

### Florida Department of Environmental Protection CITIZEN SUPPORT ORGANIZATION 2024 LEGISLATIVE REPORT

(pursuant to Section 20.058 Florida Statutes)

| Citizen Support Organization (CSO) Name:   |
|--|
| Mailing Address:   |
| Telephone Number:  |
| Website Address (required if applicable):  |
| Check to confirm your Code of Ethics is posted conspicuously on your website.  |
| Statutory Authority: Section 20.2551, F.S., Citizen support organizations; use of property; audit; public records; partnerships. In summary, the statute specifies the organizational requirements, operational parameters, duties of a CSO to support the Department of Environmental Protection (Department), or individual units of the Department, use of Department property, audit requirements, public records requirements, and authorizes public-private partnerships to enhance lands managed by the Department. |
| <b>Section 258.015, F.S., Citizen support organizations; use of property; audit</b> . In summary, the statute defines a CSO, requires authorization by the Division of Recreation and Parks, and specifies the use of property. This statute authorizes the Partnerships in Parks (PIP) program for state parks, the program's operational parameters, CSO's operational parameters, and donor recognition.  |
| YOUR MISSION AND LAST CALENDAR YEAR'S PROGRAM ACCOMPLISHMENTS: CSO's Mission: (Consistent with your Articles and Bylaws)   |
| <b>Describe Last Calendar Year's Results Obtained:</b> Brag! (List or discuss the past calendar year's accomplishments and contributions. Cite specific support from last calendar year's Annual Program Plan.)  |
| Describe the CSO's Plans for the Next Three Calendar Years:  |

### CSO's LAST CALENDAR YEAR STATISTICS:

**Total Number of CSO General Membership:** 

**Total Number of Board of Directors:** 

**Total Volunteer Hours for the Board of Directors** (From VSys - Work with your parks' volunteer manager):

### **PARK & CSO RELATIONSHIP:**

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

### Park Manager's Comments on the CSO & Park Relationship and Support:

Provide your perspective on

- Changing developments of the park provided by the CSO.
- Effectiveness of the organization in fulfilling their purpose to support the park(s).
- Effectiveness of the Board of Directors in completing their Annual Program Plan.
- The relationship between the park and CSO. What went well? Are there areas of improvement?

### CSO President's Comments on the CSO & Park Relationship and Support:

Provide your perspective on the relationship between the park and CSO. What went well? Are there areas of improvement?

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

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

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

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

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

### **NET ASSETS: \$**

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

### **CSO AUDIT THRESHOLD:**

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

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

### **CONFIRM ATTACHMENTS:**

#### **Code of Ethics**

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

### 2024 CSO Legislative Report Acknowledgment

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

Signature: Desiree Girty

Print name: Desiree Girty

Print name: Desiree Girty

Print name: Desiree Girty

Friends of Tomoka Basin State Parks

Date: May 22, 2024

Signature: Terri Newmans

Digitally signed by Terri Newmans

Date: 2024.05.28 13:28:31 -04'00'

