

Florida Department of Environmental Protection CITIZEN SUPPORT ORGANIZATION 2024 LEGISLATIVE REPORT

(pursuant to Section 20.058 Florida Statutes)

Citizen Support Organization (CSO) Name:
2800 S. Adams St, #8969, Tallahassee, FL 32014 Mailing Address:
Telephone Number:
Website Address (required if applicable): AquaticPreserveSociety.org
Check to confirm your Code of Ethics is posted conspicuously on your website.
Statutory Authority: Section 20.2551, F.S., Citizen support organizations; use of property; audit; public records; partnerships. In summary, the statute specifies the organizational requirements, operational parameters, duties of a CSO to support the Department of Environmental Protection (Department), or individual units of the Department, use of Department property, audit requirements, public records requirements, and authorizes public-private partnerships to enhance lands managed by the Department.
Section 20.058, F.S., Citizen support and direct-support organizations. In summary, the statute specifies the organizational requirements to submit an annual report each year for each designated CSO and to post that information on the Departments website.
YOUR MISSION AND LAST CALENDAR YEAR'S PROGRAM ACCOMPLISHMENTS:
CSO's Mission: (Consistent with your Articles and Bylaws)
The Aquatic Preserve Society (APS) is a non-profit organization advancing Florida's Aquatic Preserves managed by the Office of Resiliency and Coastal Protection. Our mission is to protect, conserve and restore these unique natural Florida resources through public awareness and support.
Describe Last Calendar Year's Results Obtained: <u>Brag!</u> (List or discuss the past calendar year's accomplishments and contributions. Cite specific support from last calendar year's Annual Program Plan.)
Please see attached
Describe the CSO's Plans for the Next Three Calendar Years:
The Society will continue to support the Aquatic Preserve Program through education and outreach and assist with public interest funding management as requested. The Society will continue to advertise the Aquatic Preserve Program through the Living Waters exhibit.

CSO's LAST CALENDAR YEAR STATISTICS:
Total Number of CSO General Membership: 9
Total Number of Board of Directors: 5
Total Volunteer Hours for the Board of Directors:
Total Volunteer Flours for the Source of Sheeters.
ORCP & CSO RELATIONSHIP:
Do not duplicate by describing accomplishments and contributions in the summary. Brag in the above Results Obtained.
Below, describe the <u>relationship</u> .
AP Manager's Comments on the CSO & ORCP Relationship and Support:
Provide your perspective on
 Changing developments of the managed area provided by the CSO. Effectiveness of the organization in fulfilling their purpose to support the managed area(s).
• Effectiveness of the Board of Directors in completing their Annual Program Plan.
•The relationship between the ORCP team and CSO. What went well? Are there areas of improvement?
ORCP and APS continue to work well together to support the distribution of special interest funding in support of
the statewide AP system. ASP's support of the Living Waters Display is a key component of the education effort across teh state.
In the comming years, ORCP and APS will work together to stregthen the APS board membership and to provide a clear, statewide mission focused on the development of a strong network of Citizen Support Organizations established to suppor the AP program needs.
supportine Ar program needs.
CSO President's Comments on the CSO & ORCP Relationship and Support:
Provide your perspective on the relationship between the ORCP and CSO. What went well? Are there
areas of improvement?
he Society and the ORCP work well together to accomplish mutual goals. ORCP has assigned a liaison to participate in all Society neetings. The liaison reports on activities within ORCP of interest to the Society and takes questions and suggestions to management for onsideration. Aquatic Preserve Managers participate when Society activities may affect their specific site. The relationship is mutually
eneficial and collegial. The Society welcomes ideas or needs from the Aquatic Preserves and would try to assist however requested.

