JAMES MOORE & CO., P.L. 5931 NW 1ST PL GAINESVILLE, FL 32607-2063

> THE FLORIDA TRAIL ASSOCIATION, INC. 1022 NW 2ND ST, A GAINESVILLE, FL 32607-4686

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Form **990**

EXTENDED TO MAY 15, 2024

A For the 2022 calendar year, or tax year beginning JUL 1, 2022

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public Inspection

2023

and ending JUN 30,

Department of the Treasury Internal Revenue Service

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

Check if applicable: C Name of organization D Employer identification number Address change THE FLORIDA TRAIL ASSOCIATION, INC. Name change 23-7079720 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return 1022 NW 2ND ST 352-378-8823 310,559. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended GAINESVILLE, FL 32607-4686 H(a) Is this a group return Applica-Ition F Name and address of principal officer: ROYCE GIBSON for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Yes No I Tax-exempt status: X 501(c)(3) 501(c) (527 (insert no.) 4947(a)(1) or If "No." attach a list. See instructions WWW.FLORIDATRAIL.ORG J Website: H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 1964 M State of legal domicile; FL Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 Check this box 13 Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 13 4 Activities & 23 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 520 6 6 Total number of volunteers (estimate if necessary) 836. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year **Current Year** 859,334. 8 Contributions and grants (Part VIII, line 1h) 1,104,133. Revenue 293,323. 115,932. Program service revenue (Part VIII, line 2g) 27,798. 2,560. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 17,252. 36,194. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,191,411. 1,265,115. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Ō. Benefits paid to or for members (Part IX, column (A), line 4) 667,071. 752,135. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 425,167. 551,858. 1. 092,238. 1,303,993. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 99,173. -38,878. 19 Revenue less expenses, Subtract line 18 from line 12 Beginning of Current Year End of Year 5 1,622,306. 1,920,348. 20 Total assets (Part X, line 16) 430,045.21 Total liabilities (Part X, line 26) 111,825. 1,510,481. 1,490,303. 22 Net assets or fund balances. Subtract line 21 from line 20 art II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign ROYCE GIBSON, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature 05/09/24 P01500189 CORINNE LAROCHE CORINNE LAROCHE Paid JAMES MOORE & CO., P.L. Preparer Firm's name Firm's EIN 59-3204548 Firm's address 5931 NW 1ST PL Use Only GAINESVILLE, FL 32607-2063 Phone no. 352 - 378 - 1331May the IRS discuss this return with the preparer shown above? See instructions X Yes No

Form	990 (2022) THE FLORIDA TRAIL ASSOCIATION, INC. 23-7079720 Page 2
	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: SEE SCHEDULE O
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 366,371. including grants of \$) (Revenue \$ 50,610.) TRAIL CONSTRUCTION - FTA BUILDS HIKING TRAILS IN THE STATE OF FLORIDA,
	PROVIDING OPPORTUNITES TO HIKE AND CAMP.
	INOVIDING CITCHIND TO MIND CAME.
4b	(Code:) (Expenses \$296, 200 . including grants of \$) (Revenue \$40, 909 .)
	TRAIL MANAGEMENT - FTA MAINTAINS HIKING TRAILS IN THE STATE OF FLORIDA,
	IN ORDER TO PRESERVE THE TRAILS AND CONTINUE PROVIDING OUTDOOR EXPERIENCES FOR PEOPLE WITHIN THE STATE.
	BAFERIENCES FOR PEOPLE WITHIN THE STATE.
4c	(Code:) (Expenses \$
	OUTREACH - FTA EDUCATES THE PUBLIC BY TEACHING APPRECIATION FOR THE
	OUTDOORS. FTA PROMOTES CONSERVATION OF NATURE IN FLORIDA.
4d	Other program services (Describe on Schedule O.)
→u	(Expenses \$ Including grants of \$) (Revenue \$)
4e	Total program service expenses 958, 207.
	Form 990 (2022)

Form 990 (2022) THE FLORIDA TRAIL ASSOCIATION, INC. 23-7079720 Page 3 Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A Х 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х public office? If "Yes," complete Schedule C, Part I 3 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 Х 4 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Х 5 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 X 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х Schedule D, Part III 8 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 debt negotiation services? Х If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments Х or in quasi endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 Х Part X, line 16? If "Yes," complete Schedule D, Part IX 11d Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 X Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Х 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 Х or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Х foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 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 Х 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Х column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines X 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes" Х 19 complete Schedule G, Part III Х 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 232003 12-13-22

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20b

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule (, Part I and III and II		Checklist of Required Schedules (continued)			1
Part X, column (A), line 2? (if Yes, "complete Schedule I, Parts I and III 2 Did the organization assert Yes* to Part VII). Science In A, Bood A, or 3, about compensation of the organization scurrent and former officers, direction, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I. 24a Did the organization have a tax-everupt bornul issue with an outstanding principal arount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 2th through 24d and complete Schedule II, White organization invest any proceeds of fax exempt bornuls beyond a temporary profod acception? 24b Did the organization market an energive account of their than a rehanding secrity at any time during the year to disease any tax-eventy bornot? 25c Did the organization market an an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization and an an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization are an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization are an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization are an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Line of the organization are an "on behalf of" issuer for bonds outstanding at any time during the year. 25d In the organization are an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Line organization are an "on behalf of" issuer for bonds outstanding at any time during the year. 25d Line organization are an "on behalf of" issuer for bonds outstanding an an excess behalf transaction with an act the acceptance of the year. 25d Line organization organization are acceptanced as a year. 25d Did the organization organization organization are acceptanced as a year. 25d Did the organization provide a grant or other assistance to any current		The state of the s	ſ	Yes	No
23 Did the organization server "Yes" to Per PVII, Section A, Ilins 3, 4, or 5, about compensation of the organization's current and former officers, directions, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part II and tomer officers, directions, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part II and the organization have a tax-excempt bond issue with an outstanding principal amount of more than \$100,000 as of the last div of the very minimal properties of the schedule I, Part II and the schedule I, Part II and the organization market and an escrew account other than a returnding escrew at any time during the year to defease any tax-exempt bonds? did the organization market an escrew account other than a returnding escrew at any time during the year to defease any tax-exempt bonds? did the organization and a an "on behalf of issues for bonds cultainding at any time during the year to defease any tax-exempt bonds? did the organization and a an "on behalf of issues for bonds cultainding at any time during the year? did the organization and a schedule I are paged in an excess benefit transaction with a discussibility. Schedule I, Part I be is the organization aware that the repaged in an excess benefit transaction with a discussibility of the schedule I, Part II be is the organization aware that engaged in an excess benefit transaction with a discussibility of the organization aware that engaged and accomplication with a discussibility of the organization aware that engaged in an excess benefit transaction with a discussibility of the organization and the temporary of the organization propert any amount on Part X, time 5 or 22 for receivables from or payables in any current or former organization and any current or former organization and any current or former organization confidence, director, trustee, key amployee, creator or foruder, substantial contributor? If "Yes," complete Schedule I, Part III and the page of th	22	- · · · · · · · · · · · · · · · · · · ·			x
and former officers, directors, fustlesse, key employees, and highest compensated employees? If Yes, complete Schedule I, and the set are exempt bornal issue with an oddstanding 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 24th through 24d and complete Schedule K. If Yin," go to line 25a. 24b. D K3 the organization reviet any proceeds of faxe-exempt bornals beyond a temporary prind of acception? 24c. D K3 the organization are as an "on behalf of issuer for bonds outstanding at any time during the year? 24d. D K3 the organization are as an "on behalf of issuer for bonds outstanding at any time during the year? 24d. D K3 the organization are as an "on behalf of issuer for bonds outstanding at any time during the year? 24d. D K3 the organization are with a discussified person during the year? If Yes, "complete Schedule I, Part I I I I I I I I I I I I I I I I I I I	00		22		
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24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the lest day of the year, that was issued after Docember 31, 2002? If "Yas," answer lines 24th through 24th and complete Schedule K. If "No.", go to size 25s. b Uild the organization wheet any proceeds of tax-exempt bonds beyond a temporary period exception? c) Did the organization wheet any proceeds of tax-exempt bonds beyond a temporary period exception? 24d			23		Х
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Schedule K. If "No." po to line 250 b) Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bords? Child the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bords? 2de 2dd					
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d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 258 Section 50 (15(8), 50 (15(4)), and 50 (15(2))	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
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 I, Part I 25 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 is prior Forms 990 or 990-E/2? If Yes," complete Schedule I, Part I 25 b Id the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If Yes," complete Schedule I, Part II 26		any tax-exempt bonds?	24c		
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		· · · · · · · · · · · · · · · · · · ·	24d		ļ
b is the organization aware that it angaged 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 930-E27; if "Yes," complete Schedule I, Part I 25b Ut the organization paper any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part III 27 X X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof) or family member of any of these persons? If "Yes," complete Schedule I, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule I, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule I, Part IV instructions for applicable filing thresholds, conditions, and exceptions): b A family member of any sudvividual described in line 28a? If "Yes," complete Schedule I, Part IV instructions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule II in a substantial contributions? If "Yes," complete Schedule II, Instructions? If "Yes," complete Schedule II, Instruction in a section of the organization inquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule II, Instruction of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule II, Instruction of the organizatio	25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			,,
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II			25a		X
Schedule L, Part II 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 39% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 L Yamily member of any of these persons? If "Yes," complete Schedule L, Part II 27 L Yes," complete Schedule L, Part II 28 L Yamily member of any of these persons? If "Yes," complete Schedule L, Part II 27 L Yes, "complete Schedule L, Part II 27 L Yes," complete Schedule L, Part II 28 L Yes, "complete Schedule L, Part II 28 L Yes," complete Schedule L, Part IV, instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28 L Yes, "complete Schedule L, Part IV 28 L Yes," complete Schedule L, Part IV 28 L Yes, "complete Schedule L, Part IV 28 L Yes," complete Schedule L, Part IV 28 L Yes, "complete Schedule L, Part IV 28 L Yes," complete Schedule L, Part IV 28 L Yes, "complete Schedule L, Part IV 28 L Yes," complete Schedule L, Part IV 28 L Yes, "complete Schedule L, Part IV 28 L Yes," complete Schedule L, Part IV 28 L Yes, "complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X Yes, "complete Schedule M 29 X Yes," complete Schedule M 29 X Yes, "complete Schedule M 29 X Yes," complete Schedule M 29 X Yes, "complete Schedule M 29 X Yes," complete Schedule M 29 X Yes, "complete Schedule M 29 X Yes," complete Schedule M 29 X Yes, "complete Schedule M 29 X Yes," complete Schedule M 29 X Yes, "complete Schedule M 29 X Yes," complete Schedule M 29 X Yes, "complete Schedule M 29 X Yes," complete Schedule M 29 X Yes, "complete Schedule M 29 X Yes," Complete Schedule M 29 X Yes, "complete Schedule M 29 X Yes," Complete Schedule M 29 X Y	b				
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or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 59% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 27 28 28 Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III. 28 28 28 28 29 20 20 21 22 23 24 25 25 26 27 27 28 28 28 27 28 28 27 28 28			25b		<u> </u>
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28b X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 28c X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II 31 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule II 31 X 32 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule II 31 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 II, Part II, III, or IV, and Part V, line 1 34 X 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule II, Part II, III, or IV, and II "Yes," complete Schedule II, Part IV, III and IV, and III and	26				
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? # "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 the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # "Yes," complete Schedule L, Part IV 28b X b A family member of any individual described in line 28a? # "Yes," complete Schedule I., Part IV 28b X c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? # "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? # "Yes," complete Schedule M 29 X 30 Did the organization receive more than \$25,000 in non-cash contributions? # "Yes," complete Schedule M 29 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? # "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? # "Yes," complete Schedule N, Part I 31 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301,7701-2 and 301,7701-37 # "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? # "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35 Did the organization own 100% of an entity disregarded as separate from the organization with a controlled entity within the meaning of section 512(b)(13)? # "Yes," complete Schedule R, P			0.0		x
creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV, instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," "complete Schedule L, Part IV	0.7				
entitly (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	2/				
Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV. instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28b X 28b X 28b X 28b X 28b X 28b X 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? 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 Did the organization receive more than \$25,000 in non-cash 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 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 31 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. 31 A X 32 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iline 1 33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part V, Iline 2 34 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, Iline 2 35 Did the organization conduct more than 55% of its activities through an entity that is not a related organization? 36 If "Yes," complete Schedule R, Part V, Iline 2 37 A X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, Il			27		х
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		(gambling) winnings to prize winners?			(0000)

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Form 990 (2022) Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? **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), 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a 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? X 6a b 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). X a 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 **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7c e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 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? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 110a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?

excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

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 the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c

14a Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," complete Form 6069.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

Form 990 (2022)

Х

13a

14b

16

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 13 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 13 b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Х 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, Х and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X 12c on Schedule O how this was done Х 13 Did the organization have a written whistleblower policy? 13 Х Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a taxable entity during the year? 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 organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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. Another's website X Upon request Other (explain on Schedule O) X Own website Describe on 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. State the name, address, and telephone number of the person who possesses the organization's books and records JANET AKERSON - 352-378-8823 1022 NW 2ND ST, SUITE A, GAINESVILLE,

232006 12-13-22

Form 990 (2022) 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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	box	not c	Pos heck ss per	C) ition more rson i	l than o	one 1 an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) ROYCE GIBSON	45.00									
EXECUTIVE DIRECTOR				Х	l			98,838.	0.	13,837.
(2) BILL TURMAN	5.00									
CHAIR		X		Х				0.	0.	0.
(3) MARIA LLORENS	5.00									
VICE CHAIR, AS OF 4/2023		X	L.	Х				0.	0.	0.
(4) DARRYL UPDEGROVE	5.00									,
VICE CHAIR, UNTIL 4/2023		X		Х				0.	0.	0.
(5) ELWOOD MCELHANEY	5.00									
TREASURER, AS OF 12/2022		X		X			<u> </u>	0.	0.	0.
(6) PAMELA HALE	5.00									
TREASURER, UNTIL 12/2022		Х		Х				0.	0.	0.
(7) CHELSEY STEVENS	5.00									
SECRETARY, AS OF 4/2023		X		X				0.	0.	0.
(8) DEBORAH SCHROTH	5.00									
SECRETARY, UNTIL 4/2023		X		X				0.	0.	0.
(9) RICK ROBBINS	5.00									
DIRECTOR		X						0.	0.	0.
(10) LESLIE WHEELER	5.00									
DIRECTOR		X						0.	0.	<u> </u>
(11) JOSH JOHNSON	5.00									
DIRECTOR		X						0.	0.	0.
(12) KARL BYARS	5.00									
DIRECTOR		X						0.	0.	0.
(13) TOM DANIEL	5.00									
DIRECTOR	= ^^	X						0.	0.	0.
(14) ERIC EMERY	5.00							_		
DIRECTOR, AS OF 11/2022		Х						0.	0.	0.
(15) TIFFANY BRIGHT	5.00								_	
DIRECTOR, AS OF 4/2023		X						0.	0.	0.
(16) MICHELLE DUNCAN	5.00								_	
DIRECTOR, AS OF 4/2023	F 22	Х						0.	0.	0.
(17) KRISTEN WILLIAMS	5.00	۱		ļ						_
DIRECTOR, AS OF 4/2023	<u> </u>	X						0.	0.	0.
232007 12-13-22										Form 990 (2022)

