

# Florida Department of Environmental Protection CITIZEN SUPPORT ORGANIZATION 2025 LEGISLATIVE REPORT (pursuant to Section 20.058 Florida Statutes)

Citizen Support Organization (CSO) Name: Aquatic Preserve Society, Inc.

Mailing Address: 2671 Crawfordville Hwy, PMB 48 Crawfordville, Florida 32327-2169

Telephone Number: (850)544-0380

Website Address (required if applicable): AquaticPreserveSociety.com

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: 8

Total Number of Board of Directors:

#### Total Volunteer Hours for the Board of Directors: 400

#### **ORCP & CSO RELATIONSHIP:**

(Do not duplicate by describing accomplishments and contributions in the summary. <u>Brag</u> in the above Results Obtained.) Below, describe the relationship.

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#### 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 50th Anniversary of the Aquatic Preseve Act and Living Waters Display is a key component of the education effort across the state.

In the comming years, ORCP and APS will work together to strengthen 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.

#### 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?

The relationship between APS and DEP-ORCP continues to be collaborative and successful. Monthly APS Board Meeting calls give DEP a chance to provide updates and discuss any partnership opportunities – including APS assistance with Public Interest funding and implementing AP requested projects/purchases, display of the Living Waters photos around the State to advertise the AP system, and supporting AP updates/events (such as the AP website updates and 50<sup>th</sup> Anniversary event planning over the past year).

APS has added a few new members over the past year, but additional volunteer support is an area for possible improvement to allow for increased support of the AP's. There could also be better/regular improvements to the APS website to link and support DEP-AP activities/postings.

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

**Services** are costs related to providing your organization's 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.

| Building improvement, construction, or renovations   | \$         |
|--|------------|
| Cultural resources (e.g., historic structure restoration/ renovation)                            | \$         |
| Natural resources (e.g., native plants, natural lands restoration)                               | \$3,711.15 |
| 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.)   | \$         |
| 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   | \$713.98   |
| Preserve publications, brochures, maps, etc.   | \$         |
| Programing/interpretation support material purchases   | \$         |
| Other program services   |            |
| Total Program Service Expenses   |            |

Visitor Services Revenue are revenues and the resources generated from fundraising on preserve property.

| 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, Wi-Fi, 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 |

#### CSO AUDIT THRESHOLD:

#### **CONFIRM ATTACHMENTS:**

# $\boxtimes$ Code of Ethics

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

# 2025 CSO Legislative Report Acknowledgment

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

Signature:

Print name: Kevin Claridge, Aquatic Preserve Society President Date: 05/30/2025

Signature: <u>MW</u> Print name: <u>David Overstreet</u> \_\_\_\_\_, CSO Liaison

Date: 07/11/2025

# Aquatic Preserve Society 2025 Annual Report

# **Business**

The Aquatic Preserve Society (APS) held eight meetings in 2024. 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. Barbara Howell was voted onto the board and elected to the Secretary position. Barbara has cooperated with the Society for many years, and upon her retirement from DEP she is eligible to serve on the board. She is most welcome.

The Board elected to go with a private mail service rather than the USPS due to lower costs and improved service.

# 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.

Aquatic Preserve Representatives of the Northwest Florida, Nature Coast, Tampa Bay, Wekiva River/Middle St. Johns and Lake Jackson gave reports to the Board regarding their Resource management activities. SW Region reported on their ongoing efforts to clean up hurricane debris.

ORCP reported on an upland buffer area to be added to Charlotte Harbor under their management. The St. Joe Corporation is also donating property to the St. Joe Aquatic Preserve.

ORCP reported the that the Apalachicola NERR management plan was approved and the Guana Tolomato Matanzas NERR, Terra Ceia AP and Biscayne Bay plans are close behind.

The Aquatic Preserve Act will be 50 years old in 2025. DEP and APS are exploring ways to recognize the milestone, including updates to the web site and maps, and PR efforts.

The Aquatic Preserve Society joined dozens of organizations to sign the Conservation Funding Priorities Letter to Florida legislators in both houses.

Changes in key staff members at ORCP were discussed.

# **Living Waters Exhibit Status**

The APS continues to manage the fine art photography exhibit about Florida's Aquatic Preserves, donated by Clyde Butcher. The Living Waters display has been popular at the Tampa Historical Museum and at the Wabasso Environmental Learning Center. The display is one effective way to inform the general public about coastal resources in their area.

# Projects

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

During 2024 APS received \$65,117 in donations for new and ongoing projects. At years end, the APS had twenty one projects in progress.

During the year APS expended funds of \$4,589.08 as follows:

Restoration of Native habitats (\$3,711.15 – 80.87%) – Controlled exotic vegetation and replanted native vegetation in multiple coastal locations with the Tampa Bay Estuary and Lake Jackson.

Education (\$713.98 - 15.56%) – Education efforts were mostly related to informing residents of resource management efforts in their vicinity.

Administrative Costs (\$163.95 – 3.57%) – 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

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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, President |
|-----------------------------|------------|-------|---------------------|
| Date: $\frac{O8/21/29}{29}$ |            |       | e.                  |

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Department of the Treasury Internal Revenue Service