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

Services are costs related to providing your organizations' programs or services in accordance with your mission. Describe and provide expenses that <u>directly support the AP(s)</u>. For established nonprofit organizations, program service expenses generally represent most of the overall expenses of the organization. For the last calendar year provide the total \$ for each that apply. **Do not use commas.**

- Building improvement, construction, or renovations \$
- Cultural resources (e.g., historic structure restoration/ renovation) \$
 - Natural resources (e.g., native plants, natural lands restoration) \$ 5004
- Maintenance equipment (e.g., mowers, chippers, blowers, chainsaws) \$
 - Other facilities and landscape maintenance \$
 - Vehicles (e.g., trucks/cars, UTVs, golf carts, accessible devices, etc.) \$
- Amenities (e.g., water fountains, benches, picnic tables, recreational equipment, kiosks etc.) \$842
- ORCP employees or volunteers support (e.g., interns, training, uniforms, awards, or recognition) \$
 - Big ticket visitor center exhibits or interpretation updates
 - Preserve exhibits, displays, signage \$ 2353
 - Preserve publications, brochures, maps, etc. \$ 269
 - Programing/interpretation support material purchases \$
 - Other program services \$ 10059
 - **Total Program Service Expenses \$ 18527**

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

- Preserve gift shops, craft stores, and concession sales \$ 0
- Merchandise sales (e.g., plants, firewood, ice, t-shirts, hats, etc.) \$ 0
- Programs and Special Events (e.g., fundraising workshops, seasonal events, concerts, etc.) \$ 0
 - Vending (e.g., drink machines, penny press, laundry, Wifi, etc.) \$ 0
 - Rentals (e.g., bikes, canoe, kayak, SUPs, etc.) \$ 0
 - In-preserve donation boxes \$ 0
 - Other visitor services revenue \$ 0
 - **Total Visitor Services Revenue** \$ 0

NET ASSETS: \$ 110114

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

CSO AUDIT THRESHOLD:

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

19085

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

CONFIRM ATTACHMENTS:

Code of Ethics

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

2024 CSO Legislative Report Acknowledgment

This information is complete to the best of my knowledge pursuant to Section 20.058 Florida Statutes

Date: 06/11/2024

Aquatic Preserve Society 2023 Annual Report

Business

The Aquatic Preserve Society (APS) held nine meetings in 2023. The meetings were held by teleconference as in past years.

President Kevin Claridge, Vice President Deborah Shelley, and Treasurer Larry Nall were appointed to their offices for an additional year. There was no nominee for the Secretary position, so Deborah Shelley volunteered to continue handling those duties for an additional year.

Long time board member Dean Barber passed away suddenly in December. Deborah shared some thoughts from his memorial service and others added their memories. The APS Board recognized Deans service and contributions. He will be greatly missed.

Cooperation with the Office of Resilience and Coastal Programs (ORCP)

ORCP staff continues to update the APS on matters that may affect the Aquatic Preserve Program and coastal management in general.

Randy and Earl provided some DEP updates about the Tampa Bay Aquatic Preserve activities and Aquatic Preserve Management Plans.

Earl reported on the Nature Coast Advisory Committee management plan has been approved and updated the Board on the status of management plan development at Lignumvitae Key, St. Joe Bay, Coupon Bight, Biscayne Bay, ANERR, and GTM.

Alex gave an update on legislative session activities and that they were expecting an increase in spending authority to better manage the CZMA award which partially funds Aquatic Preserve salaries and activities.

David reported that a Hurricane Restoration Application was developed within ORCP. \$50 mil is available through the project. The program has given out \$2.2 million already and has another \$2 mil under review for potential funding.

Randy reviewed ongoing projects in Tampa which benefited from APS funding during the year.

The Mote Seagrass Bill has been passed by the Legislature and approved by the Governor. During the year, Kevin summarized the purpose of the bill and provided updates on its status. A partnership between Mote, the AP program and UF will work to improve seagrass resilience statewide.

The Aquatic Preserve Act will be 50 years old in 2025. DEP and APS are exploring ways to recognize the milestone.

Living Waters Exhibit Status

The APS continues to manage the fine art photography exhibit about Florida's Aquatic Preserves, donated by Clyde Butcher. The exhibit is currently in storage.

Non-essential public meetings have yet to rebound from the Covid19 cancellations, which has eliminated demand for the exhibit. Several Inquiries have been made for 2024. Improvements were made in the storage quality for the photographs.

Projects

The APS receives donations and manages them for projects supporting aquatic preserve activities.