Section A. Officers, Directors, Trus	tace Vou Emp	امسا		and	U 11	abos	+ C	omponented Employee	e (continued)		. <u>_ </u>
	(B)	ioye	ees,	and (C	. mi	gnes	, (()		s (continuea) (E)		(F)
(A)	Average			Posi	יי ition	ì		(D) Reportable	Reportable		Estimated
Name and title	hours per	(do	not cl	neck r	more	than d is both	one	compensation	compensation		amount of
	week					x/trus		from	from related		other
	(list any	tor						the	organizations		compensation
	hours for	rdire				Pa Pa		organization	(W-2/1099-MISC	/	from the
	related	tee o	nstee			ensat		(W-2/1099-MISC/	1099-NEC)		organization
	organizations	l trus	nal tr		loyee	d mos		1099-NEC)			and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organizations
		Ш	- Si	110	Æ	포통	Ē			\dashv	
(18) SHAWN NAUGLE	5.00	٦,				1				ا ۸	0
DIRECTOR, UNTIL 4/2023	F 00	Х	<u> </u>		ļ	\vdash	 	0.		0.	0.
(19) PATRICK BRENNAN	5.00					1		_		ا ۸	0.
DIRECTOR, UNTIL 4/2023	F 00	X			<u> </u>	┝	-	0.		0.	0.
(20) JAMES CATALANO	5.00	,,						0		٨	0
DIRECTOR, UNTIL 4/2023		Х				\vdash		0.		0.	0.
(21) BILL BUSH	5.00	١								,	0
DIRECTOR, UNTIL 4/2023		X				_	L	0.		0.	0.
					<u> </u>	_	_				
		1									
		_	_		<u> </u>	┞	ļ		•	_	
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				<u> </u>	<u> </u>	ـــــــ	ـــــ				
							<u> </u>			_	42 025
1b Subtotal								98,838.		0.	13,837.
c Total from continuation sheets to Part V	II, Section A							0.		0.	0.
d Total (add lines 1b and 1c)								98,838.		0.	13,837.
2 Total number of individuals (including but r	ot limited to th	ose	liste	d at	oove	e) wh	io re	eceived more than \$100,	000 of reportable		_
compensation from the organization											0
										1	Yes No
3 Did the organization list any former officer	, director, trust	ee, l	сеу б	empl	loye	e, or	r hig	hest compensated emp	loyee on		
line 1a? If "Yes," complete Schedule J for s											3 X
4 For any individual listed on line 1a, is the sa	um of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		
and related organizations greater than \$15											4 X
5 Did any person listed on line 1a receive or	accrue comper	ısati	on fi	om	any	unre	elate	ed organization or individ	dual for services		
rendered to the organization? If "Yes," con											5 X
Section B. Independent Contractors											
1 Complete this table for your five highest co										ensa	tion from
the organization. Report compensation for	the calendar y	ear e	endir	ng w	ith e	or w	ithin	the organization's tax y	ear.		
(A)								(B)	,	_	(C)
Name and business	address	N(INC	₹				Description of s	services		ompensation
· · · · · · · · · · · · · · · · · · ·								-A			
2 Total number of independent contractors (including but n	ot lir	nite	d to		^	sted	above) who received m	ore than		
\$100,000 of compensation from the organ	zation				(0					000
											Form 990 (2022)

	99(2022) THE I			RAIL ASS	OCIATION,	INC.	23-7079	720 Page 9
			Check if Schedule O con			or note to any lir	no in this Dort VIII			
			Officer if Octredule O con	Italijs	s a response	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gransimilar amounts not included about Noncash contributions included in lines Total, Add lines 1a-1f	ntions nts, a	1b 1c 1d) 1e nd 1f 1g \$		1,104,133.			
						Business Code	7001000 770000 47500		and a production of the same	
မွ	2		CHAPTER INCOME			624200	104,073.	104,073.		
ž		b	CONFERENCE			624200	11,859.	11,859.		
Program Service Revenue		c d e								
P.		f	All other program service reve	enue						
			Total, Add lines 2a 2f				115,932.		+11+44743 ± ±10	THE REPORT OF THE PROPERTY.
•	3	.2	Investment income (including	g divi	dends, intere	est, and	27,798.			27,798.
	5		Royalties							
	6	а	Gross rents 6a	a					自己以为为法律。	
		b	Less: rental expenses6b	b						
		С	Rental income or (loss) 6c	c						
			Net rental income or (loss)							
			Gross amount from sales of assets other than inventory 72	_) Securities	(ii) Other				
Revenue		С	Less: cost or other basis and sales expenses 7th Gain or (loss) 7cm	b c						
8		d	Net gain or (loss)		· · · · · · · · · · · · · · · · · · ·					
Other	8	a	Gross income from fundraising e including \$contributions reported on line	e 1c).	of . See					
			Part IV, line 18					Market Market		
					8b	1	man and the state of the state of		en erjud vedrjihatija 941	
			Net income or (loss) from fund			·····		et et te te de la faction de l		
			Gross income from gaming at Part IV, line 19		9a	+				
		b	Less: direct expenses		d9		ragitari (Araki milimi)			
		C	Net income or (loss) from gan	ning	activities					
	10	а	Gross sales of inventory, less and allowances			62,696.				
		h	Less: cost of goods sold			45,444.				
İ			Net income or (loss) from sale				17,252.	16,416.	836.	1.468
		٠.	THOSE INCOMES OF FIGSEN HOURS SAIR	os UI	miveriory	Business Code		TO, #TO.		en (111 avere en 111 aver (111 aver
g		_				Dusiness Code	_			7.114188
Miscellaneous Revenue	11				•					
llan		b								
e Sign		C	A 11							
žΠ			All other revenue							T.
		e	Total, Add lines 11a-11d				1 00- 11-			
232009	12	13-2	Total revenue. See instructions			AANABAAAAAAAAAA	1,265,115.	132,348.	836.	27,798. Form 990 (2022)

1,1 500	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns, All othe		nplete column (A).	
	Check if Schedule O contains a response to include amounts reported on lines 6b,	(A)	this Part IX (B) Program service	(C)	_ (D)
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21		************		Harania Harania
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			The Children	
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	100 040	E4 E04	E4 E04	
	trustees, and key employees	109,048.	54,524.	54,524.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and		·		
	persons described in section 4958(c)(3)(B)	E17 00C	ACE OEO	52,048.	
7	Other salaries and wages	517,906.	465,858.	34,040.	
8	Pension plan accruals and contributions (include	10 014	10,393.	1 561	6.0
	section 401(k) and 403(b) employer contributions)	12,014. 65,748.	57,005.	1,561. 8,387.	60. 356.
9	Other employee benefits	47,419.	47,419.	0,307.	220.
10	Payroll taxes	47,419.	47,419.		
11	Fees for services (nonemployees):				
a	Management				
b	Legal	16 507		15,507.	
C	Accounting	15,507. 5,642.		15,507.	5,642.
d	Lobbying	3,042.			5,042.
е	Professional fundraising services. See Part IV, line 17	1,277.		1,277.	
f	Investment management fees	1,2//•		1,2//•	
g	Other. (If line 11g amount exceeds 10% of line 25,	211.		211.	
	column (A), amount, list line 11g expenses on Sch 0.)	29,671.	29,671.	211.	
12	Advertising and promotion	80,159.	18,285.	46,899.	14,975.
13	Office expenses	15,861.	6,497.	9,311.	53.
14	Information technology	13,001.	0,437.	9,311.	JJ.
15	Royalties	11,266.	2,549.	8,697.	20.
16	Occupancy	62,655.	61,949.	706.	20.
17	Travel	04,033.	OL, 545.	700+	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	50,330.	49,311.	1,013.	6.
19	Conferences, conventions, and meetings	2,353.	43,311.	2,353.	<u> </u>
20	Interest	4,333.		4,3331	
21	Payments to affiliates	33,000.		33,000.	
22	Depreciation, depletion, and amortization	23,395.	4,441.	18,954.	
23	Other expenses. Itemize expenses not covered	<u> </u>	-, zz	20,2521	
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.) MATERIALS & SUPPLIES	77,539.	77,155.	351.	33.
a	PROJECT EXPENSES	62,916.	61,916.	1,000.	
b	LEASE EXPENSE	43,519.	72,520	43,519.	
c d	REPAIRS & MAINTENANCE	23,499.	7,527.	15,972.	
	All other expenses	13,058.	3,707.	9,351.	
	Total functional expenses. Add lines 1 through 24e	1,303,993.	958,207.	324,641.	21,145.
<u>25</u> 26	Joint costs. Complete this line only if the organization		200,207.		
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	a round and a solution and a solution and a solution		l		Earm 990 (2022)

	2.00	Balance Sneet		 			
		Check if Schedule O contains a response or no	te to an	y line in this Part X	·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			149,711.	1	297,552.
	2	Savings and temporary cash investments			114,520.	2	47,384.
	3	Pledges and grants receivable, net			***************************************	3	65,000.
	4				305,645.	4	123,387.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	tantial o	contributor, or 35%			
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disqual	ified pe				
		under section 4958(f)(1)), and persons describe	d in sec	tion 4958(c)(3)(B)		6	# "Search Control of C
y,	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			24,935.	8	29,367.
¥	9	Donatal and Life 1.1			23,282.	9	29,367. 26,138.
	10a	Land, buildings, and equipment: cost or other	1				6.00
]	basis. Complete Part VI of Schedule D	10a	244,209.			
	b	Less: accumulated depreciation	10b	128,668.	95,117.	10c	115,541.
	11	Investments · publicly traded securities			908,249.	11	953,560.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets			847.	14	262,419.
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	3)	1,622,306.	16	1,920,348.
	17	Accounts payable and accrued expenses			49,064.	17	68,731.
	18	Grants payable				18	
	19	Deferred revenue			62,761.	19	62,721.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
S	22	Loans and other payables to any current or form	ner offic	er, director,			5.088.806.8806
Liabilities		trustee, key employee, creator or founder, subs		1000			
jab		controlled entity or family member of any of the	se pers	ons		22	
	23	Secured mortgages and notes payable to unrel			******	23	36,174.
	24	Unsecured notes and loans payable to unrelate	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa		l l			
		parties, and other liabilities not included on line	s 17-24)	. Complete Part X			
		of Schedule D			0.	25	262,419.
	26	Total liabilities. Add lines 17 through 25			111,825.	26	430,045.
w		Organizations that follow FASB ASC 958, che	eck her	X			
ĕ		and complete lines 27, 28, 32, and 33.					
alar.	27				1,333,715.	27	1,318,135.
Ä	28	Net assets with donor restrictions			176,766.	28	172,168.
Š		Organizations that do not follow FASB ASC 9	958, che	ck here			
F.		and complete lines 29 through 33.					
ţ	29	Capital stock or trust principal, or current funds			·······	29	***************************************
sse	30	Paid in or capital surplus, or land, building, or ea				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			1 510 404	31	1 400 000
Š	32	Total net assets or fund balances			1,510,481.	32	1,490,303.
	33	Total liabilities and net assets/fund balances			1,622,306.	_33	1,920,348.

Form 990 (2022)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE FLORIDA TRAIL ASSOCIATION, INC.

Employer identification number 23-7079720

		Reason for Public (Charity Status.	(All organizations must o	omplete t	his part.) S	ee instructions.	
The	organ	ization is not a private found						
1		A church, convention of ch	urches, or association	on of churches described	lin sectio	on 170(b)(n(A)(i).	
2		A school described in sect					·W ·W	
3	一	A hospital or a cooperative				γων αν Δ να	ia\	
4	一	A medical research organiz						rthe hospital's name
•	L	city, and state:	and of operator at our	ryanotton mitra mospital	450011500	300110	ar rough Malunt cure	the neaphal a name,
5	\Box	An organization operated for	or the benefit of a co	llege or university owner	d or operat	ad by a ac	woramontal unit dagarib	ad in
J		section 170(b)(1)(A)(iv). (0		lege of diliverally owner	or operat	ed by a go	Weiringental unit describ	eum
				المراجع المراج		70// 1/21/41		
6 7		A federal, state, or local go						100 1 10 74
•		An organization that norma		ilital part of its support if	rom a gove	ernmentai	unit or from the general	public described in
_		section 170(b)(1)(A)(vi), (C						
8	님	A community trust describe						
9	<u> </u>	An agricultural research org						
		or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the college	e or
	T T	university:						·········
10	X	An organization that norma						
		activities related to its exen		•	• •			•
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acqui	red by the organization :	after June 30, 1975.
		See section 509(a)(2), (Co	•					
11	님	An organization organized		•	•		· // /	
12	LJ	An organization organized						
		more publicly supported or						Check the box on
	_	lines 12a through 12d that						
a	L	Type I. A supporting orga						
		the supported organization			majority o	of the direc	tors or trustees of the s	upporting
	r	organization. You must o	•					
b	Ŀ.							_
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the sup	ported
	_	organization(s). You mus	Ÿ					
¢			grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,
		its supported organization		•			•	
d		Type III non-functionally						
		that is not functionally int						veness
		requirement (see instructi						
е	L	Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or		nally integrated supporting	ng organiz	ation.		
f	Ente	er the number of supported o	organizations	***************************************				
<u> </u>		ride the following information i) Name of supported			tor) le the ara:	mization listed		
	(organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(nv) Is the organi in your governi		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		or gar neactors		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)