# **Short Form**

OMB No. 1545-0047

# **Return of Organization Exempt From Income Tax**

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

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

|  |  |   | ar year, or tax year beginning  | 01/01/2024   | and ending  | 12  | /31/2024  |  |  |  |
|--|--|---|---|--|---|---|---|--|--|--|
| B Cheo   | ck if ap   | oplicable:  | <b>C</b> Name of organization   |  |   | D Empl  | oyer identifica   | tion number  |  |  |
| 🖌 Add  | dress cl   | hange   | AQUATIC PRESERVE SOCIETY INC  | ;  |   |   | 47-176  | 094  |  |  |
|  | me chai  | -   | Number and street (or P.O. box if mail is no  | t delivered to street address)   | Room/suite  | E Telep   | hone number   |  |  |  |
|  | ial retur  |   | 2671 Crawfordville Hwy - PMB 48   |  |   |   | 850-544   | 0380   |  |  |
|  | ended i  | n/terminated  | City or town, state or province, country, an  | d ZIP or foreign postal code   |   | F Grou  | F Group Exemption   |  |  |  |
| =  |  | n pending   | Crawfordville, FL 32327-2169  |  |   | Num   | nber  |  |  |  |
| G Acc  | count  | ing Method:   | ✓ Cash  Accrual Other (spe  | cify):   |   | H Check   | if the organ  | nization is <b>not</b>   |  |  |
|  |  | 0   | ww.aquaticpreservesociety.org/  | · · · · · · · · · · · · · · · · · · ·  |   |   | to attach Sc  |  |  |  |
|  |  |   | eck only one) – 🗹 501(c)(3) 🗌 501(c)  | ( ) (insert no.) 🗌 4947(a)   | (1) or 527  | (Form 9   | 90).  |  |  |  |
|  |  |   | ✓ Corporation □ Trust   | Association Oth  |   |   | ,   |  |  |  |
|  |  | •   | 7b to line 9 to determine gross receipts  |  |   | tal assets  |   |  |  |  |
|  |  |   | 500,000 or more, file Form 990 instead  |  |   |   | · \$  | 65,217   |  |  |
| Par  |  |   | e, Expenses, and Changes in   |  |   |   | Ŧ   |  |  |  |
| i ai   |  |   | the organization used Schedule  |  |   |   |   |  |  |  |
|  | 1  |   | ons, gifts, grants, and similar amou  |  |   |   | 1   | 65,117   |  |  |
|  | 2  |   | ervice revenue including governme   |  |   |   | 2   | 0  |  |  |
|  | 3  |   | ip dues and assessments   |  |   |   | 3   | 100  |  |  |
|  | 4  | Investment  | -   |  |   | •••   | 4   | 0  |  |  |
|  | _  |   | unt from sale of assets other than  |  | 5a  |   |   | 0  |  |  |
|  | 5a   |   |   | ,  | 5a<br>5b  | 0   |   |  |  |  |
|  | b  |   | or other basis and sales expenses<br>ss) from sale of assets other than ir  |  |   | -   | E.  |  |  |  |
|  | с<br>6   | •   | d fundraising events:   | iventory (subtract line 50 iro   | in line baj .   |   | 5c  | 0  |  |  |
|  | а  | Gross inc   | ome from gaming (attach Sche  | dule G if greater than   |   |   |   |  |  |  |
| ne   |  | \$15,000) .   |   |  | 6a  | 0   |   |  |  |  |
| Revenue  | b  | Gross inco  | me from fundraising events (not in  | cluding \$   | 0 of contribu   | tions   |   |  |  |  |
| je l   |  |   | aising events reported on line 1) (   | •  |   |   |   |  |  |  |
| -  |  | sum of suc  | h gross income and contributions  | exceeds \$15,000)  | 6b  | 0   |   |  |  |  |
|  | с  | Less: direc   | t expenses from gaming and fundr  | aising events  | 6c  | 0   |   |  |  |  |
|  | d  |   | e or (loss) from gaming and fund  |  | and 6b and s  | subtract  |   |  |  |  |
|  |  | line 6c) .  |   |  |   |   | 6d  | 0  |  |  |
|  | 7a   | Gross sale  | s of inventory, less returns and allo   | wances   | 7a  | 0   |   |  |  |  |
|  | b  |   | -   | E  | 7b  | 0   |   |  |  |  |
|  | с  |   | it or (loss) from sales of inventory (  |  |   |   | _   |  |  |  |
|  | 8  |   |   |  |   |   | 7c  | 0  |  |  |
| 1  |  |   | nue (describe in Schedule O) .  |  |   |   | 7c<br>8   | <u> </u>   |  |  |
|  | 9  | Total reve  |   |  |   | <u></u>   |   |  |  |  |
|  | 9<br>10  |   | nue (describe in Schedule O)<br><b>nue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c<br>I similar amounts paid (list in Sched   | , and 8  | <br>  | <u></u><br>   | 8   | 0  |  |  |
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| 1<br>1<br>1<br>1<br>1<br>Exbeuses<br>1<br>1<br>1 | 10<br>11<br>12<br>13<br>14<br>15<br>16<br>17             | Grants and<br>Benefits pa<br>Salaries, of<br>Profession<br>Occupancy<br>Printing, pu<br>Other expe<br>Total expe  | <b>nue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7d<br>I similar amounts paid (list in Sched<br>aid to or for members<br>ther compensation, and employee<br>al fees and other payments to inde<br>y, rent, utilities, and maintenance<br>ublications, postage, and shipping<br>enses (describe in Schedule O)<br>enses. Add lines 10 through 16 .  | and 8       .       .       .         dule O)       .       .       .         benefits       .       .       .         pendent contractors       .       .         .       .       .       .         .       .       .       .         .       .       .       .   | .         .         .         .         .         .           .         .         .         .         .         .           .         .         .         .         .         .           .         .         .         .         .         .           .         .         .         .         .         .           .         .         .         .         .         .           .         .         .         .         .         .           .         .         .         .         .         .           .         .         .         .         .         .           .         .         .         .         .         .           .         .         .         .         .         .   | · · · · · · · · · · · · · · · · · · ·   | 8         9           10         11           12         13           13         14           15         16           17         17 | 0<br>65,217<br>0<br>0<br>0<br>0<br>0<br>0<br>4,589<br>4,589                      |  |  |
| 1<br>1<br>1<br>1<br>1<br>Exbeuses<br>1<br>1<br>1 | 10<br>11<br>12<br>13<br>14<br>15<br>16                   | Grants and<br>Benefits pa<br>Salaries, of<br>Profession<br>Occupancy<br>Printing, pu<br>Other expe<br><b>Total expe</b><br>Excess or  | nue. Add lines 1, 2, 3, 4, 5c, 6d, 7d<br>I similar amounts paid (list in Sched<br>aid to or for members<br>ther compensation, and employee<br>al fees and other payments to inder<br>y, rent, utilities, and maintenance<br>ublications, postage, and shipping<br>enses (describe in Schedule O) .<br>enses. Add lines 10 through 16 .<br>(deficit) for the year (subtract line 1                                     | and 8       .       .       .         dule O)       .       .       .         benefits       .       .       .         pendent contractors       .       .         .       .       .       .         .       .       .       .         .       .       .       .         .       .       .       .         .       .       .       .         .       .       .       .         .       .       .       .         .       .       .       .         .       .       .       .         .       .       .       .         .       .       .       .         .       .       .       .         .       .       .       .         .       .       .       .         .       .       .       .         .       .       .       .         .       .       .       .         .       .       .       .         .       .       .       . | .         .         .         .         .           .         .         .         .         .         .           .         .         .         .         .         .         .           .         .         .         .         .         .         .           .         .         .         .         .         .         .           .         .         .         .         .         .         .           .         .         .         .         .         .         .           .         .         .         .         .         .         .           .         .         .         .         .         .         .           .         .         .         .         .         .         .           .         .         .         .         .         .         .         . | .         .         .           .         .         .           .         .         .           .         .         .           .         .         .           .         .         .           .         .         .           .         .         .           .         .         .           .         .         .           .         .         .           .         .         .           .         .         .   | 8         9           10         11           12         13           13         14           15         16                         | 0<br>65,217<br>0<br>0<br>0<br>0<br>0<br>0<br>4,589                               |  |  |
| 1<br>1<br>1<br>1<br>1<br>Exbeuses<br>1<br>1<br>1 | 10<br>11<br>12<br>13<br>14<br>15<br>16<br>17<br>18       | Grants and<br>Benefits pa<br>Salaries, of<br>Profession<br>Occupancy<br>Printing, pu<br>Other expe<br><b>Total expe</b><br>Excess or<br>Net assets                                | <b>nue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7d<br>I similar amounts paid (list in Sched<br>aid to or for members<br>ther compensation, and employee<br>al fees and other payments to inde<br>y, rent, utilities, and maintenance<br>ublications, postage, and shipping<br>enses (describe in Schedule O)<br>enses. Add lines 10 through 16 .  |  |   | <br><br><br><br><br><br><br><br><br><br>  | 8       9       10       11       12       13       14       15       16       17       18  | 0<br>65,217<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>4,589<br>4,589<br>60,628       |  |  |
| 1<br>1<br>1<br>1<br>1<br>Exbeuses<br>1<br>1<br>1 | 10<br>11<br>12<br>13<br>14<br>15<br>16<br>17<br>18<br>19 | Grants and<br>Benefits pa<br>Salaries, of<br>Profession<br>Occupancy<br>Printing, pu<br>Other expe<br><b>Total expe</b><br>Excess or<br>Net assets<br>end-of-yea                  | nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c<br>I similar amounts paid (list in Sched<br>aid to or for members   |  |   | .         .         .           .         .         .           .         .         .           .         .         .           .         .         .           .         .         .           .         .         .           .         .         .           .         .         .           .         .         .           .         .         .           .         .         .           .         .         .           .         .         .           .         .         .   | 8       9       10       11       12       13       14       15       16       17       18       19                                 | 0<br>65,217<br>0<br>0<br>0<br>0<br>0<br>0<br>4,589<br>4,589<br>60,628<br>110,114 |  |  |
| Vet Assets Expenses                              | 10<br>11<br>12<br>13<br>14<br>15<br>16<br>17<br>18       | Grants and<br>Benefits pa<br>Salaries, of<br>Profession<br>Occupancy<br>Printing, pu<br>Other expe<br><b>Total expe</b><br>Excess or of<br>Net assets<br>end-of-yea<br>Other char | nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c<br>I similar amounts paid (list in Sched<br>aid to or for members<br>ther compensation, and employee<br>al fees and other payments to inder<br>y, rent, utilities, and maintenance<br>ublications, postage, and shipping<br>enses (describe in Schedule O) .<br>enses. Add lines 10 through 16 .<br>(deficit) for the year (subtract line 1<br>or fund balances at beginning of |  |   | .         .         .           .         .         .           .         .         .           .         .         .           .         .         .           .         .         .           .         .         .           .         .         .           .         .         .           .         .         .           .         .         .           .         .         .           .         .         .           .         .         .           .         .         .           .         .         .           .         .         .           .         .         . | 8       9       10       11       12       13       14       15       16       17       18  | 0<br>65,217<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>4,589<br>4,589<br>60,628       |  |  |