During 2023 APS received \$7,240 in donations for new and ongoing projects. At years end, the APS had fourteen projects in progress.

During the year APS expended funds of \$19,085 as follows:

Restoration of Native habitats (\$5,004 - 26%) – Controlled exotic vegetation and replanted native vegetation in multiple coastal locations with the Tampa Bay Estuary.

Provided equipment and supplies (\$13,523 - 71%) – Purchased water quality monitoring equipment, picnic table for visitor use and upgraded educational displays.

Administrative Costs (\$558 - 3%) – Provided postage, post office box, and web site subscription.

AQUATIC PRESERVE SOCIETY, INC. CODE OF ETHICS

PREAMBLE

- (1) It is essential to the proper conduct and operation of (herein "APS") that its board members, officers, and employees be independent and impartial and that their position not be used for private gain. Therefore, the Florida Legislature in Section 112.3251, Florida Statute (Fla. Stat.), requires that the law protect against any conflict of interest and establish standards for the conduct of APS board members, officers, and employees in situations where conflicts may exist.
- (2) It is hereby declared to be the policy of the state that no APS board member, officer, or employee shall have any interest, financial or otherwise, direct or indirect, or incur any obligation of any nature which is in substantial conflict with the proper discharge of his or her duties for the APS. To implement this policy and strengthen the faith and confidence of the people in Citizen Support Organizations, there is enacted a code of ethics setting forth standards of conduct required of APS board members, officers, and employees in the performance of their official duties.

STANDARDS

The following standards of conduct are enumerated in Chapter 112, Fla. Stat., and are required by Section 112.3251, Fla. Stat., to be observed by APS board members, officers, and employees.

1. Prohibition of Solicitation or Acceptance of Gifts

No APS board member, officer, or employee shall solicit or accept anything of value to the recipient, including a gift, loan, reward, promise of future employment, favor, or service, based upon any understanding that the vote, official action, or judgment of the APS board member, officer, or employee would be influenced thereby.

2. Prohibition of Accepting Compensation Given to Influence a Vote

No APS board member, officer, or employee shall accept any compensation, payment, or thing of value when the person knows, or, with reasonable care, should know that it was given to influence a vote or other action in which the APS board member, officer, or employee was expected to participate in his or her official capacity.

3. Salary and Expenses

No APS board member or officer shall be prohibited from voting on a matter affecting his or her salary, expenses, or other compensation as an APS board member or officer, as provided by law.

4. Prohibition of Misuse of Position

An APS board member, officer, or employee shall not corruptly use or attempt to use one's official position or any property or resource which may be within one's trust, or perform official duties, to secure a special privilege, benefit, or exemption.

5. Prohibition of Misuse of Privileged Information

No APS board member, officer, or employee shall disclose or use information not available to members of the general public and gained by reason of one's official position for one's own personal gain or benefit or for the personal gain or benefit of any other person or business entity.

6. Post-Office/Employment Restrictions

A person who has been elected to any APS board or office or who is employed by an APS may not personally represent another person or entity for compensation before the governing body of the APS of which he or she was a board member, officer, or employee for a period of two years after he or she vacates that office or employment position.

7. Prohibition of Employees Holding Office

No person may be, at one time, both an APS employee and an APS board member at the same time.

8. Requirements to Abstain From Voting

An APS board member or officer shall not vote in official capacity upon any measure which would affect his or her special private gain or loss, or which he or she knows would affect the special gain or any principal by whom the board member or officer is retained. When abstaining, the APS board member or officer, prior to the vote being taken, shall make every reasonable effort to disclose the nature of his or her interest as a public record in a memorandum filed with the person responsible for recording the minutes of the meeting, who shall incorporate the memorandum in the minutes. If it is not possible for the APS board member or officer to file a memorandum before the vote, the memorandum must be filed with the person responsible for recording the minutes of the meeting no later than 15 days after the vote.

9. Failure to Observe APS Code of Ethics

Failure of an APS board member, officer, or employee to observe the Code of Ethics may result in the removal of that person from their position. Further, failure of the APS to observe the Code of Ethics may result in the Florida Department of Environmental Protection terminating its Agreement with the APS.