				<u></u>				
				,				
			9/00/2000/00/2000/Augusty (10/00/2004/Augusty					

Schedule A (Form 990) 2022 THE FLORIDA TRAIL ASSOCIATION, INC. 23-7079

Sand II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization
fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and			1			
	membership fees received. (Do not						
	include any "unusual grants.")					~~~~	
2	Tax revenues levied for the organ-						
	ization'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)						
	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support				·		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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	1					
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	ourth, or fifth tax	year as a section 5	01(c)(3)	,
_	organization, check this box and stop						
	ction C. Computation of Publi					T T	
	Public support percentage for 2022 (I					14	<u>%</u>
	Public support percentage from 2021					15	<u>%</u>
16a	33 1/3% support test - 2022. If the						
	stop here. The organization qualifies						
Ŀ	33 1/3% support test - 2021. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			=	·='		
	meets the facts-and-circumstances to	-					
t	10% -facts-and-circumstances test						U70 UI
	more, and if the organization meets the						
40	organization meets the facts and circle Private foundation. If the organization						
18	Private foundation, if the organization	л ою посспеск а	DOX OIT RITE 13, 16	<u>1, 100, 178, 01 17</u>	D, CHECK HIS DOX &		Form 990) 2022
						Schedule A (i omi oooj zozz

Schedule A (Form 990) 2022 THE FLORIDA TRAIL ASSOCIATION, INC. Support Schedule for Organizations Described in Section 509(a)(2)

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

_	quality direct the tests listed b	cton, picase comp	icto i aicii.j				
Se	ction A. Public Support	,					
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and	****					
	membership fees received. (Do not	77					
	include any "unusual grants.")	1417751.	381,407.	654,607.	859,334.	1104133.	4417232.
2	Gross receipts from admissions.		,				
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	236,420.	525,788.	244 466	327,527.	175,590.	1509791.
2	• • • • • • • • • • • • • • • • • • • •	250, 420.	525,7004	233,300.	321,321.	170,0000	1000/01-
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			-			
6	Total. Add lines 1 through 5	1654171.	907,195.	899,073.	1186861.	1279723.	5927023.
	Amounts included on lines 1, 2, and		,	•			
	3 received from disqualified persons			10,015.	5,861.	9,700.	25,576.
ł	Amounts included on lines 2 and 3 received				5/0021	3,7001	
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the		2,612.		22 000		35,492.
	amount on line 13 for the year		2,612.	10,015.	32,880. 38,741.	9,700.	61,068.
	Add lines 7a and 7b		2,012.	10,013.	30,741.	9,700.	
	Public support, (Subtract line 7c from line 6.)						5865955.
	ction B. Total Support	1					
	indar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	1654171.	907,195.	899,073.	1186861.	1279723.	5927023.
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	3,420.	1,813.	307.	2,560.	27,798.	35,898.
k	Unrelated business taxable income						•
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975				7.773.	0.	7,773.
,	Add lines 10a and 10b	3,420.	1,813.	307.	7,773. 10,333.	27,798.	43,671.
	Net income from unrelated business	- 7, 7,			20,000.	2777301	15/0/11
	activities not included on line 10b,						
	whether or not the business is					_	
10	regularly carried on Other income. Do not include gain					0.	***************************************
	or loss from the sale of capital	E 77.41	205	020	240	İ	7 400
	assets (Explain in Part VI.)	5,741.	395.	938.	349.	1000001	7,423.
	Total support. (Add lines 9, 10c, 11, and 12.)	1663332.	909,403.	900,318.	1197543.	1307521.	5978117.
14	First 5 years. If the Form 990 is for the						n,
	check this box and stop here		22			*******	
	ction C. Computation of Publi		<u>-</u>				
15	Public support percentage for 2022 (I	ine 8, column (f), di	vided by line 13, c	olumn (f))		15	98.12 %
	Public support percentage from 2021			******************		16	98.65 %
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	022 (line 10c, colun	nn (f), divided by lir	ne 13, column (f))		17	.73 %
18	Investment income percentage from	2021 Schedule A, i	Part III, line 17			18	.17 %
19a	a 33 1/3% support tests - 2022. If the	organization did n			15 is more than 33	3 1/3%, and line 17	
	more than 33 1/3%, check this box ar	=					X
Ŀ	33 1/3% support tests - 2021. If the	·	-			***************************************	
_	line 18 is not more than 33 1/3%, che	-			•	•	
20	Private foundation. If the organization			•	, , ,	•	
	23 12-09-22	a.aor officing a t	01. 11.10 17, 100	, or roo, order tru	C DON GIVE DOE BISH		(Form 990) 2022
~						OULIUMIE A	11 01111 0001 6006

Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? # "Yes." and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? # "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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 line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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3b	HOOM ACHIO	1.09(3.30)
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4b	Silver services	100000
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4c	sammer of	- 1,41+25+4
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	Supporting Organizations (continued)		····	
		Factoria en en	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described on line 11a above?	11b	Lutilitie in	12 2 2 2 3 4 3 4 3
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			167/6
500	detail in Part VI. tion B. Type I Supporting Organizations	11c		
360	tion B. Type I Supporting Organizations			T
	District and the second of the	# 100 P.	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1 Switzer (and)	41974	1:17:14
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,		a sirja	1414/4
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
	Total Control of Contr		Vac	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	88887473	Yes	No
	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	ineritiyo (
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	,	
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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 instructions	s).		
а	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 governmental entity (see it	nstruction	s).	ı
2	Activities Test. Answer lines 2a and 2b below.	8889.04854	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		Politica.	
	that these activities constituted substantially all of its activities.	2a	276(4)	
D	Did the activities described on line 2a, above, 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	.	kashi.	
9	these activities but for the organization's involvement.	2b	[3 (41) h	10/35/6
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	600000000000000000000000000000000000000		
а	3 , , , ,	6	10/9/24 ⁴	
Ь	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a	11)334	25:11/18 25:11/18
D	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	roesia.	
	TOO. GOODING HE WILL THE LOCATION HE WILL THE TOIL DIGITAL OF THE UTUALIZATION HE WAS TRUE TO THE TOIL DIGITAL OF THE UTUALIZATION OF THE WAS TRUE TO THE TOIL DIGITAL OF THE UTUALIZATION OF THE TOIL DIGITAL OF THE UTUALIZATION	1 000 1		

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	Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organia	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	ov. 20, 1970 (<i>explain in</i> P	art VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	. 1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			200
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3	**************************************	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			<u> </u>
-	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-functional		l Type III supporting organ	nization (see
•	instructions).			•

Schedule A (Form 990) 2022

a Excess from 2018
b Excess from 2019
c Excess from 2020
d Excess from 2021
e Excess from 2022

7 Excess distributions carryover to 2023. Add lines 3

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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Employer identification number Name of the organization 23-7079720 THE FLORIDA TRAIL ASSOCIATION, INC. Organization type (check one): Section: Filers of: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990). LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990) (2022) Name of organization

Employer identification number

THE FLORIDA TRAIL ASSOCIATION, INC.

23-7079720

	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed,	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PARTNERSHIP FOR THE NATIONAL TRAILS SYSTEM PO BOX 96503, PMB 93203 WASHINGTON, DC 20090	\$9,600.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	U.S. DEPARTMENT OF AGRICULTURE FOREST SERVICE 1400 INDEPENDENCE AVENUE SW WASHINGTON, DC 20250	\$ 695,207.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_	NORTHWEST FEDERAL CREDIT UNION 200 SPRING STREET HERNDON, VA 20170	\$	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	FLORIDA DEPARTMENT OF STATE 500 SOUTH BRONOUGH STREET TALLAHASSEE, FL 32399	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Occupiete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE FLORIDA TRAIL ASSOCIATION, INC.

23-7079720

18010	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	**************************************
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	<u></u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization

Employer identification number

THE F	LORIDA TRAIL ASSOCIATION	, INC.		23-7079720
	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)	ons to organizations described in se	ction 501(c)(7), (8), or (10) th	at total more than \$1,000 for the year
	completing Part III, enter the total of exclusively religious,	haritable, etc., contributions of \$1,000 or	less for the year. (Enter this info. c	nce.) \$
	Use duplicate copies of Part III if additional	pace is needed.		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		***************************************		, , , , , , , , , , , , , , , , , , , ,
		<u></u>		
		***************************************		,
		(e) Transfer of gif	t	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee
	<u></u>			
			·	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		<u></u>		
		### **********************************		
			— ———	
		(e) Transfer of gif	<u> </u>	
		(c) Hansier of gir	•	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee
			·	
	Annual Control of the			
(a) No				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
raiti				
		(e) Transfer of gif	t	
	Transferee's name, address, a	1d ZIP + 4	Relationship of tra	nsferor to transferee
			·	
	The state of the s			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
				-
		(e) Transfer of gif		"
		(e) Hansier of gir	•	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee
	-			· · · · · · · · · · · · · · · · · · ·

SCHEDULE C

(Form 990)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

	i01(c)(4), (5), or (6) organizat	ions: Complete Part III.			
Name of orga	ınization		MACAMINIA	I I	Employer identification number
	THE FLO	RIDA TRAIL ASSOC	IATION, INC.		23-7079720
	Complete if the org	anization is exempt und	er section 501(c) o	or is a section 527	organization.
2 Political	campaign activity expendit	ation's direct and indirect politic ures gn activities			\$
				31	
THE ME		anization is exempt und			
					\$
	_	incurred by organization manag			
	•	n 4955 tax, did it file Form 4720			
	describe in Part IV.				
Dires,	Complete if the ord	anization is exempt und	er section 501(c),	except section 50)1(c)(3).
		by the filing organization for se		······································	
		ization's funds contributed to of			
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			. \$
		. Add lines 1 and 2. Enter here a			
line 17b	***************************************				\$
		1120-POL for this year?			
made pa contribu	ayments. For each organiza utions received that were pr	nployer identification number (El tion listed, enter the amount pai omptly and directly delivered to additional space is needed, prov	id from the filing organiz a separate political orga	ation's funds. Also ente anization, such as a sep	er the amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fr filing organization funds. If none, enter	's contributions received and

· · · · · · · · · · · · · · · · · · ·	Alternative				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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232041 11-08-22

Complete if the org	THE F	LORIDA on is exem	TRAIL ASSO	CIATION, INC n 501(c)(3) and file	23-7 ed Form 5768 (ele	079720 Page 2 ction under	
section 501(h)).							
				n Part IV each affiliated	group member's name	e, address, EIN,	
expenses, and sha			•				
B Check if the filing organiza	ation checl	ked box A an	d "limited control" pro	ovisions apply.	W-777W-17-		
		bying Expen neans amou	ditures nts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals	
1a Total lobbying expenditures to infl	uence pub	olic opinion (a	rassroots (obbying)		· · · · · · · · · · · · · · · · · · ·		
b Total lobbying expenditures to infl			416 11111				
c Total lobbying expenditures (add I		•	, , , , ,				
d Other exempt purpose expenditur							
e Total exempt purpose expenditure							
f Lobbying nontaxable amount. Ent							
If the amount on line 1e, column (a) of			oying nontaxable am				
Not over \$500,000							
Over \$500,000 but not over \$1,00							
Over \$1,000,000 but not over \$1,00	**-!	1					
· · · · · · · · · · · · · · · · · · ·			D plus 10% of the exc				
Over \$1,500,000 but not over \$17 Over \$17,000,000	,000,000	1	O plus 5% of the exce	ss over \$1,500,000.			
Over \$17,000,000		\$1,000,0	00.				
g Grassroots nontaxable amount (er	.ta., OE0/ a.	£ 11 4A	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
h Subtract line 1g from line 1a. If zer				•••••••••		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
i Subtract line 1f from line 1c. If zero				*************			
			41		www.		
j If there is an amount other than ze reporting section 4911 tax for this			=		٢		
reporting section 4911 tax for titls	year?			OV CO443	·	Yes No	
(Some organizations t		a section 50	raging Period Under 1(h) election do not te instructions for li	have to complete all o	f the five columns be	low.	
	Lob	bying Expen	ditures During 4-Yea	ar Averaging Period	· · · · · · · · · · · · · · · · · · ·	- Actionismi	
Calendar year (or fiscal year beginning in)	(a)	2019	(b) 2020	(c) 2021	(d) 2022	(e) Total	
2a Lobbying nontaxable amount						100000000000000000000000000000000000000	
b Lobbying ceiling amount							
(150% of line 2a, column(e))			A STATE OF THE STA				
c Total lobbying expenditures			***************************************				
d Grassroots nontaxable amount							
e Grassroots ceiling amount						· · · · · · · · · · · · · · · · · · ·	
(150% of line 2d, column (e))				3,639,64			

f Grassroots lobbying expenditures							

Schedule C (Form 990) 2022 THE FLORIDA TRAIL ASSOCIATION, INC. 23-70797

[Panill-B] Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(t)
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
b	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?	X	Х		
d e f g h i j 2a b c	Mailings to members, legislators, or the public?	X X X X	X X X 5), or sec		5,642. 5,642.
1 2 3	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the	e prior year	<u>2</u> ? 3		NO
	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				3, is
1 2 a	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year	oal			
b	Carryover from last year Total		2b 2c		
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and prespenditures next year? Taxable amount of lobbying and political expenditures. See instructions	olitical	4		
Prov instr	Supplemental Information ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group actions); and Part II-B, line 1. Also, complete this part for any additional information. RT II-B, LINE 1, LOBBYING ACTIVITIES:	list); Part II		nd 2 (See	
ADY	VOCACY MATERIALS & TRAVEL				
<u>, </u>					

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Inspection

OMB No. 1545-0047

Name of the organization

THE FLORIDA TRAIL ASSOCIATION TNC. Employer identification number 23-7079720

	Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6	5,	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wri	ting that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's ex	clusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor adv		
	for charitable purposes and not for the benefit of the donor or d	lonor advisor, or for any other purpose o	conferring
	impermissible private benefit?		Yes No
	Conservation Easements. Complete if the organ	nization answered "Yes" on Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	(check all that apply).	
	Preservation of land for public use (for example, recreation	n or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic struct		
d			
	A CARLO CONTRACTOR AND AND AND AND AND AND AND AND AND AND		2d
3	Number of conservation easements modified, transferred, relea-		
	year	, 3	
4	Number of states where property subject to conservation easen	nent is located	
5	Does the organization have a written policy regarding the period	Albana .	
	violations, and enforcement of the conservation easements it has		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	***************************************	
	J. 1 J.	,	
7	Amount of expenses incurred in monitoring, inspecting, handlin	g of violations, and enforcing conservat	tion easements during the year
	· · · · · · · · · · · · · · · · · · ·		,
8	Does each conservation easement reported on line 2(d) above s	satisfy the requirements of section 1700	h)(4)(B)(i)
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot	·	
	organization's accounting for conservation easements.		
	Organizations Maintaining Collections of A	rt, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form 99		
1a	If the organization elected, as permitted under FASB ASC 958,	not to report in its revenue statement a	nd balance sheet works
	of art, historical treasures, or other similar assets held for public		
	service, provide in Part XIII the text of the footnote to its financial	al statements that describes these item	s.
b	If the organization elected, as permitted under FASB ASC 958,		
-	art, historical treasures, or other similar assets held for public ex	·	
	provide the following amounts relating to these items:		armine or public our riou;
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	400 A 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1		
2	If the organization received or held works of art, historical treasu	ures, or other similar assets for financial	
£.	the following amounts required to be reported under FASB ASC		gans, provide
	, ,	8	¢
a h	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		
U	7 100010 moluudu iis i Ollii 000, i dit A	**********	v