| 1     | 90-EZ (2024)  |                               |                                       |  |             | Page <b>2</b>                              |
|-------|---|-------------------------------|---------------------------------------|--|-------------|--|
| Par   |   |                               |                                       |  |             |  |
|       | Check if the organization used Schedule               | O to respond to ar            |                                       | Part II                                  | • •         | (B) End of year                            |
| 22    | Cash sovings, and investments                         |                               | -                                     |  | 20          |  |
| 22    | Cash, savings, and investments                        |                               | · · · · · ·  -                        | 85,114                                   | 22          | <u>145,742</u> 0                           |
| 24    | Other assets (describe in Schedule O)                 |                               |                                       | 25,000                                   |             | 25,000                                     |
| 25    | Total assets  |                               | · · · · · · ·                         | 110,114                                  |             | 170,742                                    |
| 26    | Total liabilities     (describe in Schedule O)        |                               |                                       |  | 26          | 0  |
| 27    | Net assets or fund balances (line 27 of column        |                               |                                       | 110,114                                  |             | 170.742                                    |
| Part  | · · · · · · · · · · · · · · · · · · ·                 |                               | ,                                     |  |             |  |
|       | Check if the organization used Schedule               |                               |                                       |  |             | Expenses                                   |
| What  | is the organization's primary exempt purpose?         | Support of the Florid         | da Aquatic Preserve I                 | Program                                  | •           | quired for section<br>(c)(3) and 501(c)(4) |
| Desci | ibe the organization's program service accompli       | shments for each o            | f its three largest p                 | rogram services.                         |             | anizations; optional for                   |
| as m  | easured by expenses. In a clear and concise m         | anner, describe the           |                                       |  | othe        | ers.)                                      |
| perso | ns benefited, and other relevant information for ea   | ch program title.             |                                       |  |             | -  |
| 28    | Restoration of Native Habitats - Controlled exotic ve | getation and replante         | d native vegetation i                 | n multiple                               |             |  |
|       | coastal locations.                                    |                               |                                       |  |             |  |
|       |   |                               |                                       |  |             |  |
|       |   | includes foreign gra          | ints, check here .                    | <u> L</u>                                | <b>28</b> a | 4,425                                      |
| 29    | Administrative costs - Web site                       |                               |                                       |  |             |  |
|       |   |                               |                                       |  |             |  |
|       |   | in all all a fausions and     |                                       |  | 00-         |  |
| 30    | (Grants \$ 0) If this amount                          | includes foreign gra          | Ints, check here .                    | · · · · L                                | <b>29</b> a | 164  |
| 30    |   |                               |                                       |  |             |  |
|       |   |                               |                                       |  |             |  |
| -     | (Grants \$ ) If this amount                           | includes foreign gra          | ints check here                       |  | 30a         |  |
|       | Other program services (describe in Schedule O)       |                               |                                       |  | 000         |  |
|       |   | includes foreign gra          |                                       |  | 31a         | 0  |
|       | Total program service expenses (add lines 28a t       | hrough 31a)                   |                                       | <u>· · · · </u>                          | 32          |  |
| Part  |   |                               |                                       |  | stru        |  |
|       | Check if the organization used Schedule               |                               |                                       |  |             | 🗋  |
|       |   |                               | (c) Reportable                        | (d) Health benefits,                     |             |  |
|       | (a) Name and title                                    | (b) Average<br>hours per week | compensation<br>(Forms W-2/1099-MISC/ | contributions to employe                 |             |  |
|       |   | devoted to position           | 1099-NEC)                             | benefit plans, and deferred compensation |             | other compensation                         |
|       |   |                               | (if not paid, enter -0-)              | deferred compensation                    | '           |  |
| Kevir | I Claridge  | 5.00                          | 0                                     |  | 0           | 0  |
| Presi | dent  |                               |                                       |  |             |  |
| Debo  | rah Shelley   | 5.00                          | 0                                     |  | 0           | 0  |
|       | President   |                               |                                       |  |             |  |
| Larry | Nall  | 5.00                          | 0                                     |  | 0           | 0  |
| Treas |   |                               |                                       |  | -           |  |
|       | Virgilio  | 0.00                          | 0                                     |  | 0           | 0  |
|       | d Member  |                               |                                       |  | _           |  |
| Terry |   | 0.00                          | 0                                     |  | 0           | 0  |
|       | d Member<br>ara Howell                                | 5.00                          | 0                                     |  | 0           | 0  |
|       |   | 5.00                          | U U                                   |  | 0           | U  |
| Secre | idi y   |                               |                                       |  |             |  |
|       |   |                               |                                       |  |             |  |
|       |   |                               |                                       |  |             |  |
|       |   | 1                             |                                       |  |             |  |
|       |   |                               |                                       |  | +           |  |
|       |   | 1                             |                                       |  |             |  |
|       |   |                               |                                       |  | +           |  |
|       |   | 1                             |                                       |  |             |  |
|       |   |                               |                                       |  |             |  |
|       |   |                               |                                       |  |             |  |