Signature:	_ Print Name _	Kevin	Claridge,	Tresident
Date: 08/21/29			, X	

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form, as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information.

		2023 calendar year, or tax year beginning 01/01/2023 and ending	12/31/20	
				lentification number
=	Address c			7-1765094
	Name cha	,	elephone n	umber
=	nitial retur	2800 S Adams St 5969	85	50-544-0380
=	Amended	■ City or town, state or province, country, and ZIP or foreign postal code	Group Exe	mption
=			Number	
G /	ccount	ting Method: 🗸 Cash 🗌 Accrual Other (specify): H Che	ck 🗌 if the	e organization is not
ΙV	/ebsite			ach Schedule B
			m 990).	
		organization: Corporation Trust Association Other:		
		s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass	ets	
		umn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ		7,240
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the ins	tructions	
		Check if the organization used Schedule O to respond to any question in this Part I.		•
	1	Contributions, gifts, grants, and similar amounts received		7,240
	2	Program service revenue including government fees and contracts	. 2	0
	3	Membership dues and assessments	. 3	0
	4	Investment income	4	0
	- 5а	Gross amount from sale of assets other than inventory 5a		0
	b	Less: cost or other basis and sales expenses	0	
		Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	. 5c	•
	С 6	Gaming and fundraising events:	. 30	0
	_	Gross income from gaming (attach Schedule G if greater than		
ne	а	\$15,000)	0	
Revenue	b	Gross income from fundraising events (not including \$ 0 of contributions		
è		from fundraising events reported on line 1) (attach Schedule G if the		
		sum of such gross income and contributions exceeds \$15,000) 6b	0	
	С	Less: direct expenses from gaming and fundraising events 6c	0	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtractions)	ct	
		line 6c)	. 6d	0
	7a	Gross sales of inventory, less returns and allowances	0	
	b	Less: cost of goods sold	0	
	c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	. 7c	0
	8	Other revenue (describe in Schedule O)		0
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. 9	7,240
	10	Grants and similar amounts paid (list in Schedule O)	. 10	0
	11	Benefits paid to or for members	. 11	0
Ø	12	Salaries, other compensation, and employee benefits		0
Expenses	13	Professional fees and other payments to independent contractors		0
Эeг	14	Occupancy, rent, utilities, and maintenance		0
Ĕ	15	Printing, publications, postage, and shipping		0
_	16	Other expenses (describe in Schedule O)		19,085
	17	Total expenses. Add lines 10 through 16	. 10 . 17	19,085
	18	Excess or (deficit) for the year (subtract line 17 from line 9)	. 18	-11,845
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		-11,843
SS		end-of-year figure reported on prior year's return)		121.050
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)		121,959
Š	20 21			110.114
	4 1	Net assets or fund balances at end of year. Combine lines 18 through 20	. 21	110,114