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

	dule D (Form 990) 2022 THE FLOI	RIDA TRAIL ollections of Art						79720 (continu	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that r	nake sig	nificant u	use of its		
	collection items (check all that apply):		•	_					
а	Public exhibition	d	Loan or exc	hange progran	n				
b	Scholarly research	e	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization	's exem	pt purpo	se in Part	XIII.	
5	During the year, did the organization solicit or	r receive donations o	of art, historical treas	sures, or other	similar a	assets			
	to be sold to raise funds rather than to be ma						<u> </u>	Yes	☐ No
200	Escrow and Custodial Arrang	gements. Comple	ete if the organization	n answered "Y	'es" on F	orm 990), Part IV, I	line 9, or	
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for contribution	s or other asse	ts not in	cluded			
	on Form 990, Part X?						[Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a								
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo					y?		Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Pa	art XIII				
	Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	rm 990, Part I				γ»	
		(a) Current year	(b) Prior year	(c) Two years	back (d) Three y	years back	(e) Four y	ears back
1a	Beginning of year balance	124,545.	124,280.	122,	505.	1	21,340.	1	18,910.
b	Contributions	127.	265.	1,	775.		1,165.		2,430.
C	Net investment earnings, gains, and losses								
d	Grants or scholarships								
e	Other expenditures for facilities								
	and programs								
f	Administrative expenses		·····						
g	End of year balance	124,672.	124,545.	124,	280.	1	.22,505.	3	21,340.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment100	%							
c	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%,							
3a	Are there endowment funds not in the posses	ssion of the organiza	ition that are held ar	nd administere	d for the)		_	
	organization by:							\	es No
	(i) Unrelated organizations							3a(i)	<u>X</u>
	(ii) Related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?					3b	
4	Describe in Part XIII the intended uses of the		wment funds.						
	t VI Land, Buildings, and Equipm								
	Complete if the organization answered			1			- 1		
	Description of property	(a) Cost or o		or other		cumulate	1	(d) Book	value
		basis (investr	nent) basis	(other)	dep	reciation			
	Land								
	Buildings			4 400		00.			
	Leasehold improvements			4,180.		20,4			<u>,780.</u>
d	Equipment	···	1.7	0,029.	1	08,2	68.	<u> </u>	,761.
	Other							44=	- A 4
Total	Add lines 1a through 1e. (Column (d) must a	aval Form 000 Part	V column (D) line 1	001				115	,541.

ochedule	レぃ	OHIL	2201	2022	****	1 101
30.71		1		anta	Athor C	- acception

Complete if the organization answered "Yes"			of year market yelve
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	or-year market value
(1) Financial derivatives	M.M		
(2) Closely held equity interests			
(3) Other			
(A) (B)			
(C)			
(D)			
(E)			
(F)			****
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	······································		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(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)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Tari IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"			410
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability			(b) Book value
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) LEASE LIABILITY			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) LEASE LIABILITY (3)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) LEASE LIABILITY (3) (4)			
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SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022
Open to Public Inspection

Department of the Treasury Internat Revenue Service Name of the organization

THE FLORIDA TRAIL ASSOCIATION, INC.

Employer identification number 23-7079720

THE CHORLES INCIDENTAL AND CHARLES THE CONTRACT OF THE CONTRAC
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE FLORIDA TRAIL ASSOCIATION (FTA) BUILDS, MAINTAINS, PROTECTS, AND
PROMOTES THE FLORIDA NATIONAL SCENIC TRAIL (FLORIDA TRAIL), AND A
NETWORK OF HIKING TRAILS THROUGHOUT THE STATE OF FLORIDA. THE
ASSOCIATION PROVIDES OPPORTUNITIES FOR THE PUBLIC TO PARTICIPATE IN
ENVIRONMENTAL EDUCATION, ENGAGE WITH IN OUTDOOR RECREATION AND
CONTRIBUTE TO MEANINGFUL VOLUNTEER WORK.
COMIKIBOLE TO MEMILIARIO VOLIGITEER MONK.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE FLORIDA TRAIL ASSOCIATION (FTA) BUILDS, MAINTAINS, PROTECTS, AND
PROMOTES THE FLORIDA NATIONAL SCENIC TRAIL (FLORIDA TRAIL), AND A
NETWORK OF HIKING TRAILS THROUGHOUT THE STATE OF FLORIDA. THE
ASSOCIATION PROVIDES OPPORTUNITIES FOR THE PUBLIC TO PARTICIPATE IN
ENVIRONMENTAL EDUCATION, ENGAGE WITH IN OUTDOOR RECREATION AND
CONTRIBUTE TO MEANINGFUL VOLUNTEER WORK.
FORM 990, PART VI, SECTION A, LINE 1A:
THE EXECUTIVE COMMITTEE SHALL SET BOARD AGENDA, PROVIDE CONTINUOUS
OVERSIGHT OF THE ASSOCIATION AND, IN INTERVALS BETWEEN MEETINGS OF THE
BOARD, SHALL HAVE THE POWER TO MAKE EMERGENCY POLICY DECISIONS, EXCEPT THAT
THE COMMITTEE MAY NOT MODIFY ANY ACT OR DIRECTIVE OF THE BOARD.
THE COMMITTEE MAI NOT MODIFT ANT ACT ON DINBETTUD OF THE BOMB.
FORM OOD DADE UT CECETON A LINE 6.
FORM 990, PART VI, SECTION A, LINE 6:
THE ORGANIZATION HAS MEMBERS THAT PAY ANNUAL DUES TO THE ASSOCIATION. ANY
PERSON MAY BECOME A MEMBER BY PAYING THE DUES REQUIRED FOR THE DESIRED
CTICC OF MEMBERGITE

CLASS OF MEMBERSHIP.

Z 7 ILHA For Paper work Reduction Act Notice See the Astructions of Horn 990 2022
232211 10-28-22

Schedule O (Form 990) 2022 Page 2 Name of the organization Employer identification number THE FLORIDA TRAIL ASSOCIATION, INC. 23-7079720 FORM 990, PART VI, SECTION A, LINE 7A: EXCEPT FOR THOSE MEMBERSHIP CLASSES DESIGNATED BY THE BOARD AS HAVING NO VOTE, MEMBERS SHALL HAVE A VOTE ON THE FOLLOWING: - ELECTION OF ASSOCIATION DIRECTORS THERE SHALL BE NO VOTE FOR AN AGENCY, ASSOCIATE, OR COMMERCIAL CLASS OF MEMBERSHIP. FORM 990, PART VI, SECTION A, LINE 7B: EXCEPT FOR THOSE MEMBERSHIP CLASSES DESIGNATED BY THE BOARD AS HAVING NO VOTE, MEMBERS SHALL HAVE A VOTE ON THE FOLLOWING: - OTHER MATTERS AS DETERMINED BY THE BOARD - ELECTION OF CHAPTER OFFICERS - OTHER CHAPTER MATTERS AS DETERMINED BY CHAPTER LEADERSHIP THERE SHALL BE ONE VOTE FOR EACH ASSOCIATION INDIVIDUAL OR FAMILY MEMBERSHIP. THERE SHALL BE NO VOTE FOR AN AGENCY, ASSOCIATE, OR COMMERCIAL CLASS OF MEMBERSHIP. FORM 990, PART VI, SECTION B, LINE 11B: THE COMPLETED 990 WILL BE REVIEWED BY THE TREASURER AND THEN THE BY BOARD OF DIRECTORS BEFORE IT IS FILED. FORM 990, PART VI, SECTION B, LINE 12C: EACH YEAR THE ORGANIZATION'S MANAGEMENT AND EMPLOYEES SIGN A STATEMENT STATING EITHER CONFLICTS OF INTEREST DO NOT EXIST, OR DISCLOSING ANY CONFLICTS OF INTEREST. IF SOMETHING COMES UP THROUGHOUT THE YEAR, IT IS TO BE REPORTED TO THE EXECUTIVE DIRECTOR OR THE CHAIRMAN OF THE BOARD FOR

232212 10-28-22

FURTHER DIRECTIONS.

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2024

Form	990-T	E	xempt Organization Business Income Tax Return	n I	OMB No. 1545-0047
			(and proxy tax under section 6033(e))		
		For cate	ndar year 2022 or other tax year beginning $$	<u> 23</u> .	2022
Denad	ment of the Treasury		Go to www.irs.gov/Form990T for instructions and the latest information.		
	I Revenue Service	D	o not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only
A [Check box if address changed.		Name of organization (Check box if name changed and see instructions.)	DEmp	loyer identification number
B Ex	empt under section	Print	THE FLORIDA TRAIL ASSOCIATION, INC.	2	3-7079720
X] 501(c)(3)] 408(e)220(e)	1 Tuno I	Number, street, and room or suite no. If a P.O. box, see instructions. 1022 NW 2ND ST, A		p exemption number instructions)
]408A530(a)]529(a)529A		City or town, state or province, country, and ZIP or foreign postal code GAINESVILLE, FL 32607-4686	F	Check box if
		C Boo	k value of all assets at end of year		an amended return.
G C	Check organization	type	X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	college/university
	Check if filing only to		Claim credit from Form 8941 Claim a refund shown on Form 2439		
1 (Check if a 501(c)(3)	organiza	tion filing a consolidated return with a 501(c)(2) titleholding corporation		
			d Schedules A (Form 990-T)		2
			corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? identifying number of the parent corporation.	L	Yes X No
L T	he books are in car			352-	378-8823
	Total Unr	elated	Business Taxable Income		
1			s taxable income computed from all unrelated trades or businesses (see	1	169.
2				2	
3	Add lines 1 and 2			3	169.
4	Charitable contribe		ee instructions for limitation rules)	4	0.
5			axable income before net operating losses. Subtract line 4 from line 3	5	169.
6			g loss. See instructions STATEMENT 1	6	169.
7	Total of unrelated Subtract line 6 from		s taxable income before specific deduction and section 199A deduction.	7	
8			ally \$1,000, but see instructions for exceptions)	8	1,000.
9			uction. See instructions	9	<u> </u>
10	Total deductions.			10	1,000.
11			ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,	10	
	enter zero			11	0.
renev Aperboo	Tax Com	putatio	on		
1	Organizations tax	kable as	corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2			tes. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11 from	n: [Tax rate schedule or Schedule D (Form 1041)	2	
3	Proxy tax. See ins			3	
4	Other tax amounts	s. See in	structions	4	
5	Alternative minimu	ım tax (t	rusts only)	5	
6	Tax on noncompl	liant fac	ility income. See instructions	6	
7	Total. Add lines 3	through	6 to line 1 or 2, whichever applies	7	0.
LHA	For Paperwork F	Reductio	on Act Notice, see instructions.		Form 990-T (2022)