| 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.           3         Did the organization engage in any significant activity not previously reported to the [R57 If "Yes," provide a detailed description of each activity in Schedule O.         33         ✓           34         Were any significant Activity in Schedule O.         33         ✓           35         Did the organization schedule O. See instructions and they reflect a drange to the organization's name. Otherwise, explain the change on Schedule O. See instructions in Schedule O. See instructions Schedule O. See instructions in Chind and instructions instructions in Schedule O. See instructions in the see and capital in activity in the year in the viscing of the sea instructions in the see instructions in the sea instructions in Schedule O. See instructions in the sec instructions in the sea instructions inchind and in the segnininitian instructions in the   | Form 99         | 00-EZ (2024)  |     | Р   | age <b>3</b> |
|--|-----------------|---|-----|-----|--------------|
| 3       Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O       33       ✓         4       Were any significant changes made to the organizing on governing documents? If "Yes," attach a conformed toduments if they reflect a change to the organization's name. Otherwise, explain the data geo schedule O. See instructions activities (such as these reported on lines 2, 6a, and 7a, among others?)       44       ✓         35a       Did the organization have unrelated business grass income of \$1.000 or more during the year from business activities (such as these reported on lines 2, 6a, and 7a, among others?)       55b       35b         37a       Enter amount of political expenditures, direct or indirect, as described in the instructions (33(e) notice, reporting, and proxy tax requerements during the year?)       1%, "yes," complete splication in form or make any loans to, any officer. disposition of net assess during the year?]       36       ✓         37a       Enter amount of political expenditures, direct or indirect, as described in the instructions [37a]       0       37b       ✓         38a       Did the organization in Entory varian data ill outstanding at the end of the tax year covered by this redurn?       37b       ✓         39a       Did the organization in Entory varian data ill outstanding at the end of the tax year covered by this redurn?       37b       ✓         40a       Gostion 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax imposed on organiza   | Part            |   |     |     |              |
| 33       Did the organization engage in any significant activity not previous/ reported to the IRS? If "Yes," provide a dataled description of acta activity in Schedule O.       34       Were any significant changes made to the organization group overing documents? If "Yes," attach a conformation copy of the memoded documents if they related a change to the organization in Schedule O. See instructions.       36       37         355       Did the organization accouncements if they related a change to the organization of more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?       36       36         36       V as the organization accounce of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?       36       36         37       Did the organization accounce of \$1,000 or more during the year from business activities (such as those reporting, and proxy tax requirements during the year?)       36       36         38       Did the organization accounce of the dissocitod in the instructions       37       37       38         39       Did the organization borne from, or make any loans to, any officer, director, trustee, or key employse; or were any such foars made in a prior year and still outstanding at the end of the tax year covered by this return?       38       37       38         39       Section 501(c)(37) organizations. Enter amount of tax imposed on the organization during the year or did the angle in an excess benefit transaction in a prior year thathas not bhean reportine from mas80=7       38<  |                 | , 5 1 , 1   |     |     | No           |
| 34       Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed change on Schedule O. See instructions       34       ✓         35a       Dd the organization have unrelated business grass income of \$1.000 or more during the year from business activities (such as these organization is control (10(k)), 050 (10(k)), 05   | 33              |   | 33  |     |              |
| copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions       34       ✓         35a       Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?       35b       35b         b       If "Yes" to line 35a, has the organization tide a form 390-T for the year (II "No," complete Schedule 0, Part II       35c       ✓         36a       J       J       Section 5015(016(01, 5015(016), 5016(016), or 50116(016), or 20116(016), or 2  | 34              |   | 00  |     | •            |
| abrage on Schedule 0. See instructions       34       ✓         35       Did the organization have unrelated business gross income of \$1.000 or more during the year from business       356         b       If "Yes" to line 35a, has the organization filed a Form 390-T for the year? If "No," provide an explanation in Schedu 0       356         b       If "Yes" to line 35a, has the organization filed a Form 390-T for the year? If "Yes," complete Schedule C, Part II       356         c       Vas the organization andergo a liquidation, dissolution, or significant disposition of net assets       366       ✓         37       Enter amount of political expenditures, director, trustee, or key employee: or vere any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?       37b       ✓         38       Gross encelpts, included on line 9, crustee, or key employee: or vere any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?       38b       38a       ✓         39       Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4912:       0; section 4916:       38a       40b       ✓         40b       Section 501(c)(3) organizations. Enter amount of tax imposed on tax were setter and 4916       398       38a       40b       ✓         40c       Section 501(c)(3) organizations. Enter amount of tax impased in an syces benefit transaction in a prior year <th>•.</th> <th></th> <th></th> <th></th> <th></th>   | •.              |   |     |     |              |
| activities (such as those reported on lines 2, 6a, and 7a, among others)?       33a       35b         bit 1° vest line 53a, has the organization file 4 form 990-Tfor the year? If 'No,' provide an explanation in Schedule 0       35b         36       Did the organization ascelion 501(c)(A), 501(c)(B), or 501(c)(B) or 501(c)(B), organization 501(c)(B), organization 501(c)(B), organization 501(c)(B), organizations. Enter:       37a       37b       37b <td< th=""><th></th><th></th><th>34</th><th></th><th><math>\checkmark</math></th></td<>  |                 |   | 34  |     | $\checkmark$ |
| b       If "Yes" to line 35a, has the organization is action 501(c)(4), 501(c)(6) organization subject to section 603(c) notice, reporting, and proxy tax requirements during the yea? If "Yes," complete Schedule C, Part III       35c       ✓         36       Did the organization is cloudation, dissolution, termination, or significant disposition of net assets during the yea? If "Yes," complete Schedule C, Part III       36c       ✓         37a       Enter amount of political expenditures, direct or indirect, as described in the instructions       37a       I       ✓         38a       Did the organization if Form 1120-POL for this year?   | 35a             | Did the organization have unrelated business gross income of \$1,000 or more during the year from business            |     |     |              |
| <ul> <li>was the organization a section 501(c)(4), 601(c)(5), or 501(c)(6) organization subject to section 603(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part II</li></ul>  |                 | activities (such as those reported on lines 2, 6a, and 7a, among others)?   | 35a |     | $\checkmark$ |
| reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.       35c       ✓         36       Did the organization numbers of Schedule N       37a       Image: Schedule N       37a       Image: Schedule N       37b       <  | b               |   | 35b |     |              |
| 36       Did the organization undergo a liquidation, displution, termination, or significant disposition of net assets during the year? if "Yes," complete applicable parts of Schedule N       37a       0         37a       Enter amount of political expenditures, direct or indirect, as described in the instructions       37a       0         37b       ✓       38b       ✓         37c       Jot the organization bornow from, or make any bans to, any officer, director, trustee, or key employee; or were any such loans made in a prory year and still outstanding at the end of the tax year covered by this return?       38b       ✓         38b       Gross recepts, included on line 9, included on line 9, is exition 4955; complete Schedule L, Part I, and enter the total amount involved       39a       0         40a       Section 501(c)(3) organizations. Enter amount of tax imposed on reganization during the year or did i frangage in an excess benefit transaction in a pior year, or did i frangage in an excess benefit transaction in a pior year. To did i frangage in an excess benefit transaction in a pior year. To did i frangage in an excess benefit transaction in a pior year. To did i frangage in an excess benefit transaction in a pior year. To did i frangage in an excess benefit transaction in a pior year. To did i frangage in an excess benefit transaction in a pior year. To did i frangage in an excess benefit transaction. To a signatization brokes are obscieled the excess benefit transaction in a pior year. To did i frangage in an excess benefit transaction in a pior year. To did i frangage in an excess benefit transaction. To a signatization brokes are obscieled transactin in a pior year. To did i frangage in an excess ben   | С               |   |     |     |              |
| during the year? If "Yes," complete applicable parts of Schedule N       37a       0       37a       37a       0         37a       Enter amount of political expenditures, direct or indirect, as described in the instructions       37a       0       37b       7c       37c       37c       0       37c       37c       37c       0       37c       37c       0       37c       37c       0       37c   | 26              |   | 35c |     | ✓            |
| 37a       Enter amount of political expenditures, direct or indirect, as described in the instructions       37a       0         37b       Did the organization binorw from, or make any loans to, any office, 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?       37b       ✓         38b       If Yes, "complete Schedule L, Part II, and enter the total amount involved       38b       38a         39       Section 501(c)(3) organizations. Enter       38a       39b       39a         40a       Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911:       0; section 4955:       0         40a       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization ranges or disqualified persons during the year under: 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       40b         41       List the states with which a copy of this return is filed:       1       1       3236       1         42a       The organization scoks are in care of:       Larry       Telephone no.       1       1         Located at:       300 Apert RR, 82, 90c,90c, 91, 32358       ZIP + 4       32336       1       1         44a       Hary time during the calendar year, d  | 30              |   | 26  |     | 1            |
| b       Did the organization file Form 1120-POL for this year?       37b       ✓         36a       Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such beans made in a prior year and still outstanding at the end of the tax year covered by this return?       37b       ✓         36a       Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such beans made in a prior year and still outstanding at the end of the tax year covered by this return?       38a       ✓         36a       Section 501(c)(7) organizations. Enter       39a       39b       39b       50c         36a       Section 501(c)(3), organizations. Enter amount of tax imposed on the organization engage in any section 4955 excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in any section 4955 excess benefit transaction during the year, or did it engage in any section 4955 excess benefit transaction during the tax year, was the organization a prior year that has not been reported on any of its prior Forms 390 or 990 - E1 #*%sc, "complete Schedule L, Part I       40b       ✓         c       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on no reganization managers or disqualified persons during the year under sections 4912.       0       ✓         c       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on a prohibited tax shelter transa  | 37a             |   | 30  |     | <u>v</u>     |
| <ul> <li>33a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or vere any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?</li> <li>b H'Yes," complete Schedule L, Part II, and enter the total amount involved</li></ul>  | _               |   | 37b |     | $\checkmark$ |
| b       If "Yes," complete Schedule L, Part II, and enter the total amount involved       38b         39       Section 501(c)(7) organizations. Enter:       39a         40a       Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:       99b         40a       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4955:       0         40b       ✓       40b       ✓         40c       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.       0       ✓         40b       ✓       40b       ✓       40b       ✓         41       List the states with which a copy of this return is filed:       0       56.5544.9390.       22358         42c       ✓       42b       ✓       42b       ✓         42a       Min eduring the calendar year, did the organization have an interest in or a signature or other authority over a financial account;       10 reganizations and and the count;       Yes       No         42b       ✓       ✓       42b       ✓       42b       ✓         42a       Yes, "nettor the name of the foreign country:       Section 4947(a)(1) nonexempt charitable furstes filing Form 990-EZ in lieu of Form 1041-Check here  |                 |   |     |     |              |