Print name: Terri Newmans

Date: 05/28/2024

Park Manager

Date: 05/28/2024

# FRIENDS OF TOMOKA BASIN STATE PARKS CODE OF ETHICS

June 14, 2020

### **PREAMBLE**

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

### 1. Prohibition of Solicitation or Acceptance of Gifts

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

### 2. Prohibition of Accepting Compensation Given to Influence a Vote

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

### 3. Salary and Expenses

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

### 4. Prohibition of Misuse of Position

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

### 5. Prohibition of Misuse of Privileged Information

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

### 6. Post-Office/Employment Restrictions

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

### 7. Prohibition of Employees Holding Office

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

### 8. Requirements to Abstain From Voting

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

### 9. Failure to Observe CSO Code of Ethics

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

## Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

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

2023

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

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

| B Once   Experience   Cardenes crimper   Name change   N                                       | Α    | For t  | he 2023 ca                 | alendar year, or tax year beginning , 2023, and er   | nding             |         | ,         |                      |
|--|------|--------|----------------------------|--|-------------------|---------|-----------|----------------------|
| Friends of Tomoka Basin State Parks Inc   Friends Of Tomoka Basin Stat                                       | В    | Check  | if applicable:             | С  |                   | D Em    | ployer ic | lentification number |
| Box 1035   Sunnel river   Case   Sunnel ri                                       |      | Addres | s change                   | Priords of Momeles Design Chats Deales Inc.  |                   | 4       | c 20      | C0000                |
| Part   | Ш    |        | •                          |  |                   |         |           |                      |
| Amended return   Angeleation presenting   Casch   Accrusing Michael:   Casch   Accrusing Michael:   Casch   Accrusing Michael:   Eotbsp.com   Traverempt status (rinks only man) —   Sign(2(3)   Sign(2)   (inset ms.)   494/(3(1) or   27)  | Щ    |        |                            |  |                   |         |           |                      |
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| G Accounting Method:   | =    |        |                            |  |                   |         |           | emption              |
| Website: fotbsp.com   State  | -    |        |                            |  | II Chaol          |         |           |                      |
| Tax-exempt status (check only one)   |      |        |                            |  |                   |         |           |                      |
| K Form of organization:  |      |        | _                          |  | ' '               |         | attacii   | Ochedule B           |
| Le Add lines 5b. 6c, and 7b to line 9 to determine gross receipts, if gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ (column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ (column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ (column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ (column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ (column (B)) are \$500,000 or more, file Form 990-EZ (column (B)) are \$500,000 or more, file Form 990-EZ (column (B)) are \$500,000 or more, file Form 990-EZ (column (B)) are \$500,000 or more, file Form 990-EZ (column (B)) are \$500,000 or more, file Form 990-EZ (column (B)) are \$500,000 or more, file Form 990-EZ (column (B)) are \$500,000 or more, file Form 990-EZ (column (B)) are \$500,000 or more, file Form 990-EZ (column (B)) are \$500,000 or more, file Form 990-EZ (column (B)) are \$500,000 or more, file Form 990-EZ (column (B)) are \$500,000 or more, file Form 990-EZ (column (B)) are \$500,000 or more, file Form 990-EZ (column (B)) are \$500,000 or more, file Form 990-EZ (column (B)) are \$500,000 or more, file Form 990-EZ (column (B)) are \$500,000 or more, file Form 990-EZ (column (B)) and state \$500,000 or more, file Form 990-EZ (column (B)) and state \$500,000 or more, file Form 990-EZ (column (B)) are \$500,000 or more, file Form 990-EZ (column (B)) and state \$500,000 or more, file Form 990-EZ (column (B)) are \$500,000 or more, file Form 990-EZ (column (B)) are \$500,000 or more, file Form 990-EZ (column (B)) are \$500,000 or more, file Form 990-EZ (column (B)) are \$500,000 or more, file Form 990-EZ (column (B)) are \$500,000 or more, file Form 990-EZ (column (B)) are \$500,000 or more, file Form 990-EZ (column (B)) are \$500,000 or more, file Form 990-EZ (column (B)) are \$500,000 or more, file Form 990-EZ (column (B)) are \$500,000 or more, file Form 990-EZ (column (B)) are \$500,000 or more, file Form 990-EZ (column (B)) are \$500,000 |      |        |                            |  |                   |         |           |                      |
| Part I   Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)   Check if the organization used Schedule O to respond to any question in this Part I.  |      |        | •                          |  |                   |         |           |                      |
| Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)  Check if the organization used Schedule O to respond to any question in this Part I.  1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts. 3 Membership dues and assessments. 4 Investment income. 5 Gross amount from sale of assets other than inventory. 5 Gain or (loss) from sale of assets other than inventory. 5 Gain or (loss) from sale of assets other than inventory. 5 Gain or (loss) from sale of assets other than inventory. 5 Gain or (loss) from sale of assets other than inventory. 6 Gaming and fundraising events: 6 Gaming and fundraising events: 9 Gross income from gaming (attach Schedule G if greater than \$15,000) 9 Gross income from gaming (attach Schedule G if the sum of such gross income and contributions sexceeds \$15,000). 6 C Less: circlect expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 7 Gross sales of inventory, less returns and allowances. 7 Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a). 7 C C Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a). 7 C Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a). 7 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 Grants and similar amounts paid (list in Schedule O). 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 12 Salaries, other compensation, and employee benefits. 13 Professional fees and other payments to independent contractors. 13 Professional fees and other payments to independent contractors. 13 Professional fees and other payments to independent contractors. 13 Professional fees and other payments to independent contractors. 13 Professional fees and other payments to independent contractors. 14 Cucupancy, rent, lutilities, and maintenance. 15 Printing, publications, postage, and shipping. 16 Other                                    | L    | Add I  | lines 5b, 6<br>ls (Part II | oc, and /b to line 9 to determine gross receipts. It gross receipts are \$200,0<br>column (R)) are \$500,000 or more, file Form 990 instead of Form 990.F7 | 000 or more, or i | t total | Ś         | C 244                |
| Check if the organization used Schedule O to respond to any question in this Part L    Contributions, girfts, grants, and similar amounts received.   1   6,344.     Program service revenue including government fees and contracts.   2  | Da   |        | _                          |  |                   |         |           |                      |
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| 6 Gaming and fundraising events: a Gross income from gaming (attach Schedule G if greater than \$15,000)   6a   b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)   6b   c Less: direct expenses from gaming and fundraising events   6c   d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)   6d   7a Gross sales of inventory, less returns and allowances   7a   b Less: cost of goods sold.   7b   c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)   7c   8 Other revenue (describe in Schedule O)   8   9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.   9   6, 344.   10 Grants and similar amounts paid (list in Schedule O)   10   11 Benefits paid to or for members   11   12 Salaries, other compensation, and employee benefits   12   13 Professional fees and other payments to independent contractors   13   300.   14 Occupancy, rent, utilities, and maintenance   14   15 Printing, publications, postage, and shipping   15   228   16 Other expenses (describe in Schedule O)   See Schedule O   16   8, 293   17 Total expenses. Add lines 10 through 16   17   8, 821   18 Excess or (deficit) for the year (subtract line 17 from line 9)   18   -2, 477   19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)   19   5, 604   20 Other changes in net assets or fund balances (explain in Schedule O)   20  |      | С      | Gain or (los               | s) from sale of assets other than inventory (subtract line 5b from line 5a)  |                   |         | 5с        |                      |
| b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000).  c Less: direct expenses from gaming and fundraising events  d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).  7a Gross sales of inventory, less returns and allowances.  b Less: cost of goods sold.  c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a).  8 Other revenue (describe in Schedule O).  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.  9 Grants and similar amounts paid (list in Schedule O).  10 Grants and similar amounts paid (list in Schedule O).  11 Benefits paid to or for members.  12 Salaries, other compensation, and employee benefits.  13 Professional fees and other payments to independent contractors.  14 Occupancy, rent, utilities, and maintenance.  15 Printing, publications, postage, and shipping.  16 Other expenses (describe in Schedule O).  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (subtract line 17 from line 9).  18 Excess or (deficit) for the year (subtract line 17 from line 9).  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).  20 Other changes in net assets or fund balances (explain in Schedule O).  |      | 6      | Gaming a                   | and fundraising events:  |                   |         |           |                      |
| c Less: direct expenses from gaming and fundraising events   | e    | а      | Gross inc                  | come from gaming (attach Schedule G if greater than \$15,000) 6a   |                   |         |           |                      |
| c Less: direct expenses from gaming and fundraising events   | le l | b      |                            |  | ontributions      |         |           |                      |
| d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).  7a Gross sales of inventory, less returns and allowances.  b Less: cost of goods sold.  c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a).  7b  7c  8 Other revenue (describe in Schedule O).  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.  10 Grants and similar amounts paid (list in Schedule O).  11 Benefits paid to or for members.  12 Salaries, other compensation, and employee benefits.  12 Salaries, other compensation, and employee benefits.  13 Professional fees and other payments to independent contractors.  14 Occupancy, rent, utilities, and maintenance.  15 Printing, publications, postage, and shipping.  16 Other expenses (describe in Schedule O).  17 Total expenses. Add lines 10 through 16.  18 Excess or (deficit) for the year (subtract line 17 from line 9).  18 Excess or (deficit) for the year (subtract line 17 from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).  20 Other changes in net assets or fund balances (explain in Schedule O).   | æ    |        |                            |  |                   |         |           |                      |