	Tax and Payments					
	Foreign tax credit (corporations attach Foreign tax credit (corporations)	m 1110: trusta attach Form 1116)	1a			
1a						
b		(ann instructions)			1	
C	General business credit. Attach Form 3800		1 1		1 1	
d	Credit for prior year minimum tax (attach Fo					
е	Total credits. Add lines 1a through 1d				1e	0.
2	Subtract line 1e from Part II, line 7	orm 4255			2	<u> </u>
3						
					3	
4	Total tax. Add lines 2 and 3 (see instruction					٥
	section 1294. Enter tax amount here				4	0.
5	Current net 965 tax liability paid from Form		1 1		5	<u> </u>
6a	Payments: A 2021 overpayment credited to			_1	4	
b	2022 estimated tax payments. Check if sec		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		4 1	
C						
d	Foreign organizations: Tax paid or withheld		(t			
е	Backup withholding (see instructions)		6e		4 1	
f	Credit for small employer health insurance					
g	Other credits, adjustments, and payments:					
	Form 4136		otal 6g			
7	Total payments. Add lines 6a through 6g	***************************************		<u></u>	7	
8	Estimated tax penalty (see instructions). Ch	neck if Form 2220 is attached		L_	J <u>8 J</u>	
9	Tax due. If line 7 is smaller than the total o	f lines 4, 5, and 8, enter amount owed			9	
10	Overpayment. If line 7 is larger than the to	tal of lines 4, 5, and 8, enter amount o	verpaid		10	
11	Enter the amount of line 10 you want: Cred			Refunded	11	
	Statements Regarding Certa	in Activities and Other Inform	nation (see ins	tructions)		,
1	At any time during the 2022 calendar year,	did the organization have an interest in	n or a signature c	r other authority	•	Yes No
	over a financial account (bank, securities, c					
	FinCEN Form 114, Report of Foreign Bank	and Financial Accounts. If "Yes," ente	r the name of the	foreign country		
	here					X
2	During the tax year, did the organization re	ceive a distribution from, or was it the	grantor of, or trar	nsferor to, a		
	foreign trust?					X_
	If "Yes," see instructions for other forms th					
3				\$		
3 4	Enter the amount of tax-exempt interest red	ceived or accrued during the tax year				
3 4	Enter the amount of tax-exempt interest rec Enter available pre-2018 NOL carryovers he	ceived or accrued during the tax year ere \$	not include any p	ost-2017 NOL ca	arryover	
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5 6a	Enter the amount of tax-exempt interest red Enter available pre-2018 NOL carryovers he shown on Schedule A (Form 990-T). Don't of Post-2017 NOL carryovers. Enter the Busin the amounts shown below by any NOL clain Business Act 5 Did the organization change its method of	ceived or accrued during the tax year ere \$ 569. Do not reduce the NOL carryover shown here ness Activity Code and available post-2 timed on any Schedule A, Part II, line 13 citivity Code 41800 55000 accounting? (see instructions)	not include any p by any deductior 017 NOL carryov 7 for the tax year Available \$	ost-2017 NOL can reported on Pa vers. Don't reduct. See instruction. post-2017 NOL	arryover It I, line 6. ee s. carryover 192.	X
5	Enter the amount of tax-exempt interest rec Enter available pre-2018 NOL carryovers he shown on Schedule A (Form 990-T). Don't Post-2017 NOL carryovers. Enter the Busin the amounts shown below by any NOL clai Business Ac 5 Did the organization change its method of If 6a is "Yes," has the organization describe	ceived or accrued during the tax year ere \$ 569. Do not reduce the NOL carryover shown here ness Activity Code and available post-2 timed on any Schedule A, Part II, line 13 citivity Code 41800 55000 accounting? (see instructions)	not include any p by any deductior 017 NOL carryov 7 for the tax year Available \$	ost-2017 NOL can reported on Pa vers. Don't reduct. See instruction. post-2017 NOL	arryover It I, line 6. ee s. carryover 192.	X
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4 5 6a b	Enter the amount of tax-exempt interest rec Enter available pre-2018 NOL carryovers he shown on Schedule A (Form 990-T). Don't is Post-2017 NOL carryovers. Enter the Busin the amounts shown below by any NOL claim Business Action Business	ceived or accrued during the tax year ere \$ 569. Do not reduce the NOL carryover shown here hess Activity Code and available post-2 imed on any Schedule A, Part II, line 13 ctivity Code 41800 55000 accounting? (see instructions) ed the change on Form 990, 990-EZ, 9	not include any p by any deduction 017 NOL carryov 7 for the tax year	ost-2017 NOL can reported on Pa vers. Don't reduct. See instructions post-2017 NOL	arryover It I, line 6. ee s. carryover 192.	X
4 5 6a b	Enter the amount of tax-exempt interest red Enter available pre-2018 NOL carryovers he shown on Schedule A (Form 990-T). Don't of Post-2017 NOL carryovers. Enter the Busin the amounts shown below by any NOL clain Business Act 5 Did the organization change its method of If 6a is "Yes," has the organization describe explain in Part V	ceived or accrued during the tax year ere \$ 569. Do not reduce the NOL carryover shown here hess Activity Code and available post-2 imed on any Schedule A, Part II, line 13 ctivity Code 41800 55000 accounting? (see instructions) ed the change on Form 990, 990-EZ, 9	not include any p by any deduction 017 NOL carryov 7 for the tax year	ost-2017 NOL can reported on Pa vers. Don't reduct. See instructions post-2017 NOL	arryover It I, line 6. ee s. carryover 192.	X
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4 5 6a b	Enter the amount of tax-exempt interest rec Enter available pre-2018 NOL carryovers he shown on Schedule A (Form 990-T). Don't e Post-2017 NOL carryovers. Enter the Busin the amounts shown below by any NOL clai Business Ac 5 4 Did the organization change its method of If 6a is "Yes," has the organization describe explain in Part V Supplemental Information e the explanation required by Part IV, line 6b	ceived or accrued during the tax year ere \$ 569. Do not reduce the NOL carryover shown here hess Activity Code and available post-2 imed on any Schedule A, Part II, line 13 ctivity Code 41800 55000 accounting? (see instructions) ed the change on Form 990, 990-EZ, 90. Also, provide any other additional information of this return, including accompanying schedules	not include any p by any deduction 017 NOL carryov 7 for the tax year Available \$ \$ 90-PF, or Form 1	ost-2017 NOL can reported on Paters. Don't reductions. See instructions. post-2017 NOL 128? If "No,"	arryover rt I, line 6. ee s. carryover 192. 3,907.	
5 6a b Provide	Enter the amount of tax-exempt interest rec Enter available pre-2018 NOL carryovers he shown on Schedule A (Form 990-T). Don't is Post-2017 NOL carryovers. Enter the Busin the amounts shown below by any NOL claim Business Action Business	ceived or accrued during the tax year ere \$ 569. Do not reduce the NOL carryover shown here hess Activity Code and available post-2 imed on any Schedule A, Part II, line 13 ctivity Code 41800 55000 accounting? (see instructions) ed the change on Form 990, 990-EZ, 90. Also, provide any other additional information of this return, including accompanying schedules	not include any p by any deduction 017 NOL carryov 7 for the tax year Available \$ \$ 90-PF, or Form 1	ost-2017 NOL can reported on Paters. Don't reductions. See instructions. post-2017 NOL 128? If "No,"	arryover rt I, line 6. ee s. carryover 192. 3,907.	
5 6a b Provide	Enter the amount of tax-exempt interest rec Enter available pre-2018 NOL carryovers he shown on Schedule A (Form 990-T). Don't e Post-2017 NOL carryovers. Enter the Busin the amounts shown below by any NOL clai Business Ac 5 Did the organization change its method of If 6a is "Yes," has the organization describe explain in Part V Supplemental Information e the explanation required by Part IV, line 6b Under penalties of perjury, I declare that I have exam correct, and complete. Declaration of preparer (other	ceived or accrued during the tax year ere \$ 569. Do a reduce the NOL carryover shown here hess Activity Code and available post-2 imed on any Schedule A, Part II, line 1 obtivity Code 41800 55000 accounting? (see instructions) ed the change on Form 990, 990-EZ, 9 or Also, provide any other additional information of which intending the sased on all information of which the same accounting? (see instructions)	not include any p by any deduction 017 NOL carryov 7 for the tax year Available \$ \$ 90-PF, or Form 1 ormation. See ins	ost-2017 NOL can reported on Payers. Don't reductions. See instructions. post-2017 NOL 128? If "No," structions.	arryover It I, line 6. e s. carryover 192. 3,907.	e, s return with
5 6a b Provide	Enter the amount of tax-exempt interest rec Enter available pre-2018 NOL carryovers he shown on Schedule A (Form 990-T). Don't e Post-2017 NOL carryovers. Enter the Busin the amounts shown below by any NOL clai Business Ac 5 Did the organization change its method of If 6a is "Yes," has the organization describe explain in Part V Supplemental Information e the explanation required by Part IV, line 6b Under penalties of perjury, I declare that I have exam correct, and complete. Declaration of preparer (other	ceived or accrued during the tax year ere \$ 569. Do a reduce the NOL carryover shown here hess Activity Code and available post-2 imed on any Schedule A, Part II, line 1 obtivity Code 41800 55000 accounting? (see instructions) ed the change on Form 990, 990-EZ, 9 obtained this return, including accompanying schedules than taxpayer) is based on all information of which examples.	not include any p by any deduction 017 NOL carryov 7 for the tax year Available \$ \$ 90-PF, or Form 1	ost-2017 NOL can reported on Payers, Don't reductions. See instructions. 128? If "No," structions.	arryover It I, line 6. It is carryover I 9 2 . 3 , 9 0 7 . It is true the second of t	e, s return with
5 6a b Provide	Enter the amount of tax-exempt interest rec Enter available pre-2018 NOL carryovers he shown on Schedule A (Form 990-T). Don't in Post-2017 NOL carryovers. Enter the Busing the amounts shown below by any NOL claim and Business Action Busi	ceived or accrued during the tax year ere \$ 569. Do not be reduced the NOL carryover shown here hess Activity Code and available post-2 imed on any Schedule A, Part II, line 13 citivity Code 41800 55000 accounting? (see instructions) ed the change on Form 990, 990-EZ, 9 b. Also, provide any other additional inferior than taxpayer) is based on all information of which the change on Form 990, 990-EZ EXEC Title	not include any p by any deduction 2017 NOL carryov 7 for the tax year Available \$ \$ 90-PF, or Form 1 cormation. See ins and statements, and to preparer has any know SUTIVE DI	ost-2017 NOL can reported on Parers. Don't reduce. See instructions. post-2017 NOL 128? If "No,"	arryover It I, line 6. e s. carryover 192. 3,907. dedge and belief, it is tru May the IRS discuss this the preparer shown bekeinstructions)? X Y	e, s return with ow (see
5 6a b Provide	Enter the amount of tax-exempt interest rec Enter available pre-2018 NOL carryovers he shown on Schedule A (Form 990-T). Don't e Post-2017 NOL carryovers. Enter the Busin the amounts shown below by any NOL clai Business Ac 5 Did the organization change its method of If 6a is "Yes," has the organization describe explain in Part V Supplemental Information e the explanation required by Part IV, line 6b Under penalties of perjury, I declare that I have exam correct, and complete. Declaration of preparer (other	ceived or accrued during the tax year ere \$ 569. Do a reduce the NOL carryover shown here hess Activity Code and available post-2 imed on any Schedule A, Part II, line 1 obtivity Code 41800 55000 accounting? (see instructions) ed the change on Form 990, 990-EZ, 9 obtained this return, including accompanying schedules than taxpayer) is based on all information of which examples.	not include any p by any deduction 017 NOL carryov 7 for the tax year Available \$ \$ 90-PF, or Form 1 ormation. See ins	ost-2017 NOL can reported on Parers. Don't reductions. See instructions. post-2017 NOL 128? If "No," structions. The best of my knowledge. Check Check Care Parers of Parers of the best of my knowledge.	arryover rt I, line 6. ee s. carryover 192. 3,907. ledge and belief, it is tru May the IRS discuss thi the preparer shown bek instructions)? X Y if PTIN	e, s return with
5 6a b Provide	Enter the amount of tax-exempt interest rec Enter available pre-2018 NOL carryovers he shown on Schedule A (Form 990-T). Don't e Post-2017 NOL carryovers. Enter the Busin the amounts shown below by any NOL clai Business Ac 5 Did the organization change its method of If 6a is "Yes," has the organization describe explain in Part V Supplemental Information e the explanation required by Part IV, line 6b Under penalties of perjury, I declare that I have exam correct, and complete. Declaration of preparer (other Signature of officer Print/Type preparer's name	ceived or accrued during the tax year ere \$ 569. Do not be reduced the NOL carryover shown here hess Activity Code and available post-2 timed on any Schedule A, Part II, line 13 citivity Code 41800 55000 accounting? (see instructions) ed the change on Form 990, 990-EZ, 90. Also, provide any other additional information of which that taxpayer) is based on all information of which that Date Title Preparer's signature	not include any p by any deduction 2017 NOL carryov 7 for the tax year Available \$ \$ 90-PF, or Form 1 ormation. See ins and statements, and to preparer has any know UTIVE DII Date	ost-2017 NOL can reported on Parers. Don't reduce. See instructions. post-2017 NOL 128? If "No," structions. Check	arryover It I, line 6. te s. carryover 192. 3,907. dedge and belief, it is true May the IRS discuss this the preparer shown bek instructions)? X Y if PTIN	e, s return with ow (see
5 6a b Provide	Enter the amount of tax-exempt interest recenter available pre-2018 NOL carryovers he shown on Schedule A (Form 990-T). Don't in Post-2017 NOL carryovers. Enter the Busin the amounts shown below by any NOL claim. Business Action Street Str	ceived or accrued during the tax year ere \$ 569. Do not be reduced the NOL carryover shown here reduced the NOL carryover shown here hess Activity Code and available post-2 imed on any Schedule A, Part II, line 13 citivity Code 41800 55000 accounting? (see instructions) ed the change on Form 990, 990-EZ, 90. Also, provide any other additional information of which than taxpayer) is based on all information of which than taxpayer) is based on all information of which than taxpayer's signature CORINNE LAROCHE	not include any p by any deduction 2017 NOL carryov 7 for the tax year Available \$ \$ 90-PF, or Form 1 cormation. See ins and statements, and to preparer has any know SUTIVE DI	ost-2017 NOL can reported on Parers. Don't reductions. See instructions. 128? If "No," structions. cathe best of my knowledge. Check self- employed	arryover rt I, line 6. ee s. carryover 192. 3,907. ledge and belief, it is tru May the IRS discuss thi the preparer shown bek instructions)? X Y if PTIN d P01500	e, s return with ow (see es No
5 6a b Provide	Enter the amount of tax-exempt interest rec Enter available pre-2018 NOL carryovers he shown on Schedule A (Form 990-T). Don't e Post-2017 NOL carryovers. Enter the Busin the amounts shown below by any NOL clai Business As 5 Did the organization change its method of If 6a is "Yes," has the organization describe explain in Part V Supplemental Information e the explanation required by Part IV, line 6b Under penalties of perjury, I declare that I have exam correct, and complete. Declaration of preparer (other Signature of officer Print/Type preparer's name CORINNE LAROCHE Firm's name JAMES MOOR	ceived or accrued during the tax year ere \$ 569. Do not be reduced the NOL carryover shown here reduced the NOL carryover shown here researched and available post-2 timed on any Schedule A, Part II, line 10 citivity Code 41800 55000 accounting? (see instructions) ed the change on Form 990, 990-EZ, 90. Also, provide any other additional information of which that taxpayer) is based on all information of which that taxpayer) is based on all information of which that taxpayer's signature CORINNE LAROCHE E & CO., P.L.	not include any p by any deduction 2017 NOL carryov 7 for the tax year Available \$ \$ 90-PF, or Form 1 ormation. See ins and statements, and to preparer has any know UTIVE DII Date	ost-2017 NOL can reported on Parers. Don't reduce. See instructions. post-2017 NOL 128? If "No," structions. Check	arryover It I, line 6. te s. carryover 192. 3,907. dedge and belief, it is true May the IRS discuss this the preparer shown bek instructions)? X Y if PTIN	e, s return with ow (see es No
5 6a b Provide	Enter the amount of tax-exempt interest rec Enter available pre-2018 NOL carryovers he shown on Schedule A (Form 990-T). Don't e Post-2017 NOL carryovers. Enter the Busin the amounts shown below by any NOL clai Business As 5 Did the organization change its method of If 6a is "Yes," has the organization describe explain in Part V Supplemental Information e the explanation required by Part IV, line 6b Under penalties of perjury, I declare that I have exam correct, and complete. Declaration of preparer (other Signature of officer Print/Type preparer's name CORINNE LAROCHE Firm's name JAMES MOOR. 5931 NW	ceived or accrued during the tax year ere \$ 569. Do not be reduced the NOL carryover shown here reduced the NOL carryover shown here researched and available post-2 timed on any Schedule A, Part II, line 10 citivity Code 41800 55000 accounting? (see instructions) ed the change on Form 990, 990-EZ, 90. Also, provide any other additional information of which that taxpayer) is based on all information of which that taxpayer) is based on all information of which that taxpayer's signature CORINNE LAROCHE E & CO., P.L.	not include any p by any deduction 2017 NOL carryov 7 for the tax year Available \$ \$ 90-PF, or Form 1 ormation. See ins and statements, and to preparer has any know UTIVE DII Date	ost-2017 NOL can reported on Parers. Don't reductions. See instructions. 128? If "No," structions. Check self- employed.	arryover rt I, line 6. ee s. carryover 192. 3,907. ledge and belief, it is tru May the IRS discuss thi the preparer shown bek instructions)? X Y if PTIN d P01500	e, s return with bw (see es No