| <ul> <li>Section 501(c)(7) organizations. Enter:</li> <li>a Initiation fees and capital contributions included on line 9.</li> <li>b Gross receipts, included on line 9, for public use of club facilities .</li> <li>39a</li> <li>Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:</li> <li>section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prory year that has not been reported on any of its prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I</li> <li>c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.</li> <li>d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.</li> <li>e All organizations. At any time during the tax year, was the organization a party to a prohibited tax sherter transaction? If "Yes," complete Form 8886-T</li> <li>Located at: 630 0ak Park Rd, Sochtoppy, FL 32388</li> <li>b At any time during the calendar year, did the organization maintain an office outside the United States?</li> <li>if "Yes," enter the name of the foreign country.</li> <li>Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-scent received or accrued during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.</li> <li>id the organization neceive any payments for indoor tanning services during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.</li> <li>id the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.</li> <li>id the organization neceive any payments for indoor tanning services during the year?</li> <li>if "Yes,"</li></ul> |                 | any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?          | 38a |     | $\checkmark$ |
| a       Initiation fees and capital contributions included on line 9.       33a         b       Gross receipts, included on line 9, for public use of club facilities       39b         40a       Section 501(c)(3) approximations. Enter amount of tax imposed on the organization engage in any section 4958 excess benefit transaction during the year under:       0; 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         c       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization shapes or disqualified persons during the year under sections 4912, 4955, and 4958.       0         d       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization = 0 organization is books are in care of Larry.       0         41       List the states with which a copy of this return is filed:       1       1         42a       The organization's books are in care of the organization have an interest in or a signature or other authority over a financial account in a foreign country:       2       2         44a       At any time during the calendar year, did the organization maintain an office outside the United States?       Yes No         44a       Did the organization maintain any donor advised funds during the tax year?       1       <  | b               | If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b                                       |     |     |              |
| b       Gross receipts, included on line 9, for public use of club facilities       39b         40a       Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:<br>section 4911:       0; section 4955:       0         b       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4956<br>excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prory year<br>that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I       40b       ✓         c       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed<br>on organization managers or disqualified persons during the year under sections 4912,<br>4955, and 4958.       0       ✓         d       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line<br>40c reimbursed by the organization       0         d1       List the states with which a copy of this return is filed:       0       40e       ✓         d2a       The organization's books are in care of:<br>Larry       Telephone no.<br>200       850-544-0380       21P + 4       32358         d2a       The organization a park to a prohibited tax sheller<br>transaction (ming the calendar year, did the organization have an interest in or a signature or other authority over<br>a financial account in a forigon country:<br>See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and<br>Financial Accounts (FBAR).       42c       ✓  | 39              |   |     |     |              |
| <ul> <li>40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911:</li></ul>   |                 |   |     |     |              |
| section 4911:       0; section 4912:       0; section 4955:       0         b       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization angage in any section 4956 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         c       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.       0         d       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.       0         d       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization hwich a copy of this return is filed:       0         420       He organization managers or disqualition that any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account; securities account, or other financial account)?       850-544-0380         421       The organization mame of the foreign country:       Section 494.7(a)(1) noexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the name of the foreign country:       32358         422       I       Section 494.7(a)(1) noexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the name of the foreign country:  |                 |   | -   |     |              |
| b       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 90-EZ? If "Yes," complete Schedule L, Part I         c       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958       0         d)       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization  | <del>4</del> 0a |   |     |     |              |
| <ul> <li>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-E2? If "Yes," complete Schedule L, Part I</li> <li>C Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.</li> <li>G Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization</li></ul>  | b               |   |     |     |              |
| <ul> <li>c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.</li> <li>d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization</li></ul>   |                 | excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year         |     |     |              |
| on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  |                 |   | 40b |     | $\checkmark$ |
| 4955, and 4958.  | С               |   |     |     |              |
| d       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line  |                 | 1055 and 1058   |     |     |              |
| 40c reimbursed by the organization   | Ь               |   |     |     |              |
| <ul> <li>transaction? If "Yes," complete Form 8886-T</li></ul>   |                 | 40c reimburged by the organization  |     |     |              |
| <ul> <li>41 List the states with which a copy of this return is filed:</li> <li>42a The organization's books are in care of: Larry Telephone no. Located at: 630 Oak Park Rd, Sopchoppy, FL 32358</li> <li>b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country. (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</li> <li>c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:</li> <li>43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041–Check here and enter the amount of tax-exempt interest received or accrued during the tax year</li></ul>  | е               |   |     |     |              |
| <ul> <li>42a The organization's books are in care of: Larry Telephone no. Located at: 630 Oak Park Rd, Sopchoppy, FL 32358</li> <li>b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</li> <li>c At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:</li> <li>43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041−Check here</li></ul>  |                 |   | 40e |     | $\checkmark$ |
| Located at:       630 Oak Park Rd, Sopchoppy, FL 32358       ZIP + 4       32358         b       At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       42b       ✓         c       At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:       42c       ✓         43       Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year   |                 |   |     |     |              |
| <ul> <li>b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</li> <li>c At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:</li> <li>43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here</li></ul>   |                 |   |     |     | )            |
| <ul> <li>a financial account in a foreign country (such as a bank account, securities account, or other financial account)? <ul> <li>If "Yes," enter the name of the foreign country:</li> <li>See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</li> <li>c At any time during the calendar year, did the organization maintain an office outside the United States?</li> <li>If "Yes," enter the name of the foreign country:</li> </ul> </li> <li>43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here</li></ul>  | b               | At any time during the calendar year, did the organization have an interest in or a signature or other authority over | 323 |     | No           |
| See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       42 < ✓         c At any time during the calendar year, did the organization maintain an office outside the United States? .       42 < ✓         If "Yes," enter the name of the foreign country:       43         43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here .       43         44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ .       ¥es No         b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ .       44b         c Did the organization receive any payments for indoor tanning services during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ .       44c         d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .       44d         45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?       45a       44d   |                 |   | 42b |     | $\checkmark$ |
| <ul> <li>Financial Accounts (FBAR).</li> <li>At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:</li> <li>43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here</li></ul>   |                 |   |     |     |              |
| <ul> <li>c At any time during the calendar year, did the organization maintain an office outside the United States?<br/>If "Yes," enter the name of the foreign country:</li> <li>43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here</li></ul>   |                 |   |     |     |              |
| <ul> <li>If "Yes," enter the name of the foreign country:</li> <li>43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here</li></ul>  | _               |   | 40  |     | 1            |
| <ul> <li>43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here</li></ul>  | С               |   | 42C |     | ✓            |
| and enter the amount of tax-exempt interest received or accrued during the tax year  | 43              |   |     |     |              |
| <ul> <li>44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ</li> <li>b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ</li> <li>c Did the organization receive any payments for indoor tanning services during the year?</li> <li>d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O</li> <li>44a</li> <li>44b</li> <li>44d</li> <li>45a</li> <li>b Did the organization neceive 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</li> </ul>  |                 |   |     |     |              |
| <ul> <li>completed instead of Form 990-EZ</li> <li>b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ</li> <li>c Did the organization receive any payments for indoor tanning services during the year?</li> <li>d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O</li> <li>44a</li> <li>44b</li> <li>44c</li> <li>44d</li> <li>45a</li> <li>b Did the organization neceive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?</li> <li>b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?</li> <li>b Did the organization field a Form 990 and Schedule R may need to be completed instead of</li> </ul>  |                 |   |     | Yes | No           |
| <ul> <li>b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ</li> <li>c Did the organization receive any payments for indoor tanning services during the year?</li> <li>d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O</li> <li>44d</li> <li>45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</li> <li>b 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</li> </ul>  | 44a             |   | 44a |     | J            |
| c ompleted instead of Form 990-EZ       44b       ✓         c Did the organization receive any payments for indoor tanning services during the year?       44c       ✓         d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       44d       ✓         45a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       45a       ✓         b       Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       45a       ✓   | b               | •   |     |     | •            |
| d       If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       44d         45a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       45a       45a         b       Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       45a       ✓  |                 | completed instead of Form 990-EZ  | 44b |     | $\checkmark$ |
| explanation in Schedule O       44d         45a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       45a         b       Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       45a         v       v  | С               |   | 44c |     | $\checkmark$ |
| <ul> <li>45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</li> <li>b 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</li> </ul>   | d               |   |     |     |              |
| b 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  | 4-              |   |     |     |              |
| meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of   | _               |   | 45a |     | ✓            |
|  | a               |   |     |     |              |
|  |                 |   | 45b |     | $\checkmark$ |