Form 990-EZ (2023) Page **2**

Pa	· ·	•				
	Check if the organization used Schedule	O to respond to ar				🗸
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			96,959	22	85,114
23	Land and buildings			0	23	0
24	Other assets (describe in Schedule O)		<u> </u>	25,000	24	25,000
25	Total assets			121,959	25	110,114
26	Total liabilities (describe in Schedule O)			0	26	0
27	Net assets or fund balances (line 27 of column	(B) must agree with	line 21)	121,959	27	110,114
Par	Statement of Program Service Accom	plishments (see th	e instructions for P	art III)		
	Check if the organization used Schedule	O to respond to ar	ny question in this I	Part III 🗌	-	Expenses
What	is the organization's primary exempt purpose?	Support of the Florid	la Aquatic Preserve F	Program		uired for section c)(3) and 501(c)(4)
Desc	ribe the organization's program service accomplis	shments for each of	its three largest or	ogram services.	,	nizations; optional for
as m	reasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the			othe	rs.)
28	Restoration of Native Habitats - Controlled exotic ve	getation and replante	d native vegetation in	n multiple		
	coastal locations.					
	(Grants \$ 0) If this amount	includes foreign gra	nts. check here .	<u> </u>	28a	5,004
29	Provide equipment to support field operations in Aqu					3,004
	and an effective second and the Britanian and the second and the s					
	education and public supplies.					
	(Grants \$ 0) If this amount	includes foreign gra	nts. check here		29a	13,523
30	Administrative costs - Postage, post office box, web					10/020
	3-, F	,				
	(Grants \$ 0) If this amount	includes foreign gra	nts. check here .		30a	558
31	Other program services (describe in Schedule O)			<u> </u>		
-		includes foreign gra			31a	0
32						
	Total program service expenses (add lines 28a t	hrough 31a)			32	19,085
32 Par	Total program service expenses (add lines 28a t	hrough 31a) Employees (list each	one even if not comp	ensated—see the ir	32 nstruc	19,085
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Kevi Pres Debo Vice Larry Trea Marce Boar	Total program service expenses (add lines 28a to 10 List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title In Claridge ident orah Shelley President (a) Nall surer In Virgilio (b) Member (c) Cain	hrough 31a) Employees (list each O to respond to ar (b) Average hours per week devoted to position 5.00 5.00 1.00	one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) 0 0	pensated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstruc 0 0 0 0	tions for Part IV) Estimated amount of ther compensation 0 0
Kevi Pres Debo Vice Larry Trea Marce Boar	Total program service expenses (add lines 28a to 10 List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title In Claridge ident orah Shelley President (a) Nall surer In Virgilio (b) Member (c) Cain	hrough 31a) Employees (list each O to respond to ar (b) Average hours per week devoted to position 5.00 5.00 1.00	one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) 0 0	pensated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstruc 0 0 0 0	tions for Part IV) Estimated amount of ther compensation 0 0
Kevi Pres Debo Vice Larry Trea Marce Boar	Total program service expenses (add lines 28a to 10 List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title In Claridge ident orah Shelley President (a) Nall surer In Virgilio (b) Member (c) Cain	hrough 31a) Employees (list each O to respond to ar (b) Average hours per week devoted to position 5.00 5.00 1.00	one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) 0 0	pensated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstruc 0 0 0 0	tions for Part IV) Estimated amount of ther compensation 0 0
Kevi Pres Debo Vice Larry Trea Marce Boar	Total program service expenses (add lines 28a to 10 List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title In Claridge ident orah Shelley President (a) Nall surer In Virgilio (b) Member (c) Cain	hrough 31a) Employees (list each O to respond to ar (b) Average hours per week devoted to position 5.00 5.00 1.00	one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) 0 0	pensated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstruc 0 0 0 0	tions for Part IV) Estimated amount of ther compensation 0 0
Kevi Pres Debo Vice Larry Trea Marce Boar	Total program service expenses (add lines 28a to 10 List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title In Claridge ident orah Shelley President (a) Nall surer In Virgilio (b) Member (c) Cain	hrough 31a) Employees (list each O to respond to ar (b) Average hours per week devoted to position 5.00 5.00 1.00	one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) 0 0	pensated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstruc 0 0 0 0	tions for Part IV) Estimated amount of ther compensation 0 0
Kevi Pres Debo Vice Larry Trea Marce Boar	Total program service expenses (add lines 28a to 10 List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title In Claridge ident orah Shelley President (a) Nall surer In Virgilio (b) Member (c) Cain	hrough 31a) Employees (list each O to respond to ar (b) Average hours per week devoted to position 5.00 5.00 1.00	one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) 0 0	pensated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstruc 0 0 0 0	tions for Part IV) Estimated amount of ther compensation 0 0
Kevi Pres Debo Vice Larry Trea Marce Boar	Total program service expenses (add lines 28a to 10 List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title In Claridge ident orah Shelley President (a) Nall surer In Virgilio (b) Member (c) Cain	hrough 31a) Employees (list each O to respond to ar (b) Average hours per week devoted to position 5.00 5.00 1.00	one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) 0 0	pensated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstruc 0 0 0 0	tions for Part IV) Estimated amount of ther compensation 0 0
Kevi Pres Debo Vice Larry Trea Marce Boar	Total program service expenses (add lines 28a to 10 List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title In Claridge ident orah Shelley President (a) Nall surer In Virgilio (b) Member (c) Cain	hrough 31a) Employees (list each O to respond to ar (b) Average hours per week devoted to position 5.00 5.00 1.00	one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) 0 0	pensated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstruc 0 0 0 0	tions for Part IV) Estimated amount of ther compensation 0 0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V No Yes 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the 34 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a If "Yes," complete Schedule L. Part II, and enter the total amount involved 39 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 39a Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911: 0: section 4912: **0**: section 4955: Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b ✓ Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 0 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 0 All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter List the states with which a copy of this return is filed: 41 42a The organization's books are in care of: Larry Telephone no. 850-544-0380 630 Oak Park Rd, Sopchoppy, FL 32358 ZIP + 432358 At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? 42c If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here 43 and enter the amount of tax-exempt interest received or accrued during the tax year 43 Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 44a Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44b 44c If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d **45a** Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a 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," Form 990 and Schedule R may need to be completed instead of 45b