ORM 990-T	P	RE 2018 NOL SCHE	DULE	STATEMENT 1
	NOL CARRY FORWARD F		INE 6	569. 169.
	A PORTION OF PRE-20 A ENTITY	18 NOL SCHEDULE A	SHARE	
	1 2	***************************************	0.	
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NET OPERA' BALANCE A EXPIRING	EDULE A SHARE OF PR FING DEDUCTION FTER PRE-2018 NOL D NET OPERATING LOSSE WARD OF NET OPERATI	DEDUCTION S		0. 169. 0. 0. 400.
NET OPERA' BALANCE A EXPIRING	FING DEDUCTION FTER PRE-2018 NOL D NET OPERATING LOSSE WARD OF NET OPERATI	DEDUCTION S	LOSS DEDUCTION	169. 0. 0. 400.
NET OPERA' BALANCE A' EXPIRING I CARRY FOR	FING DEDUCTION FTER PRE-2018 NOL D NET OPERATING LOSSE WARD OF NET OPERATI	DEDUCTION ES ENG LOSS	LOSS DEDUCTION LOSS REMAINING	169. 0. 0.
NET OPERA' BALANCE AN EXPIRING NOTE CARRY FORE ORM 990-T AX YEAR 6/30/15	PING DEDUCTION FTER PRE-2018 NOL D NET OPERATING LOSSE WARD OF NET OPERATI PRE-201 LOSS SUSTAINED 473.	DEDUCTION CS CNG LOSS 8 NET OPERATING LOSS PREVIOUSLY APPLIED 0.	LOSS REMAINING 473.	169. 0. 0. 400. STATEMENT 2 AVAILABLE THIS YEAR
NET OPERA' BALANCE A' EXPIRING I CARRY FORE ORM 990-T	FING DEDUCTION FTER PRE-2018 NOL D NET OPERATING LOSSE WARD OF NET OPERATI PRE-201 LOSS SUSTAINED	DEDUCTION CS CNG LOSS 8 NET OPERATING LOSS PREVIOUSLY APPLIED	LOSS REMAINING	169. 0. 0. 400. STATEMENT 2 AVAILABLE THIS YEAR

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

0000

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for

۸ A 	lame of the organization THE FLORIDA TRAIL ASSOCIATION, II	NC.			B Employer ide			•
<u>c</u> i	Unrelated business activity code (see instructions) 54180	0			D Sequence:	1	of	2
E [Describe the unrelated trade or business ADVERTISING							
7.5	Unrelated Trade or Business Income		(A) Income		(B) Expenses		(C) N	Net
1 a	Gross receipts or sales							
b	Less returns and altowances c Balance	1c						
2	Cost of goods sold (Part III, line 8)	2						
3	Gross profit. Subtract line 2 from line 1c	3						
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form							
	1120)). See instructions	4a						
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b						
c	Capital loss deduction for trusts	4c						
5	Income (loss) from a partnership or an S corporation (attach							
	statement)	5						
6	Rent income (Part IV)	6						
7	Unrelated debt-financed income (Part V)	7						
8	Interest, annuities, royalties, and rents from a controlled							
	organization (Part VI)	8						
9	Investment income of section 501(c)(7), (9), or (17)							
	organizations (Part VII)	9						
10	Exploited exempt activity income (Part VIII)	10						
11	Advertising income (Part IX)	11			1,29	9.		1,299.
12	Other income (see instructions; attach statement)	12						
13	Total, Combine lines 3 through 12	13		0.	1,29	9.	[<u>1,299.</u>
1742	Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in	come					must be	
1	Compensation of officers, directors, and trustees (Part X)					1		
2	Salaries and wages					2		
3	Repairs and maintenance					3		
4	Bad debts					4		
5	Interest (attach statement). See instructions				[····	5	······································	
6	Taxes and licenses					6		
7	Depreciation (attach Form 4562). See instructions							
8	Less depreciation claimed in Part III and elsewhere on return		8a			Bb		
9	Depletion					9		
10	Contributions to deferred compensation plans					10		
11	Employee benefit programs					11		
12	Excess exempt expenses (Part VIII)					12		
13	Excess readership costs (Part IX)				·····	13		
14	Other deductions (attach statement)			• • • • • • • • • • • • • • • • • • • •		14		
15	Total deductions. Add lines 1 through 14					15		0.
16	Unrelated business income before net operating loss deduction. S	ubtract	line 15 from Part I	, line 13	i i			1 000
	column (C)					16	-]	1,299.
17	Deduction for net operating loss. See instructions					17		0.
18	Unrelated business taxable income. Subtract line 17 from line 1	6				18		1,299.
LHA	For Paperwork Reduction Act Notice, see instructions.				Sch	edule	A (Form 9	90-T) 2022

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0.

Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)

Sched	ule A (Form 990-1) 2022 V Interest, Annu	ities. Ro	ovalties, and Re	ents fron	n Control	led Or	ganizations	s (see instruc	tions)	Page 3
				1				lled Organization	~ ~~	
	Name of controlled organization	d	2, Employer identification number	incon	unrelated ne (loss) structions)	4. Tota	al of specified nents made	5. Part of colu that is included controlling org tion's gross in	mn 4 (in the aniza-	3. Deductions directly connected with income in column 5
(1)	***************************************									
(2)										
(3)										
(4)								<u> </u>		
				'	Controlled Or	~	T	-ft 0		Dodugations dispativ
7	7. Taxable Income	in	Net unrelated scome (loss) e instructions)		otal of specif yments mad		that is inc	of column 9 cluded in the organization's cincome	'	Deductions directly connected with ome in column 10
(1)		,								
(2)										
(3)	· · · · · · · · · · · · · · · · · · ·		,							
(4)										
							Enter here	nns 5 and 10. and on Part I, column (A)	Ente	columns 6 and 11. r here and on Part I, ne 8, column (B)
Totals								0.		0.
Transportation (CO)		ncome	of a Section 50	1(c)(7), (9), or (17)	Organ	nization (s	ee instructions)	.l	 -
		cription of		(7,7,7)	2. Amou incor	nt of	3. Deduction directly connumber (attach states	ons 4. Set	-asides tatemen	5. Total deductions and set-asides (add cols 3 and 4)
(1)										
(2)										
(3)							•			
(4)					<u> </u>				100000000000000000000000000000000000000	
					Add amor column 2 here and o line 9, colu	. Enter n Part I,				Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		vemnt (Activity Income	Other 1	han Adve		n Income	reas instructions)	•
1	Description of exploite			,	···		7111001110	<u>(១០៩ អាចជាឯបលេវ) ទ</u> ៃ		
2	Gross unrelated busin			ness. Ente	r here and o	n Part I.	line 10. colum	n (A)	2	
3	Expenses directly con									
•	line 10, column (B)		-						3	
4	Net income (loss) from	unrelated	trade or business.	Subtract lir	ne 3 from lin	e 2. If a	gain, complete)		
									4	
5	Gross income from ac								5	
6	Expenses attributable								6	
7	Excess exempt expen									
	4. Enter here and on F	art II, line	12		***********				7	
									chedule	A (Form 990-T) 2022

223732 01-16-23

990-T SCH A	7	POST-2017	NET OPERATING	LOSS DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUS	TAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/22		192.	0.	192.	192.
NOL CARRYO	ER AVAILA	BLE THIS Y	EAR	192.	192.

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2022

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

	ame of the organization THE FLORIDA TRAIL ASSOCIATION, II	NC.		B Employer ider 23 – 7079		n numbe	er
; L	Inrelated business activity code (see instructions) 45500	0		D Sequence:	2	of	2
	MEDOUANDICE	CATE	.				
	escribe the unrelated trade or business MERCHANDISE	SWLE) `				
	Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C)	Net
1a	Gross receipts or sales 3,038.						
b	Less returns and allowances c Balance	1c	3,038.				
2	Cost of goods sold (Part III, line 8)	2	2,202.				
3	Gross profit, Subtract line 2 from line 1c	3	836.				
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form					•	
	1120)). See instructions	4a					
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b					
	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement)	5					
6	Rent income (Part IV)	6					
7	Unrelated debt-financed income (Part V)	7					
8	Interest, annuities, royalties, and rents from a controlled						
-	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)					***************************************	***************************************
•	organizations (Part VII)	9					
0	Exploited exempt activity income (Part VIII)	10					
1	Advertising income (Part IX)	11			1		
	Advertising income (Part IX) Other income (see instructions: attach statement)	11					
2 3	Other income (see instructions; attach statement) Total. Combine lines 3 through 12	12 13	836.	luctions. Deducti	ons m	nust be	
2 3 (4)	Other income (see instructions; attach statement) Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in	12 13 ons for come	limitations on dec			nust be	
2 3 (3) 1	Other income (see instructions; attach statement) Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X)	12 13 ons for come	limitations on dec		i	nust be	
2 3 (4) 1 2	Other income (see instructions; attach statement) Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages	12 13 ons for come	limitations on dec		1	nust be	
2 3 	Other income (see instructions; attach statement) Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance	12 13 ons for come	limitations on dec		1 2	nust be	
2 3 41 1 2 3 4	Other income (see instructions; attach statement) Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts	12 13 ons for come	limitations on dec		1 2 3	nust be	
2 3 1 1 2 3 4	Other income (see instructions; attach statement) Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions	12 13 ons for come	limitations on dec		1 2 3 4 5 5	nust be	
2 3 	Other income (see instructions; attach statement) Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Taxes and licenses	12 13 ons for come	limitations on dec		1 2 3 4 5 5	nust be	
2 3 -/31 1 2 3 4 5 6 7	Other income (see instructions; attach statement) Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Taxes and licenses Depreciation (attach Form 4562). See instructions	12 13 ons for come	limitations on dec		1 2 3 1 5 5	nust be	
2 3 3 1 1 2 3 4 5 6 7 8	Other income (see instructions; attach statement) Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Taxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return	12 13 ons for come	limitations on dec	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1 2 3 3 4 5 5 5 5 5 5 b	nust be	
2 3 1 2 3 4 5 6 7 8	Other income (see instructions; attach statement) Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Taxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion	12 13 ons for come	limitations on dec	8	1 2 2 3 3 4 5 5 5 5 6 5 6 9 9	nust be	
2 3 (a) 1 1 2 3 3 4 5 6 6 7 8 9	Other income (see instructions; attach statement) Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Taxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans	12 13 ons for come	limitations on dec	88	1 2 3 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	nust be	
2 3 1 1 2 3 4 5 6 7 8 9 0	Other income (see instructions; attach statement) Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Taxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs	12 13 ons for come	limitations on dec	8 8 8 1	1 2 3 3 1 5 5 5 5 5 5 5 0 0 1 1	nust be	
2 3 -(1) 1 2 3 4 5 6 7 8 9 9 0 1 1 2	Other income (see instructions; attach statement) Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Taxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII)	12 13 ons for come	limitations on dec	8 8 8 1 1	1 2 3 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	nust be	
2 3 7 1 2 3 4 5 6 7 8 9 0 1 2 3	Other income (see instructions; attach statement) Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Taxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX)	12 13 ons for come	limitations on dec	8 8 1 1 1	1 2 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	nust be	
2 3 1 2 3 4 5 6 6 7 8 9 9 0 1 1 2 3 4 4 5 6 6 7 8 9 9 1 1 1 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Other income (see instructions; attach statement) Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Taxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX)	12 13 ons for come	limitations on dec	8 8 1 1 1 1	1 2 3 4 5 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	nust be	
2 3 1 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1	Other income (see instructions; attach statement) Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Taxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Other deductions (attach statement) Total deductions. Add lines 1 through 14	12 13 ons for come	limitations on dec	8 8 9 1 1 1 1	1 2 3 4 5 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	nust be	
2 3 1 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1	Other income (see instructions; attach statement) Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Taxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Other deductions (attach statement) Total deductions. Add lines 1 through 14 Unrelated business income before net operating loss deduction. See	12 13 ons for come	Imitations on dec	8 8 1 1 1 1 1 1 3,	1 2 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	nust be	667
1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7	Other income (see instructions; attach statement) Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Taxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Other deductions (attach statement) Total deductions. Add lines 1 through 14	12 13 ons for come	Imitations on dec	8 8 1 1 1 1 1 1 3,	1 2 3 4 5 5 6 6	nust be	836 · · · · · · · · · · · · · · · · · · ·

Sched	ule A (Form 990·T) 2022				<u> </u>	Page 2
		ethod of inventory valuatio	n N/A			
1	Inventory at beginning of year		************************		1	0.
2	Purchases				2	0.
3	Cost of labor				3	0.
4	Additional section 263A costs (attach statement)		STATEM	ENT 5	4	2,202.
5	Other costs (attach statement)				5	0.
6	Total. Add lines 1 through 5		***************************************		6	2,202.
7	Inventory at end of year				7	0.
8	Cost of goods sold. Subtract line 7 from line 6. Ente				8	2,202.
9	Do the rules of section 263A (with respect to property					Yes X No
村本大	Rent Income (From Real Property an				ty)	
1	Description of property (property street address, city,	state, ZIP code). Check if	a dual·use. See instru	ctions.		
	A		· · · · · · · · · · · · · · · · · · ·			
	В					
	C					
	D	<u> </u>				
		A	В	<u> </u>		<u>D</u>
2	Rent received or accrued					
а	From personal property (if the percentage of					
	rent for personal property is more than 10%					
	but not more than 50%)		+			
b	From real and personal property (if the					
	percentage of rent for personal property exceeds					
	50% or if the rent is based on profit or income)					
С	Total rents received or accrued by property.					
	Add lines 2a and 2b, columns A through D		i_			
3	Total rents received or accrued. Add line 2c columns	A through D. Enter here a	nd on Part Lline 6 co	umn (A)		0.
·	Deductions directly connected with the income	, tanoagnor Lika, nora		Contract to the		
4	in lines 2(a) and 2(b) (attach statement)					
•		,			•	
5	Total deductions. Add line 4 columns A through D. I	Enter here and on Part I, lir	ne 6, column (B)			0.
	Unrelated Debt-Financed Income					
1	Description of debt-financed property (street address	, city, state, ZIP code). Ch	eck if a dual-use. See	nstructions.		
	A 🔲					
	В					
	c					
	D	Ψ.				
		A	В	C		D
2	Gross income from or allocable to debt-financed					
	property					
3	Deductions directly connected with or allocable					
	to debt-financed property					
a	Straight line depreciation (attach statement)					
b	Other deductions (attach statement)					
C	Total deductions (add lines 3a and 3b,					•
	columns A through D)					
4	Amount of average acquisition debt on or allocable					
	to debt-financed property (attach statement)					
5	Average adjusted basis of or allocable to debt-					
	financed property (attach statement)					
6	Divide line 4 by line 5		%		%	<u>%</u>
7	Gross income reportable. Multiply line 2 by line 6					
8	Total gross income (add line 7, columns A through I	D). Enter here and on Part	I, line 7, column (A)			0.
_		<u> </u>			Т	
9	Allocable deductions. Multiply line 3c by line 6	L	- D-41 " 7	- (D)		0.
10	Total allocable deductions. Add line 9, columns A t					
11	Total dividends-received deductions included in lin	IC 10				V •