Form **990-EZ** (2024)

|      |   |   |   |   |   | Yes             | Nc           |
|------|---|---|---|---|---|-----------------|--------------|
| 16   | Did the organization engage, directly or in   | ndirectly, in political c   | ampaign activities on   | behalf of or in opposit   | tion  |                 |              |
|      | to candidates for public office? If "Yes," of   | complete Schedule C   | , Part I  |   | · 46  |                 | $\checkmark$ |
| Part | VI Section 501(c)(3) Organization   | s Only  |   |   |   |                 |              |
|      | All section 501(c)(3) organization  | s must answer que   | stions 47-49b and   | 52, and complete th   | e tables f                                  | or line         | es           |
|      | 50 and 51.  |   |   |   |   |                 |              |
|      | Check if the organization used Sc   | hedule O to respond   | to any question in t  | his Part VI   |   |                 |              |
|      | -   | · · · · ·   |   |   |   | Yes             | No           |
| 47   | Did the organization engage in lobbying   | activities or have a  | section 501(h) electio  | n in effect during the  | tax   |                 |              |
|      | year? If "Yes," complete Schedule C, Par  | tll   |   |   | · 47  |                 | $\checkmark$ |
| 48   | Is the organization a school as described i   | n section 170(b)(1)(A)(i  | i)? If "Yes," complete \$   | Schedule E  | . 48  |                 | $\checkmark$ |
| 49a  | Did the organization make any transfers t   |   |   |   |   |                 | $\checkmark$ |
| b    | If "Vee " wee the related ergenization a c  |   |   |   | 401-  |                 |              |
|      | If "Yes," was the related organization a se   | ection 527 organizatio  | on?   |   | . <b>49b</b>                                |                 |              |
|      | Complete this table for the organization's  | 0   |   |   |   | es, an          | d ke         |
|      | <i>,</i> <b>3</b>   | five highest compen   | sated employees (oth  | er than officers, directe   | ors, trustee                                |                 |              |
|      | Complete this table for the organization's  | five highest compen<br>\$100,000 of compen                                      | sated employees (oth<br>nsation from the organ<br>(c) Reportable  | er than officers, direct<br>nization. If there is non<br>(d) Health benefits,   | ors, trustee<br>e, enter "N                 | one."           |              |
| 50   | Complete this table for the organization's  | 5 five highest compen<br>n \$100,000 of comper<br>(b) Average<br>hours per week | sated employees (oth<br>nsation from the organ<br>(c) Reportable<br>compensation                          | er than officers, direct<br>nization. If there is non<br>(d) Health benefits,<br>contributions to employee                                | ors, trustee<br>e, enter "N<br>(e) Estimate | one."<br>d amou | unt o        |
|      | Complete this table for the organization's employees) who each received more than   | five highest compen<br>1 \$100,000 of comper<br>(b) Average                     | sated employees (oth<br>nsation from the organ<br>(c) Reportable  | er than officers, direct<br>nization. If there is non<br>(d) Health benefits,   | ors, trustee<br>e, enter "N                 | one."<br>d amou | unt of       |
|      | Complete this table for the organization's<br>employees) who each received more than<br>(a) Name and title of each employee | 5 five highest compen<br>n \$100,000 of comper<br>(b) Average<br>hours per week | sated employees (oth<br>nsation from the organ<br>(c) Reportable<br>compensation<br>(Forms W-2/1099-MISC/ | er than officers, direct<br>nization. If there is non<br>(d) Health benefits,<br>contributions to employee<br>benefit plans, and deferred | ors, trustee<br>e, enter "N<br>(e) Estimate | one."<br>d amou | unt of       |
| 50   | Complete this table for the organization's<br>employees) who each received more than<br>(a) Name and title of each employee | 5 five highest compen<br>n \$100,000 of comper<br>(b) Average<br>hours per week | sated employees (oth<br>nsation from the organ<br>(c) Reportable<br>compensation<br>(Forms W-2/1099-MISC/ | er than officers, direct<br>nization. If there is non<br>(d) Health benefits,<br>contributions to employee<br>benefit plans, and deferred | ors, trustee<br>e, enter "N<br>(e) Estimate | one."<br>d amou | unt of       |
| 50   | Complete this table for the organization's<br>employees) who each received more than<br>(a) Name and title of each employee | 5 five highest compen<br>n \$100,000 of comper<br>(b) Average<br>hours per week | sated employees (oth<br>nsation from the organ<br>(c) Reportable<br>compensation<br>(Forms W-2/1099-MISC/ | er than officers, direct<br>nization. If there is non<br>(d) Health benefits,<br>contributions to employee<br>benefit plans, and deferred | ors, trustee<br>e, enter "N<br>(e) Estimate | one."<br>d amou | unt of       |
| 50   | Complete this table for the organization's<br>employees) who each received more than<br>(a) Name and title of each employee | 5 five highest compen<br>n \$100,000 of comper<br>(b) Average<br>hours per week | sated employees (oth<br>nsation from the organ<br>(c) Reportable<br>compensation<br>(Forms W-2/1099-MISC/ | er than officers, direct<br>nization. If there is non<br>(d) Health benefits,<br>contributions to employee<br>benefit plans, and deferred | ors, trustee<br>e, enter "N<br>(e) Estimate | one."<br>d amou | unt of       |
| 50   | Complete this table for the organization's<br>employees) who each received more than<br>(a) Name and title of each employee | 5 five highest compen<br>n \$100,000 of comper<br>(b) Average<br>hours per week | sated employees (oth<br>nsation from the organ<br>(c) Reportable<br>compensation<br>(Forms W-2/1099-MISC/ | er than officers, direct<br>nization. If there is non<br>(d) Health benefits,<br>contributions to employee<br>benefit plans, and deferred | ors, trustee<br>e, enter "N<br>(e) Estimate | one."<br>d amou | unt of       |
| 50   | Complete this table for the organization's<br>employees) who each received more than<br>(a) Name and title of each employee | 5 five highest compen<br>n \$100,000 of comper<br>(b) Average<br>hours per week | sated employees (oth<br>nsation from the organ<br>(c) Reportable<br>compensation<br>(Forms W-2/1099-MISC/ | er than officers, direct<br>nization. If there is non<br>(d) Health benefits,<br>contributions to employee<br>benefit plans, and deferred | ors, trustee<br>e, enter "N<br>(e) Estimate | one."<br>d amou | unt o        |

f Total number of other employees paid over \$100,000 . . . . .

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and business address of each independent contractor   | <b>(b)</b> Type of service | (c) Compensation |
|--|----------------------------|------------------|
| None   |                            |                  |
|  |                            |                  |
|  |                            |                  |
|  |                            |                  |
|  |                            |                  |
| d Total number of other independent contractors each receiving | over \$100,000             |                  |

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a

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.

| Sign<br>Here     | Signature of officer     Date       Larry Nall, Treasurer     Date |                               |      |           |                           |       |      |
|------------------|--|-------------------------------|------|-----------|---------------------------|-------|------|
|                  | Type or print name and title                                       |                               |      |           |                           |       |      |
| Paid<br>Preparer | Print/Type preparer's name   | Preparer's signature          | Date |           | Check if if self-employed | PTIN  |      |
| Use Only         | Firm's name  |                               |      | Firm's    | s EIN                     |       |      |
|                  | Firm's address   |                               |      | Phone no. |                           |       |      |
| May the IRS      | discuss this return with the preparer                              | shown above? See instructions |      |           | [                         | ] Yes | 🗌 No |

SCHEDULE A (Form 990)

# **Public Charity Status and Public Support**

OMB No. 1545-0047

**Open to Public** 

tion

| Departm  | nent of | f the | Treasun |
|----------|---------|-------|---------|
| Internal |         |       |         |
| Internal | never   | iue a | ervice  |

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.