Page 3

Form 990	-EZ (2023)						F	age 4
					_		Yes	No
46 I	Did the organization engage, directly or i	ndirectly, in political c	ampaign activities o	on beha l f of or	in opposit	ion		
1	to candidates for public office? If "Yes,"	complete Schedule C	, Part I			. 46		✓
Part V								
	All section 501(c)(3) organization	ns must answer que	stions 47–49b and	d 52, and co	mplete the	e tables f	or lin	es
	50 and 51.							
	Check if the organization used Sc	hedule O to respond	I to any question in	this Part VI				. 🗆
		•	• •				Yes	No
47 I	Did the organization engage in lobbying	activities or have a	section 501(h) elect	ion in effect o	during the	tax		
	year? If "Yes," complete Schedule C, Pai					. 47		1
48 I	ls the organization a school as described i	n section 170(b)(1)(A)(i	i)? If "Yes." complete	e Schedule F		. 48		1
	Did the organization make any transfers t		·					'
	If "Yes," was the related organization a s		_			. 49b		- *-
	Complete this table for the organization's						s an	ıd kev
	employees) who each received more that							
		1	(c) Reportable	(d) Health		-, -, -, -, -, -, -, -, -, -, -, -, -, -		
	(a) Name and title of each employee	(b) Average hours per week	compensation	contributions	to employee	(e) Estimate	d amo	unt of
	(a) Hamb and the or each employee	devoted to position	(Forms W-2/1099-MIS(I	other com	pensat	tion
			1099-NEC)	compen	sation			
None		-						
		_						
		-						
f	Total number of other employees paid ov	ver \$100,000	· · <u> </u>					
51 (Complete this table for the organization	's five highest compe	ensated independer	nt contractors	who each	received	more	than
	\$100,000 of compensation from the orga	nization. If there is no	ne, enter "None."					
	(a) Name and business address of each indepen-	dent contractor	(b) Type of se	ervice	(c)	Compensati	on	
	(4)		(4) 1) 10 10 10 10 10 10 10		(-)			
None								
]					
]					
d	Total number of other independent contr	actors each receiving	over \$100,000 .					
52 I	Did the organization complete Sched	ule A? Note: All se	ection 501(c)(3) ord	anizations m	ust attach	n a		
	completed Schedule A						П	No
Under ner	nalties of perjury, I declare that I have examined this	return_including_accompan	ving schedules and state	ments and to the	hest of my kr	nowledge and	 belief	it is
	ect, and complete. Declaration of preparer (other tha					iowioago ano	DOIIOI,	11.10
Sign	Signature of officer	Signature of officer						
Here	Larry Nall, Treasurer			Date				
-	Type or print name and title							
<u></u>	Print/Type preparer's name	Preparer's signature		Date	T _a , , ¬	., PTIN		
Paid	7				Check L	if		
Prepa	l			F:	's EIN	,		
Use O	Only Firm's name Firm's address				ne no.			
May the	e IRS discuss this return with the prepare	r shown above? See	instructions			. 🗌 Yes		No