	Interest, Annu	ities. Ro	oyalties, and Re	ents fror	n Control	ed Or	ganizations	see instruc	tions)	Page 3
And the Color		,,		T				lled Organization		
	Name of controlled organization		identification incor		t unrelated 4. Tota		al of specified nents made 5. Part of controlling cont		mn 4 in the aniza-	6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)				<u> </u>						
(4)										
	- T			 	Controlled Or		T	- f f	1	5.1.0
•	7. Taxable Income	in	Net unrelated Icome (loss) e instructions)	1	otal of specif yments mad		that is inc	of column 9 luded in the organization's income		Deductions directly connected with ome in column 10
(1)							1			
(2)				Ĭ.						
(3)										
(4)				}						
							Enter here	ins 5 and 10. and on Part I, column (A)	Ente	columns 6 and 11, r here and on Part I, ne 8, column (B)
Totals								0.		0.
	Investment	ncome	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee instructions)		
	1. Desc	cription of	income		2. Amou incon		3. Deduction directly connocated (attach states	ected (attach s	-asides tatemen	5. Total deductions and set-asides (add cols 3 and 4)
(1)										
(2)										
(3)										
(4)					1					
					Add amou column 2. here and oi line 9, colu	Enter Part I, mn (A)				Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals				∩ 4le · · · **	 	0.	. 1			0.
			Activity Income,	, Other I	nan Adve	rtisin	g income (see instructions)	
1	Description of exploite	•								
2	Gross unrelated busin								2	
3	Expenses directly con-									
4	line 10, column (B) Net income (loss) from								3	
4	, ,						-		4	
5	lines 5 through 7 Gross Income from activity that is not unrelated business income						5			
6	Expenses attributable								6	
7	Excess exempt expens									
	4. Enter here and on P								7	
								-	· · · ·	4 (F 000 T) 0000

Schedule A (Form 990-T) 2022

1 1175	ule A (Form 990-T) 2022 Advertising Income				Page 4
454.55	Name(s) of periodical(s). Check box if reporting	a two or more periodicals on a	roneolidated hasis		
1	,	ig two of more periodicals on a	CONSORGATEG DASIS	•	
	<u>A</u>				
	B				
	<u> </u>			· · · · · · · · · · · · · · · · · · ·	
	D				
Enter	amounts for each periodical listed above in the	corresponding column.	1	1	
		Α	В	C	D
2	Gross advertising income				
	Add columns A through D. Enter here and on	Part I, line 11, column (A)	,		0.
а				······································	
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on	Part I, line 11, column (B)		,.,,	0.
4	Advertising gain (loss), Subtract line 3 from lin	ne l			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in	n			
	line 4 showing a loss or zero, do not complete	l l			
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is les	1			
_	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain of	l l			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the gr				0.
	Part II, line 13			***************************************	
	Compensation of Officers, Dir	rectors, and trustees (s	ee instructions)	I I	
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
		· · · · · · · · · · · · · · · · · · ·		to business	unrelated business
(1)				%	·
(2)				%	
(3)				%	
(4)				%	
Tota	I. Enter here and on Part II, line 1				0.
CANADA DAVIDAD	Supplemental Information (se				

				<u> </u>	
•					
		· · · · · · · · · · · · · · · · · · ·			

990-T SCH	A POST-20	17 NET OPERATING	LOSS DEDUCTION	STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/22	3,907.	0.	3,907.	3,907.
NOL CARRYO	VER AVAILABLE THIS	YEAR	3,907.	3,907.

FORM 990-T (A)	ADDITIONAL SECTION 263 COSTS	STATEMENT 5
DESCRIPTION		AMOUNT
COST OF GOODS SOLD		2,202.
TOTAL TO FORM 990-T,	SCHEDULE A, LINE 4	2,202.

Form **8868**

(Rev. January 2022)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information.

forms Contra	onic filing (e-file). You can electronically file Form 8868 to listed below with the exception of Form 8870, Information Facts, for which an extension request must be sent to the IRS of this form, visit www.irs.gov/e-file-providers/e-file-for-charit	Return for 1 S in paper t	Fransfers Associated With Certain P format (see instructions). For more o	ersonal B	enefit	
Auto	matic 6-Month Extension of Time. Only subm	it origina	al (no copies needed).			
	porations required to file an income tax return other than Four se Form 7004 to request an extension of time to file income			s, REMIC	s, and trusts	M
Type or Name of exempt organization or other filer, see instructions. print				Taxpayer identification number (TIN)		
=	THE FLORIDA TRAIL ASSOCIATI	ON, I	NC.		23-707972	20
File by the due date filing you return. S	for Number, street, and room or suite no. If a P.O. box, ser 1022 NW 2ND ST. A	ee instruct	ions.			
Instruction		reign addı	ress, see instructions.			
Enter I	he Return Code for the return that this application is for (file	a separat	e application for each return)			0 1
Applic	ation	Return	Application			Return
<u>ls For</u>		Code	Is For			Code
Form 9	990 or Form 990-EZ	01	Form 1041-A			08
Form 4	1720 (individual)	03	Form 4720 (other than individual)			09
Form 9	990-PF	04	Form 5227			10
Form 9	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	990-T (trust other than above)	06	Form 8870			12
Form 9	990-T (corporation)	07				
• The	JANET AKERSON books are in the care of 1022 NW 2ND ST,	SUIT	'E A - GAINESVILLE,	FL :	32601	
• If th	ephone No. 352-378-8823 ne organization does not have an office or place of business his is for a Group Return, enter the organization's four digit (Group Exe	mption Number (GEN)	f this is fo	or the whole group,	
1	I request an automatic 6-month extension of time until MAY 15, 2024 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: alendar year or X tax year beginning JUL 1, 2022 , and ending JUN 30, 2023 .					
	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits, See instructions. 3a \$ 0.					

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

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

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

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form 8868 (Rev. 1-2022)

Form **8868**

(Rev. January 2022)

Department of the Treasury

Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

					1	
forms liste	tiling (e-file). You can electronically file Form 8868 to delow with the exception of Form 8870, Information For which an extension request must be sent to the IRS	eturn for	Fransfers Associated With Certain Pe	ersonal Be	enefit	
	s form, visit www.irs.gov/e-file-providers/e-file-for-charit			Clais on t	TIO CICCITOTIC	
Automa	tic 6-Month Extension of Time. Only subm	it origina	al (no copies needed).			
All corpora	ations required to file an income tax return other than Fo	rm 990-T	(including 1120·C filers), partnership	s, REMICs	s, and trusts	•
must use l	Form 7004 to request an extension of time to file income	e tax returi	ns,			
Type or	Name of exempt organization or other filer, see instruc	ctions.		Taxpayer	r identification numb	er (TIN)
print				0		
File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions.				23-707972	U	
due date for filing your	1022 NW 2ND ST, A	e instruct	ions.			
return, See instructions.	City, town or post office, state, and ZIP code. For a fo GAINESVILLE, FL 32607-4686	reign addr	ress, see instructions.			
Enter the l	Return Code for the return that this application is for (file	a separat	e application for each return)	, . ,		0 7
Applicatio	en .	Return	Application			Return
ls For		Code	Is For			Code
	or Form 990-EZ	01	Form 1041-A			08
) (individual)	03	Form 4720 (other than individual)			09 10
Form 990	T (sec. 401(a) or 408(a) trust)	04 05	Form 5227			
	T (trust other than above)	06	Form 6069 Form 8870			
	T (corporation)	07	10111 6070			12
Telepho	DANET AKERSON oks are in the care of \blacktriangleright 1022 NW 2ND ST, one No. \blacktriangleright 352-378-8823 rganization does not have an office or place of business	in the Uni		,,,,,	>	
box 🕨 [s for a Group Return, enter the organization's four digit C . If it is for part of the group, check this box					
1 I req the c ▶ □ 2 If the	uest an automatic 6-month extension of time until organization named above. The extension is for the orga calendar year or	MA\ unization's, an	7 15, 2024 , to file return for:		npt organization retu	
	s application is for Forms 990-PF, 990-T, 4720, or 6069, nonrefundable credits. See instructions.	enter the	tentative tax, less	3a	\$	0.
	s application is for Forms 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			
estir	nated tax payments made. Include any prior year overpa	ayment all	owed as a credit.	3b	\$	0.
	ince due. Subtract line 3b from line 3a. Include your pa	•				
	g EFTPS (Electronic Federal Tax Payment System), See			3c	\$	0.
Caution: I instruction	f you are going to make an electronic funds withdrawal s.	(direct det	oit) with this Form 8868, see Form 84	153-TE and	d Form 8879-TE for p	oayment
LHA Fo	HA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2022)					

Florida Tentative Income / Franchise Tax Return and Application for Extension of Time to File Return

1019 F-7004 Effective 01/17

Information for Filing Florida Form F-7004

R.	01/17	

F-7004

When to file - File this application on or before the original due date of the taxpayer's corporate income tax or partnership return. Do not file before the end of the tax year.

To file online go to www.floridarevenue.com

Make checks payable and mail to:

Penalties - If you are required to pay tax with this application, failure to pay will void any extension of time and subject the taxpayer to penalties and interest. There is also a penalty for late-file return when no tax is due.

Signature - A person authorized by the taxpayer must sign Florida Form F-7004. They must be an officer or partner of the taxpayer; a person currently enrolled to practice before the Internal Revenue Service (IRS); or attorney or Certified Public Accountant qualified to practice before the IRS under Public Law 89-332.

The Florida Form F-7004 must be filed - To receive an extension of time to file your Florida return, Florida Form F-7004 must be timely filed, even if you have already filed a federal extension request. A federal extension by itself does not extend the time to file a Florida return.

An extension for Florida tax purposes may be granted, even though no federal extension was granted. See Rule 12C-1.0222, F.A.C., for information on the requirements that must be met for your request for an extension of time to be valid.

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FLORIDA DEPARTMENT OF REVENUE, 5050 W TENNESSEE STREET, TALLAHASSEE FL 32399-0135

A. If applicable, state the reason you need the extension:					
B. Type of federal return filed:	990-T				
Contact person for questions:	JANET AKERSON				
Telephone number:	352-378-8823				
Contact Person email address	JANETAKERSON@FLORIDA				

Extension of Time Request		come/Franchise Tax Due
1. Tentative amount of Florida tax for the taxable year	1.	0.00
2. LESS: Estimated tax payments for the taxable year	2.	0.00
3. Balance due - You must pay 100% of the tax tenta-	3.	
tively determined due with this extension request.		0.00

Transfer the amount on Line 3 to Tentative tax due.

244961		Department of Revenue - Corp		 1019
10-04-22		ida Tentative Income / Franchi pplication for Extension of Tim		F-7004 R. 01/17
	ORIDA TRAIL AS	SOCIATION, INC.	Taxable Year End	
Address 1022 NW	I 2ND ST		FILING STATUS Partnership S-c	orporation
City/State/ZIP GAINESV	ILLE, FL 326	07-4686	All other federal returns	to be filed X
•			Tentative Tax Due \$	0.00
Under penalties of perjury, I de and belief the statements herei		ed by the above named taxpayer to m	ake this application, that to the best of my knowledge	
Sign Here:		Date:		
237079720	0	0	0	
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20230630	ő	ŏ	Ŏ	
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012	0	0	٨	

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Florida Corporate Income/Franchise Tax Return FEIN 23-7079720 For calendar year 2022 or tax year beginning

JUL 1 2022 JUN 30, 2023

F-1120, R. 01/23 1019 Rule 12C-1.051 Florida Administrative Code 23 Page 1 of 6

833302023063000020050374323707972000002

Vame Addre	ess 1022 NW 2ND ST	INC.		
City/S	State/ZIP GAINESVILLE, FL 32607-4686			
	Check here if any changes have been made to name or address			
Comp	outation of Florida Net Income Tax	O. 1.1 ''. ''		0.00
1.	Federal taxable income (see instructions) - Attach pages 1-5 of federal return	Check here if negative	•	0.00
2,	State income taxes deducted in computing federal taxable income			
	(attach schedule)			1.60 00
	Additions to federal taxable income (from Schedule I)			169.00
4.	Total of Lines 1, 2 and 3			169.00
5.	Subtractions from federal taxable income (from Schedule II)			169.00
6.	Adjusted federal income (Line 4 minus Line 5)			
7.	, , , , , , , , , , , , , , , , , , , ,			0.00
8.	Nonbusiness income allocated to Florida (from Schedule R)	Check here if negative		
9.	Florida exemption			0.00
10.	Florida net income (Line 7 plus Line 8 minus Line 9)			0.00
11.	Tax due: 5.5% of Line 10			0.00
12.	Credits against the tax (from Schedule V)			
13.	Total corporate income/franchise tax due (Line 11 minus Line 12)			0.00
14.				
	a) Penalty: F-2220 b) Other c) Interest: F-2220 d) Other	Line 14 Total		
15.			•	
16.	Payment credits: Estimated tax payments 16a \$			
	Tentative tax payment 16b \$			
17.	Total amount due: Subtract Line 16 from Line 15. If positive, enter amount due	here and on payment coupon.		
	If the amount is negative (overpayment), enter on Line 18 and/or Line 19			
18.				
19.				
10.	Thomas Enter amount or everpayment to be retunded note and on payment to	мрон	•	
24408	1 10-04-22			
	Payment Coupon for Florida	Corporate Income	Tax Return	1019 F-1120
	Do Not	l Detach YEAR E	NDING 06/30/23	R, 01/23
	To ensure proper credit to your account, enc			
	to ensure proper creat to your account, end	1026 Aom Clieck Mitti (av 1618) I Mileit i	ndiniy.	
Vame	THE FLORIDA TRAIL ASSOCIATION I	lf 6/30 year end, return is due 1st day	of the 4th month after the close	of the
Addre	ess 1022 NW 2ND ST t	taxable year, otherwise return is due	1st day of the 5th month after th	ie close
City/S	State/ZIP GAINESVILLE, FL 32607-4686	of the taxable year.		
•		•		
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THE FLORIDA TRAIL ASSOCIATION, INC.