|   |               | inspec   |  |
|---|---------------|----------|--|
| r | identificatio | n number |  |

| -        |             |  |
|----------|-------------|--|
| PRESERVE | SOCIETY INC |  |

Employer identification number

| AQUA    | IC PRESERVE SUCIETY INC   | 47-1765094               |  |  |  |
|---------|---|--------------------------|--|--|--|
| Part    | Reason for Public Charity Status. (All organizations must complete this p                                 | part.) See instructions. |  |  |  |
| The org | The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) |                          |  |  |  |
| 1 [     | ] A church, convention of churches, or association of churches described in section 17                    | 0(b)(1)(A)(i).           |  |  |  |
| 2       | A school described in <b>section 170(b)(1)(A)(ii)</b> . (Attach Schedule E (Form 990).)                   |                          |  |  |  |

- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 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:
- 5 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.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 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.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 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:
- 10 ✓ An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% 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 33<sup>1</sup>/<sub>3</sub>% 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.)
- 11 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 12g.
  - a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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.
  - 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.
  - d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) 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.
  - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f  $\;$  Enter the number of supported organizations  $\;$  .  $\;$  .  $\;$  .  $\;$  .
  - **g** Provide the following information about the supported organization(s).

| 8                                  |          | 5 ()  |   |    |   |   |
|------------------------------------|----------|---|---|----|---|---|
| (i) Name of supported organization | (ii) EIN | (iii) Type of organization<br>(described on lines 1–10<br>above (see instructions)) | (iv) Is the organization (<br>listed in your governing<br>document? |    | (v) Amount of monetary<br>support (see<br>instructions) | (vi) Amount of<br>other support (see<br>instructions) |
|                                    |          |   | Yes   | No |   |   |
| (A)                                |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| Total                              |          |   |   |    |   |   |

| Schedu         | le A (Form 990) 2024   |                                    |                                  |                                    |                 |                              | Page <b>2</b>                |
|----------------|--|------------------------------------|----------------------------------|------------------------------------|-----------------|------------------------------|------------------------------|
| Part           | II Support Schedule for Organiza<br>(Complete only if you checked th<br>Part III. If the organization fails to   | ne box on line                     | e 5, 7, or 8 of                  | Part I or if th                    | e organizatio   | n failed to qu               |                              |
| Secti          | on A. Public Support   |                                    |                                  |                                    |                 |                              |                              |
| Calen<br>1     | dar year (or fiscal year beginning in)<br>Gifts, grants, contributions, and<br>membership fees received. (Do not<br>include any "unusual grants.")   | <b>(a)</b> 2020                    | <b>(b)</b> 2021                  | (c) 2022                           | (d) 2023        | (e) 2024                     | <b>(f)</b> Total             |
| 2              | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |                                    |                                  |                                    |                 |                              |                              |
| 3              | The value of services or facilities furnished by a governmental unit to the organization without charge  |                                    |                                  |                                    |                 |                              |                              |
| 4              | Total. Add lines 1 through 3   |                                    |                                  |                                    |                 |                              |                              |
| 5              | The portion of total contributions by<br>each person (other than a<br>governmental unit or publicly<br>supported organization) included on<br>line 1 that exceeds 2% of the amount<br>shown on line 11, column (f)   |                                    |                                  |                                    |                 |                              |                              |
| 6              | Public support. Subtract line 5 from line 4  |                                    |                                  |                                    |                 |                              |                              |
|                | on B. Total Support  | ( ) 0000                           | (1) 000 (                        | () 0000                            | ( 1) 0000       | () 000 (                     | (a =                         |
|                | dar year (or fiscal year beginning in)   | <b>(a)</b> 2020                    | <b>(b)</b> 2021                  | (c) 2022                           | (d) 2023        | (e) 2024                     | (f) Total                    |
| 7<br>8         | Amounts from line 4  |                                    |                                  |                                    |                 |                              |                              |
| 9              | Net income from unrelated business activities, whether or not the business is regularly carried on   |                                    |                                  |                                    |                 |                              |                              |
| 10             | Other income. Do not include gain or<br>loss from the sale of capital assets<br>(Explain in Part VI.)  |                                    |                                  |                                    |                 |                              |                              |
| 11<br>12<br>13 | <b>Total support.</b> Add lines 7 through 10<br>Gross receipts from related activities, etc<br><b>First 5 years.</b> If the Form 990 is for the<br>organization, check this box and <b>stop he</b>   | organization'                      | s first, seconc                  | l, third, fourth,                  | or fifth tax ye | <b>12</b><br>ear as a sectio |                              |
| Secti          | on C. Computation of Public Suppor   | rt Percentag                       | e                                |                                    |                 |                              |                              |
| 14             | Public support percentage for 2024 (line 6   |                                    |                                  |                                    |                 | 14                           | %                            |
| 15<br>16a      | Public support percentage from 2023 Sch<br>33 <sup>1</sup> /3% support test—2024. If the organi-<br>box and stop here. The organization qua  | ization did not<br>lifies as a pub | check the box<br>licly supported | x on line 13, ar<br>l organization | nd line 14 is 3 |                              | · · · 🗆                      |
| b              | <b>33</b> <sup>1</sup> / <sub>3</sub> % <b>support test</b> - <b>2023.</b> If the organi this box and <b>stop here.</b> The organization   |                                    |                                  |                                    |                 |                              |                              |
| 17a            | <b>10%-facts-and-circumstances test—2024.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . |                                    |                                  |                                    |                 |                              |                              |
| b              | <b>10%-facts-and-circumstances test</b> — <b>2</b><br>15 is 10% or more, and if the organizatio<br>in Part VI how the organization meets the<br>organization   | on meets the fa<br>e facts-and-ci  | acts-and-circu                   | mstances test,<br>est. The organi  | , check this bo | ox and <b>stop he</b>        | <b>re</b> . Explain          |
| 18             | Private foundation. If the organization of instructions  | did not check                      | a box on line                    | e 13, 16a, 16b                     |                 |                              | <br>→ x and see<br><u></u> _ |

# 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) 2020        | <b>(b)</b> 2021 | (c) 2022 | (d) 2023 | (e) 2024  | (f) Total        |
| 1     | Gifts, grants, contributions, and membership fees  |                 |                 |          |          |           |                  |
| _     | received. (Do not include any "unusual grants.")   | 62,140          | 128,824         | 52,649   | 7,240    | 65,217    | 316,070          |
| 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<br>furnished by a governmental unit to the<br>organization without charge                              |                 |                 |          |          |           |                  |
| 6     | Total. Add lines 1 through 5   | 62,140          | 128,824         | 52,649   | 7,240    | 65,217    | 316,070          |
| 7a    | Amounts included on lines 1, 2, and 3 received from disqualified persons .   |                 |                 |          |          |           |                  |
| b     | Amounts included on lines 2 and 3  |                 |                 |          |          |           |                  |
|       | received from other than disqualified  |                 |                 |          |          |           |                  |
|       | persons that exceed the greater of \$5,000<br>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.)   |                 |                 |          |          |           | 316,070          |
|       | on B. Total Support  |                 |                 |          |          |           |                  |
|       | idar year (or fiscal year beginning in)  | <b>(a)</b> 2020 | <b>(b)</b> 2021 | (c) 2022 | (d) 2023 | (e) 2024  | <b>(f)</b> Total |
| 9     | Amounts from line 6  | 62,140          | 128,824         | 52,649   | 7,240    | 65,217    | 316,070          |
| 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   |                 |                 |          |          |           |                  |
| c     | Add lines 10a and 10b  |                 |                 |          |          |           |                  |
| 11    | Net income from unrelated business   |                 |                 |          |          |           |                  |
|       | activities not included on line 10b, whether   |                 |                 |          |          |           |                  |
|       | or not the business is regularly carried on  |                 |                 |          |          |           |                  |
| 12    | Other income. Do not include gain or   |                 |                 |          |          |           |                  |
|       | loss from the sale of capital assets (Explain in Part VI.)   |                 |                 |          |          |           |                  |
| 13    | <b>Total support.</b> (Add lines 9, 10c, 11,   |                 |                 |          |          |           |                  |
| 10    | and 12.)   | 62,140          | 128,824         | 52,649   | 7,240    | 65,217    | 316,070          |
| 14    | First 5 years. If the Form 990 is for the  |                 |                 |          |          |           |                  |
|       | organization, check this box and stop he   | •               |                 |          | -        |           |                  |
| Secti | on C. Computation of Public Suppor   |                 |                 |          |          |           |                  |
| 15    | Public support percentage for 2024 (line 8   |                 |                 |          |          | 15        | 100 %            |
| 16    | Public support percentage from 2023 Sch  |                 |                 |          |          | 16        | 100 %            |
|       | on D. Computation of Investment Inc  |                 | -               |          |          |           |                  |
| 17    | Investment income percentage for 2024 (  |                 |                 | -        |          | 17        | 0 %              |
| 18    | Investment income percentage from <b>2023</b>  |                 |                 |          |          | <b>18</b> | <u>0 %</u>       |
| 19a   | $33^{1/3}$ % support tests - 2024. If the organi   |                 |                 |          |          |           |                  |
| b     | 17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box 33 <sup>1</sup> / <sub>3</sub> % support tests – 2023. If the organiz |                 | -               |          |          | -         |                  |
| U     | line 18 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this k  |                 |                 |          |          |           |                  |
| 20    | Private foundation. If the organization di   | -               | -               | •        |          | •         |                  |
|       |  |                 |                 |          |          |           | (Form 990) 2024  |
|       |  |                 |                 |          |          |           | ,                |

