?	· · · · · · · · · · · · · · · · · · ·	•••••		3b	
Describe in Part XIII the intended uses of the Part VI Land, Buildings, and Equ		wment funds.					
· · · · · · · · · · · · · · · · · · ·							
Complete if the organization	answered res					t X, line 10.	
Description of property	(a) Cost or other ba		1	(c) Accumulated	1	(d) Book value	
a Land	(investment)	(othe	")	depreciation			
a Land	·					 	
b Buildings	·			······			
c Leasehold improvements							
d Equipment			23,575	12,	666	10,	909
e Other							
al. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part	X, column (B), line 10	c.)		🕨	10,	90

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	Form 990) 2015 Friends of Rainbow S	prings	59-3182934	Page
Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" or	i Form 990, Part IV, li	ne 11b. See Form 990, Part X, I	ine 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market va	lue
(1) Financial	derivatives			
(2) Closely-he	eld equity interests			·····
(3) Other				
(A)				
(B)	******			

(E)				
(F)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)		<u> </u>	
Part VIII	investmentsProgram Related.			
	Complete if the organization answered "Yes" on			<u>ne 13.</u>
	(a) Description of investment	(b) Book value	(c) Method of valuation:	
/4)			Cost or end-of-year market val	
(1)	······································			
(2)		· · · · · · · · · · · · · · · · · · ·		
(3) (4)				
(5)				
(6)	1999			
(7)				
(8)	· · · · · · · · · · · · · · · · · · ·			
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, lin	e 11d. See Form 990, Part X, lir	ie 15.
	(a) Description			Book value
(1)				
(2)				
(3)			· · · · · · · · · · · · · · · · · · ·	
(4)				
(5)				
(6)				
(7)				
(8)	·····			
(9)				
Part X	(b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.	<u></u>	••••••••••••••••••••••••••••••••••••••	
	Complete if the organization answered "Yes" on F	Form 900 Port IV line	110 or 11f Soc Form 000 De-	4 V
	line 25.	-om 990, Fat IV, Ine	e 11e or 111. See Form 990, Par	τΧ,
	(a) Description of liability	(b) Book value	Γ	
	ncome taxes			
2)				
3)				
4)				
5)				•
6)	······································			
7)				
8)				
9)	·			
	(b) must equal Form 990, Part X, col. (B) line 25.) ►			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