1019 F-1120 R. 01/23 Page 2 of 6 06/30/23

FEIN 23-7079720

•	This return is considered incomplete turn is not signed, or improperly signed and verified, it will be subjeted. Your return must be completed in its entirety.		ppy of the federal return is attached. y. The statute of limitations will not start until your return is properly signed
	Under penalties of perjury, I declare that I have examined this return, including a and complete. Declaration of preparer (other than taxpayer) is based on all inform		chedules and statements, and to the best of my knowledge and belief, it is true, correct, preparer has any knowledge.
Sign here	Signature of officer (must be an original signature) Date		Title EXECUTIVE DIRECTOR
Paid preparers only	Preparer's signature CORINNE LAROCHE Date 0	5/09/2	Preparer check if self-employed Preparer's PTIN P01500189
	Firm's name (or yours if self-employed) and address JAMES MOORE & CO., P. 5931 NW 1ST PL GAINESVILLE, FL	L.	FEIN ► 59-3204548 ZIP ► 32607-2063
	All Taxpayers Must Answer Oriest	ก็อากระบัน	rough L Below - See Instructions
3. Florida : C. Florida : D. Principa E. Principa 11	Incorporation: FLORIDA Secretary of State document number: 708302 consolidated return? YES NO X Initial return Final return (final federal return filed) If Business Activity Code (as pertains to Florida) 5310 a extension of time was timely filed? YES X NO X If yes, attact	G-2. G-3. H. I. I. K.	Part of a federal consolidated return? YES NO X If yes, provide: FEIN from federal consolidated return: Name of corporation: The federal common parent has sales, property, or payroll in Florida? YES NO X Location of corporate books: 1022 NW 2ND ST, SUITE A City, State, ZIP: GAINESVILLE, FL 32601 Taxpayer is a member of a Florida partnership or joint venture? YES NO X Enter date of latest IRS audit: a) List years examined: Contact person concerning this return: a) Contact person telephone number: 352-378-8823 DANETAKERSON@FLORIDA
i I		L.	Type of federal return filed 1120 1120s or 990-T

Online Information Reporting Requirement

Visit the Department website to obtain a list of the required information, due date, penalty rate and application to enter the information. (See section 220.27, Florida Statutes)

Where to Send Payments and Returns

Make check payable to and mail with return to: Florida Department of Revenue

5050 W Tennessee Street

2020 At Tellilessee Street

Tallahassee FL 32399-0135

If you are requesting a refund (Line 19), send your return to:

Florida Department of Revenue

PO Box 6440

Tallahassee FL 32314-6440

Remember:

- Make your check payable to the Florida Department of Revenue.
- Write your FEIN on your check.
- Sign your check and return.
- Attach a copy of your federal return.
- Attach a copy of your Florida Form F-7004 (extension of time) if applicable.





NAME THE FLORIDA TRAIL ASSOCIATION, INC. FEIN 23-7079720 TAXABLE YEAR ENDING 06/30/23

Schedule I - Additions and/or Adjustments to Federal Taxable Income	
Interest excluded from federal taxable income (see instructions)	1.
Undistributed net long-term capital gains (see instructions)	2. 3. 169.00
3. Net operating loss deduction (attach schedule) 4. Net capital loss carryover (attach schedule) STATEMENT 2	
	4.
5. Excess charitable contribution carryover (attach schedule)	5.
6. Employee benefit plan contribution carryover (attach schedule)	6.
7. Enterprise zone jobs credit (Florida Foxm F-1156Z)	7.
8. Ad valorem taxes allowable as an enterprise zone property tax credit (Florida Form F-1158Z)	8.
9. Guaranty association assessment(s) credit	9.
10. Rural and/or urban high-crime area job tax credits	10,
11. State housing tax credit	11.
12. Florida tax credit scholarship program credit (credit for contributions to nonprofit scholarship-funding organizations)	12,
13. New worlds reading initiative credit	13.
14. Strong families tax credit (credit for contributions to eligible charitable organizations)	14.
15. New markets tax credit	15.
16. Entertainment industry tax credit	16.
17. Research and development tax credit	17.
18. Energy economic zone tax credit	18.
19. s. 168(k), IRC, special bonus depreciation	19.
20. Depreciation of qualified improvement property (see Instructions)	20.
21. Expenses for business meals provided by a restaurant (see instructions)	21.
22. Film, television, and live theatrical production expenses (see instructions)	22.
23. Internship tax credit	23.
24. Other additions (attach schedule)	24.
25. Total Lines 1 through 24. Enter total on this line and on Page 1, Line 3.	25. 169.00
Schedule II - Subtractions from Federal Taxable Income	
Gross foreign source income less attributable expenses	1
(a) Enter s. 78, IRC, income \$	
(b) plus s. 862, IRC, dividends \$	
(c) plus s. 951A, IRC, income \$	1,
(d) less direct and indirect expenses	
and related amounts deducted	
under s. 250, IRC	
Gross subpart F income less attributable expenses	
(a) Enter s. 951, IRC, subpart Fincome \$	
(b) less direct and indirect expenses \$ Total	2.
Note: Taxpayers doing business outside Florida enter zero on Lines 3 through 6, and complete Schedule IV.	
3. Florida net operating loss carryover deduction (see Instructions) STATEMENT 1	3. 169.00
4. Fforida net capital loss carryover deduction (see instructions)	4.
5. Florida excess charitable contribution carryover (see instructions)	5.
6. Florida employee benefit plan contribution carryover (see instructions)	6.
7. Nonbusiness income (from Schedule R, Line 3)	7.
8. Eligible net income of an international banking facility (see instructions)	8.
9. s. 168(k), IRC, special bonus depreciation (see instructions)	9.

244091 10-04-22

12. Other subtractions (attach schedule)

10. Depreciation of qualified improvement property (see instructions)

11. Film, television, and live theatrical production expenses (see instructions)

13. Total Lines 1 through 12. Enter total on this line and on Page 1, Line 5,

10.

11, 12,

169.00



NAME THE FLORIDA TRAIL ASSOCIATION, INC. FEIN 23-7079720 TAXABLE YEAR ENDING 06/30/23

	Schiedule III - Apportionment of Adjusted Federal Income						
				nuranaa ar trananartatioa s	endee		
III-A	I-A For use by taxpayers doing business outside Florida, except those providing insurance or transportation services. (a) (b) (c) (d) (e)						
		WITHIN FLORIDA	TOTAL EVERYWHERE	(c) Col. (a) ÷ Col. (b) Rounded to Six Decimal	Weight If any factor in Column (b) is zero,	Weighted Factors Rounded to Six Decimal	
<u> </u>		(Numerator)	(Denominator)	Places	see note on Pg 9 of the instructions	Places Places	
1,	Property (Schedule III-B below)				X 25% or		
2,	Payroll				X 25% or	+	
3.	Sales (Schedule III-C below)		<u></u>		Х 50% ог	1 00000	
-	Apportionment fraction (Sum of L		E			1.000000	
	For use in computing avera	age value of property		I FLORIDA		/ERYWHERE	
luse	original cost).		a. Beginning of year	b, End of year	c. Beginning of year	d, End of year	
1.	Inventories of raw material, work	in process, finished goods					
2.	Buildings and other depreciable a	assets					
3.	Land owned				<u> </u>	···	
4.	Other tangible and intangible (financial o	rg. only) assets (attach schedule)					
5.	Total (Lines 1 through 4)		<u>L</u>				
6.	Average value of property						
	a. Add Line 5, Columns (a) and	(b) and divide by 2 (for within Ffo	orida) 6a				
	b. Add Line 5, Columns (c) and	(d) and divide by 2 (for total ever	ywhere)		6b	***************************************	
7.	Rented property (8 times net ann	ual rent)					
	a. Rented property in Florida		7a				
	b. Rented property Everywhere				7b		
8.	Total (Lines 6 and 7). Enter on Lin	ne 1, Schedule III-A, Columns (a)	and (b).				
	a. Enter Lines 6 a, plus 7 a, and	falso enter on Schedule III-A, Lin	ne 1,				
	Column (a) for total average p	property in Florida	8a				
ļ	b. Enter Lines 6 b. plus 7 b. and	d also enter on Schedule III-A, Lir	ne 1,				
	Column (b) for total average p	property Everywhere			8b		
<u></u>					30	Ib.	
III-C	Sales Factor				(a) TOTAL WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	
1.	1. Sales (gross receipts) N/A						
2.	2. Sales delivered or shipped to Ftorida purchasers					N/A	
3.							
-	4. TOTAL SALES (Enter on Schedule III-A, Line 3, Columns [a] and [b])						
						(c) FLORIDA Fraction ([a] ÷ [b])	
III-D	Special Apportionment Fra	ections (see instructions)	(a) WITHIN FLORIDA (b) TOTAL EVERYWHERE	Rounded to Six Decimal Places	
1.	Insurance companies (attach cop	by of Schedule T - Annual Report)				
	Transportation services						

	nedule IV - Computation of Florida Portion of Adjusted Federa	l Income
1.	Apportionable adjusted federal income from Page 1, Line 6	1.
2,	Florida apportionment fraction (Schedule III-A, Line 4)	
3.	Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3.
4.	Net operating loss carryover apportioned to Florida (attach schedule; see instructions)	4.
5.	Net capital loss carryover apportioned to Florida (attach schedule; see instructions)	5.
6.	Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)	6.
7.	Employee benefit plan contribution carryover apportioned to Florida (atlach schedule; see instructions)	7.
8.	Total carryovers apportioned to Florida (add Lines 4 through 7)	8.
9,	Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)	9.





NAME THE FLORIDA TRAIL ASSOCIATION, INC. FEIN 23-7079720 TAXABLE YEAR ENDING 06/30/23

Projectule V - Credits Against the Corporate Income/Franchise Tax	
 Florida health maintenance organization consumer assistance assessment credit (attach assessment notice) 	1.
2. Capital investment tax credit (attach certification letter)	2.
Enterprise zone jobs credit (from Florida Form F-1156Z attached)	3.
4. Community contribution tax credit (attach certification letter)	4.
Enterprise zone property tax credit (from Florida Form F-1158Z attached)	5.
6. Rural job tax credit (attach certification letter)	6,
7. Urban high-crime area job tax credit (attach certification letter)	7.
8. Hazardous waste facility tax credit	8.
9. Florida alternative minimum tax (AMT) credit	9.
10. Contaminated site rehabilitation tax credit (voluntary cleanup tax credit) (attach tax credit certificate)	10.
11. State housing tax credit (attach certification letter)	11.
12. Florida tax credit scholarship program credit (credit for contributions to nonprofit scholarship-funding organizations) (attach certificate)	12.
13. New worlds reading initiative credit (attach certificate)	13.
14. Strong families tax credit (credit for contributions to eligible charitable organizations) (attach certificate)	14.
15. New markets tax credit	15.
16. Entertainment industry tax credit	16.
17. Research and development tax credit	17.
18. Energy economic zone tax credit	18.
19. Internship tax credit	19.
20. Other credits (attach schedule)	20.
21. Total credits against the tax (sum of Lines 1 through 20 not to exceed the amount on Page 1, Line 11).	
Enter total credits on Page 1, Line 12	21.

A CONTRACTOR	edule H - Nonbusiness Income		
Line 1.	Nonbusiness income (loss) allocated to Flor	ida	<u>Amount</u>
	Total allocated to Florida	1	1.
Line 2.	Nonbusiness income (loss) allocated elsewing	here State/country allocated to	_Amount_
	Total allocated elsewhere		2.
Line 3.	Total nonbusiness income Grand total, Total of Lines 1 and 2(Enter here and on Schedule II, Line 7)	з	3





NAMI	THE F	LORIDA	TRAIL	ASSOCIATION,	INC.	FEIN 23-7079720) taxabli	e year endi	ING <u>06/30/</u>	23
			F			Worksheet n or After January 1,				
1.	Florida inc	ome expect	ed in taxable	year			1.	\$		
2.	Florida exe	emption \$50	,000 (Memb	ers of a controlled group,	see instructio	ns on Page 14 of				
							2.	\$		
3.	Estimated	Florida net i	ncome (Line	1 less Line 2)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3.	\$		
4.						\$				
	Less: Cred	fits against t	he tax			\$	4.	\$		
5.	Computati	ion of install	ments:							
		due dates an		If 6/30 year end, last	day of 4th mo	nth,				
	payment a	imounts:		otherwise last day of	5th month - E	nter 0.25 of Line 4	5a.			
				Last day of 6th month	h - Enter 0.25	of Line 4	5b.			
				Last day of 9th month	h - Enter 0.25	of Line 4	5c.	**************************************		
				Last day of fiscal year	r - Enter 0.25 o	of Line 4	5d.			····
	NOTE: If below to	your estima determine t	ited tax sho the amended	uld change during the yea d amounts to be entered o	ır, you may us on the declara	e the amended computation tion (Florida Form F-1120ES)				
1.	Amended	estimated ta	ıx		*****	,	1.	\$		
	Less:									
				last year elected for credit						
	to esti	mated tax a	nd applied to	o date	2a	\$				
	(b) Payme	nts made on e	stimated tax	declaration (Florida Form F	-1120ES) 2b	\$				
	(c) Total of	of Lines 2(a)	and 2(b)				2c.	\$		
3.						***************************************		\$		
4.	Amount to	be paid (Lir	ne 3 divided	by number of remaining in	nstallments)	••••	4.	\$		

References

The following documents were mentioned in this form and are incorporated by reference in the rules indicated below. The forms are available online at floridarevenue.com/forms. Underpayment of Estimated Tax on Florida Rule 12C-1.051, F.A.C. Form F-2220 Corporate Income/Franchise Tax Form F-7004 Florida Tentative Income/Franchise Tax Return Rule 12C-1.051, F.A.C. and Application for Extension of Time to File Return Florida Enterprise Zone Jobs Credit Certificate of Rule 12C-1.051, F.A.C. Form F-1156Z Eligibility for Corporate Income Tax Rule 12C-1.051, F.A.C. Form F-1158Z Enterprise Zone Property Tax Credit

Instructions for Corporate Income/Franchise Tax Return

Declaration/Installment of Florida Estimated

Income/Franchise Tax

244094 08-24-23

Rule 12C-1.051, F.A.C.

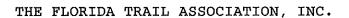
Rule 12C-1.051, F.A.C.

Form F-1120N

Form F-1120ES

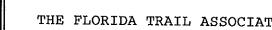
FL F-	1120	NET OP	ERATING LOSS CAR	RYOVERS	STATEMENT 1
YEAR	APPORTION FACTOR	CURRENT YR NOL/ SECTION 382 LIMIT	NET OPERATING LOSS CARRYOVER	LOSS PREVIOUSLY DEDUCTED	NET LOSS REMAINING
2014 2017	08 08	0.	473. 96.	0.	473.00 96.00
TOTAL	NET OPERAT	TING LOSS CARRYO	VER AVAILABLE		569.00

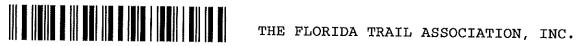
FL F-1120	FEDERAL CARRYOVER DEDUCTIONS	STATEMENT 2
CARRYOVERS DEDUCTED 1	IN FEDERAL TAXABLE INCOME	AMOUNT
NET OPERATING LOSS NET CAPITAL LOSS EXCESS CHARITABLE CON EXCESS EMPLOYEE BENER		169.00





	FEIN 23-7079720			
		DATA Page 1 of 2		
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