#### 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 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? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*
- 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).
- **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

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

# 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.

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.

#### Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).* 

#### Section D. All Type III Supporting Organizations

- Yes No
   Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax 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?
   Wore any of the organization's officere, directore, or trustees either (i) appointed or elected by the supported
- 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).
- **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.*

# Section 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).
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c 🗌 The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- **a** 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.
- b 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.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*
- **a** 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.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

Yes No

1

2

1

2

3

2a

2b

3a

3b

Yes No

Yes No

| Part | V Type III Non-Functionally Integrated 509(a)(3) Supporting Org  | jani                  | izations                  | - Tugo                         |
|------|--|-----------------------|---------------------------|--------------------------------|
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifying  |                       |                           |                                |
| Sect | instructions. All other Type III non-functionally integrated supporting organ<br>ion A—Adjusted Net Income   | lizat                 | (A) Prior Year            | (B) Current Year<br>(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<br>of gross income or for management, conservation, or maintenance of<br>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<br>(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    | <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in <b>Part VI</b></i> ):  |                       |                           |                                |
| 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    | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).  | 6                     |                           |                                |
| 7    | $\square$ Check here if the current year is the organization's first as a non-function:  | <u>ب -</u><br>ماليد i | integrated Type III suppo | rting organization             |

Schedule A (Form 990) 2024

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

Schedule A (Form 990) 2024

|              | le A (Form 990) 2024   | ) Supporting Organi             | actions (continue                     | <u></u> | Page                                      |
|--------------|--|---------------------------------|---------------------------------------|---------|---|
| Part<br>Sect | V Type III Non-Functionally Integrated 509(a)(3<br>ion D-Distributions   | b) Supporting Organi            |                                       |         | Current Year                              |
| 1            | Amounts paid to supported organizations to accomplish  | exempt purposes                 |                                       | 1       |   |
| 2            | Amounts paid to perform activity that directly furthers exe<br>organizations, in excess of income from activity  |                                 | orted                                 | 2       |   |
| 3            | Administrative expenses paid to accomplish exempt purp   | oses of supported orga          | nizations                             | 3       |   |
| 4            | Amounts paid to acquire exempt-use assets  |                                 |                                       | 4       |   |
| 5            | Qualified set-aside amounts (prior IRS approval required-  | –provide details in <b>Part</b> | <b>VI</b> )                           | 5       |   |
| 6            | Other distributions (describe in Part VI). See instructions.   |                                 |                                       | 6       |   |
| 7            | Total annual distributions. Add lines 1 through 6.   |                                 |                                       | 7       |   |
| 8            | Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.   | h the organization is res       | sponsive                              | 8       |   |
| 9            | Distributable amount for 2024 from Section C, line 6   |                                 |                                       | 9       |   |
| 10           | Line 8 amount divided by line 9 amount   |                                 |                                       | 10      |   |
| Sect         | ion E—Distribution Allocations (see instructions)  | (i)<br>Excess Distributions     | (ii)<br>Underdistributior<br>Pre-2024 | าร      | (iii)<br>Distributable<br>Amount for 2024 |
| 1            | Distributable amount for 2024 from Section C, line 6   |                                 |                                       |         |   |
| 2            | Underdistributions, if any, for years prior to 2024 (reasonable cause required— <i>explain in <b>Part VI</b></i> ). See instructions.  |                                 |                                       |         |   |
| 3            | Excess distributions carryover, if any, to 2024  |                                 |                                       |         |   |
| а            | From 2019  |                                 |                                       |         |   |
| b            | From 2020  |                                 |                                       |         |   |
| с            | From 2021  |                                 |                                       |         |   |
| d            | From 2022  |                                 |                                       |         |   |
| е            | From 2023  |                                 |                                       |         |   |
| f            | Total of lines 3a through 3e   |                                 |                                       |         |   |
| g            | Applied to underdistributions of prior years   |                                 |                                       |         |   |
| h            | Applied to 2024 distributable amount   |                                 |                                       |         |   |
| i            | Carryover from 2019 not applied (see instructions)   |                                 |                                       |         |   |
| j            | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.   |                                 |                                       |         |   |
| 4            | Distributions for 2024 from<br>Section D, line 7: \$   |                                 |                                       |         |   |
| а            | Applied to underdistributions of prior years   |                                 |                                       |         |   |
| b            | Applied to 2024 distributable amount   |                                 |                                       |         |   |
| C            | Remainder. Subtract lines 4a and 4b from line 4.   |                                 |                                       |         |   |
| 5            | Remaining underdistributions for years prior to 2024, if<br>any. Subtract lines 3g and 4a from line 2. For result<br>greater than zero, <i>explain in <b>Part VI</b></i> . See instructions. |                                 |                                       |         |   |
| 6            | Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> <b>Part VI</b> . See instructions.                              |                                 |                                       |         |   |
| 7            | <b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.  |                                 |                                       |         |   |
| 8            | Breakdown of line 7:   |                                 |                                       |         |   |
| а            | Excess from 2020   |                                 |                                       |         |   |
| b            | Excess from 2021   |                                 |                                       |         |   |
| С            | Excess from 2022   |                                 |                                       |         |   |
| d            | Excess from 2023   |                                 |                                       |         |   |
| е            | Excess from 2024   |                                 |                                       |         |   |

Schedule A (Form 990) 2024

Part VI 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.)

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| SCHEDULE O<br>(Form 990)   | Supplemental Information to Form 990 or 990-EZ<br>Complete to provide information for responses to specific questions on |   |
|----------------------------|--|---|
| (Rev. December 2024)       | Form 990 or 990-EZ or to provide any additional information.   |   |
| Department of the Treasury | Attach to Form 990 or Form 990-EZ.   |   |
| Internal Revenue Service   | Go to www.irs.gov/Form990 for instructions and the latest information.   |   |
| Name of the organization   |  | E |
|                            |  |   |

#### OMB No. 1545-0047

| Open to   |    |
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| Inspectio | on |

| Name of the organization |     |
|--------------------------|-----|
| AQUATIC PRESERVE SOCIETY | INC |

mployer identification number 17-1765094

| AQUATIC PRESERVE SUCIETY INC   | 47-1703094 |
|--|------------|
| Form 990-EZ, Part I, Line 16 - Plants for wetlands restoration and informational signage                 |            |
| Form 990-EZ, Part II, Line 24 - Black and white fine art photography exhibit depicting Aquatic Preserves |            |
| Torn 330-L2, Partil, Line 24 - Diack and write nite art protography exhibit depicting Aquatic Preserves  |            |
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Cat. No. 51056K

#### Schedule O, Statement 1

Form: Form 990-EZ (2024)

Page: **1** 

#### Reasonable Cause Explanations

EIN: 47-1765094

**Header Section** 

#### Explanation

An extension was requested on form 8868 on May 13, 2025. The extension was approved by the IRS on that same day.