X

Schedule D (Form 990) 2015 Friends of Rainbow Springs		59-318293	34	Page
Part XI Reconciliation of Revenue per Audited Financial State			eturn.	
Complete if the organization answered "Yes" on Form 990				
1 Total revenue, gains, and other support per audited financial statements			1	39,42
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
a Net unrealized gains (losses) on investments	2a			
b Donated services and use of facilities	<u>2b</u>		4	
c Recoveries of prior year grants	2c		4	
d Other (Describe in Part XIII.)			4	
e Add lines 2a through 2d		· · · · · · · · · · · · · · · · · · ·	2e	
 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 	· · · · · · · · · · · · · · · · · · ·		3	39,42
, , , , , , , , , , , , , , , , , , , ,				
a Investment expenses not included on Form 990, Part VIII, line 7b		9,277	4	
a Add lines to and the			1.1	9,27
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	• • • • • • • • • • • • • • • • • • • •		4c	48,70
Part XII Reconciliation of Expenses per Audited Financial State				40,70
Complete if the organization answered "Yes" on Form 990,			Netum.	
1 Total expenses and losses per audited financial statements			1	64,96
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	••••••	••••••		01/20
a Donated services and use of facilities	22			
b Prior year adjustments				
c Other losses	2c		1	
d Other (Describe in Part XIII.)			1	
e Add lines 2a through 2d			2e	
3 Subtract line 2e from line 1			3	64,96
Amounts included on Form 990, Part IX, line 25, but not on line 1:		•••••••••••••••••••		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)		9,277		
c Add lines 4a and 4b			4c	9,27
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	74,24
Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid Part X - FIN 48 Footnote FORS holds no uncertain tax positions and, evaluating them.		•••••		
Part XI, Line 4b - Revenue Amounts Included Cost of Park Events	d on Ret	•••••••••••••••••••••••••••••		9,277
Part XII, Line 4b - Expense Amounts Include Cost of Park Events	ed on Re	••••••••••••••••••••••••••••••••	• • • • • • • • • • • • • •	9,277
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Schedule D	(Form 990) 2015	Friends of	E Rainbow	Springs	59-3182934	Page 5
Part XIII	Supplementa	al Information ((continued)			
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SCHEDULE I Grant (Form 990) Govern (Form 990) Complete if Department of the Treasury Complete if Department of the Treasury > Information abo Name of the organization Friends of Rainbow Springs State Park, Inc. Part I General Information on Grants and Assistance	Grants Governm Complete if the Complete if the Complete about M Springs	and Of ents, a organizati schedule	ther Assistance to nd Individuals in on answered "Yes" on Fo Attach to Form 990. I (Form 990) and its instru-	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. W Springs	ttions, States line 21 or 22. w.irs.gov/form990		OMB N 2(Open Insp 59-3182934	OMB No. 1545-0047 2015 Open to Public Inspection
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic	the amount of the gi tance? <u>ionitoring the use of c</u>	ants or ass grant funds	istance, the grantees in the United States.	grants or assistance, the grantees' eligibility for the grants or assistance, and f grant funds in the United States.	s or assistance, an	7	X Yes	°ź □
990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Providential for any recipient of the organization answered "Yes" on Form of the organization answered "Yes" on Form of the organization and the organization answered "Yes" on Form of the organization and the organization answered "Yes" on Form of the organization of the organiz	It that received m (b) EIN	Nore than (c) IRC section If applicable	 45,000. Part II cs 4) Amount of cash grant 	more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash (e) Amount of non- (f) Method of valuation (g) Description of grant cash assistance (book, FM, appraisal (g) Description of grant cash assistance (book, FM, appraisal (g) Description of grant (g) Method of valuation (g) Description (g) Method of valuation (g) Description (g) Description (g) Method of valuation (g) Description (g) Description (g) Method of valuation (g) Description (g) Method of valuation (g) Description (g) Description (g) Method of valuation (g) Description (g) Description (g) Method (g) Method (g	additional space (0 Method of valuation (10 Method of valuation (10 Method of valuation	anization answ e is needed. (g) Description of	ered "Yes" on Form (h) Purpose of grant	A grant
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3 Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the instructions for Form 990. DAA	isted	in the line 1 table	table				Schedule 1 (Form 990) (2015)	990) (2015)

Schedule I (Form 990) (2015) Friends of Rainbow Springs Part III Grants and Other Assistance to Domestic Individuals. Part III Can be duplicated if additional space is needed	Rainbow Springs to Domestic Individuals tional space is needed	s 5 ils. Complete if the (59-3182934 organization answered	59–3182934 Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	N, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash accistance	(e) Method of valuation (book,	(f) Description of non-cash assistance
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SCHEDULE O	Supplemental	Information to	Form 990 or 9	90-EZ	OMB No. 1545-0047
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Department of the Treasury Internal Revenue Service		Attach to Form 990	or 990-EZ.		Open to Public
Name of the organization	Friends of Rainbow	Springs	nd its instructions is a	Employer Identificati	Inspection on number
	State Park, Inc.			59-31829	34
Form 990 -	Organization's Mis:	sion			
To promote	community interest	in Rainbow	Springs Stat	e Park and t	o assist
in the Flor	rida Park Services 1	mission of j	providing re	source-based	recreation
while prese	rving, interpreting	and restor	ing natural	and cultural	
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Schedule O (Form 990 or 990-EZ) (201	15)	·····			Page 2
Name of the organization	6			Employer identificati	
Friends of Rainbow	/ Springs			59-31829	34
Pontoon Boat Maint	enance	· · · · · · · · · · · · · · · · · · ·			
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