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Employer identification number Name of the organization **AQUATIC PRESERVE SOCIETY INC** 47-1765094 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) ☐ An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12a, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I. Type III. Type III. functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (iii) Type of organization (i) Name of supported organization (ii) EIN (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

Schedule A (Form 990) 2023 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 **(e)** 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . Tax revenues levied for the 2 organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 . . . 4 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 Section B. Total Support Calendar year (or fiscal year beginning in) **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total (a) 2019 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business 9 activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) % 14 Public support percentage from 2022 Schedule A, Part II, line 14 15 % 331/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test-2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

Schedule A (Form 990) 2023 Page **3**

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

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

Secti	on A. Public Support			· · ·	•	,	_
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	85,365	62,140	128,824	52,649	7,240	336,218
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	85,365	62,140	128,824	52,649	7,240	336,218
7a	Amounts included on lines 1, 2, and 3	55/555	52/115	,	52,515	1,210	
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						336,218
	on B. Total Support		ı	ı	ı		
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	85,365	62,140	128,824	52,649	7,240	336,218
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether						
40	or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	85,365	62,140	128,824	52,649	7,240	336,218
14	First 5 years. If the Form 990 is for the organization, check this box and stop he	organization's	first, second,	, third, fourth,		ar as a section	n 501(c)(3)
Secti	on C. Computation of Public Suppor			<u> </u>			· · · <u></u>
15	Public support percentage for 2023 (line 8			3 column (f))		15	100 %
16	Public support percentage from 2022 Sch					16	100 %
	on D. Computation of Investment In			<u> </u>		1 1	
17	Investment income percentage for 2023 (y line 13, colu	mn (f))	17	0 %
18	Investment income percentage from 2022			•		18	0 %
19a	331/3% support tests—2023. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2022. If the organiz	ation did not ch	neck a box on I	line 14 or line 1	9a, and line 16	is more than 3	
	line 18 is not more than 331/3%, check this I	oox and stop h e	ere . The organi	zation qualifies	as a publicly su	upported organ	zation .
20	Private foundation. If the organization di	d not check a b	oox on line 14,	19a, or 19b, c	heck this box	and see instruc	ctions . \square

Schedule A (Form 990) 2023 Page 4

Part IV **Supporting Organizations**

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

Section A	All	Supporting	Organizations
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Jecu	on A. All Supporting Organizations	-	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	163	INO
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	as any supported organization not organized in the United States ("foreign supported organization")? If 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.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	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	5c		
7	benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	6		
•	(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).	7		
8	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).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more 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 .	9b		
С	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 .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

10b

Schedule A (Form 990) 2023 Page 5 Supporting Organizations (continued) Part IV Yes No Has the organization accepted a gift or contribution from any of the following persons? a 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 **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations 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 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section 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 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 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 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete **line 2** below. The organization is the parent of each of its supported organizations. *Complete line 3 below.* The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). Activities Test. Answer lines 2a and 2b below. Yes No 2 Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a 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 these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Schedule A (Form 990) 2023 Page **6**

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	nan	izations	raye C
1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying			ain in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ			
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		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	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-function (see instructions).	ally	Integrated Type III suppo	rting organization

Schedule A (Form 990) 2023 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions, Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2023 from Section C, line 6 9 9 Line 8 amount divided by line 9 amount 10 10 (ii) (iii) **Underdistributions** Section E—Distribution Allocations (see instructions) **Distributable Excess Distributions** Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required -explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 a From 2018 b From 2019 **c** From 2020 **d** From 2021 **e** From 2022 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2023 distributable amount Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from Section D, line 7: Applied to underdistributions of prior years Applied to 2023 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j and 4c. Breakdown of line 7: Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . . Excess from 2023 . . .

Schedule A (Form 990) 2023 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

AQUATIC PRESERVE SOCIETY INC	47-1765094
Form 990-EZ, Part I, Line 16 - Equipment, restoration supplies, internet services, furniture and shipping	
Form 990-EZ, Part II, Line 24 - Black and White Fine Art photo exhibit depicting Aquatic Preserves	