| 6b and subtract line 6c).  7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold. c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a). 7c  8 Other revenue (describe in Schedule O). 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.  10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 12 Salaries, other compensation, and employee benefits. 13 Professional fees and other payments to independent contractors. 14 Occupancy, rent, utilities, and maintenance. 14 Octher expenses (describe in Schedule O). 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 20 Other changes in net assets or fund balances (explain in Schedule O). 20  |      | С      | Less: dire                 | ect expenses from gaming and fundraising events 6c   |                   |         |           |                      |
| b Less: cost of goods sold. c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a). 7c  8 Other revenue (describe in Schedule O). 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 6,344.  10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 12 Salaries, other compensation, and employee benefits. 13 Professional fees and other payments to independent contractors. 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 20 Other changes in net assets or fund balances (explain in Schedule O). 20  |      | d      | Net incon<br>6b and su     | ne or (loss) from gaming and fundraising events (add lines 6a and ubtract line 6c)   |                   |         | 6 d       |                      |
| c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a).  8 Other revenue (describe in Schedule O). 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.  10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 12 Salaries, other compensation, and employee benefits. 13 Professional fees and other payments to independent contractors. 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (subtract line 17 from line 9). 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 20 Other changes in net assets or fund balances (explain in Schedule O). 20  |      | 7a     | Gross sal                  | les of inventory, less returns and allowances  |                   |         |           |                      |
| 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.  10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 12 Salaries, other compensation, and employee benefits. 13 Professional fees and other payments to independent contractors. 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (subtract line 17 from line 9). 20 Other changes in net assets or fund balances (explain in Schedule O). 20 Other changes in net assets or fund balances (explain in Schedule O). 20 Other changes in net assets or fund balances (explain in Schedule O). 20 Other changes in net assets or fund balances (explain in Schedule O). 20 Other changes in net assets or fund balances (explain in Schedule O).  |      | b      | Less: cos                  | st of goods sold   |                   |         |           |                      |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 6, 344.  10 Grants and similar amounts paid (list in Schedule O). 10  11 Benefits paid to or for members. 11  12 Salaries, other compensation, and employee benefits. 12  13 Professional fees and other payments to independent contractors. 13 300.  14 Occupancy, rent, utilities, and maintenance. 14  15 Printing, publications, postage, and shipping. 15 228.  16 Other expenses (describe in Schedule O). See Schedule O  17 Total expenses. Add lines 10 through 16. 17 8, 821.  18 Excess or (deficit) for the year (subtract line 17 from line 9). 18 -2, 477.  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 19 5, 604.   |      | С      | Gross pro                  | ofit or (loss) from sales of inventory (subtract line 7b from line 7a)   |                   |         | 7c        |                      |
| Total expenses. Add lines 10 through 16  Excess or (deficit) for the year (subtract line 17 from line 9)  Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  10  11  Benefits paid to or for members. 11  22  300.  14  Occupancy, rent, utilities, and employee benefits. 12  300.  15  Printing, publications, postage, and shipping. 15  228.  See Schedule 0  16  8,293.  17  18  Excess or (deficit) for the year (subtract line 17 from line 9) 18  -2,477.  19  Other changes in net assets or fund balances (explain in Schedule O). 20   |      | 8      | Other rev                  | venue (describe in Schedule O)   |                   |         | 8         |                      |
| 11 Benefits paid to or for members 11  |      | 9      |                            |  |                   |         | 9         | 6,344.               |
| 12   Salaries, other compensation, and employee benefits   12   13   Professional fees and other payments to independent contractors   13   300.     14   Occupancy, rent, utilities, and maintenance   14       15   Printing, publications, postage, and shipping   15   228.     16   Other expenses (describe in Schedule O)   16   8,293.     17   Total expenses. Add lines 10 through 16   17   8,821.     18   Excess or (deficit) for the year (subtract line 17 from line 9)   18   -2,477.     19   Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)   19   5,604.     20   Other changes in net assets or fund balances (explain in Schedule O).   20  |      |        |                            |  |                   | _       |           |                      |
| 13 Professional fees and other payments to independent contractors.  14 Occupancy, rent, utilities, and maintenance.  15 Printing, publications, postage, and shipping.  16 Other expenses (describe in Schedule O).  17 Total expenses. Add lines 10 through 16.  18 Excess or (deficit) for the year (subtract line 17 from line 9).  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).  20 Other changes in net assets or fund balances (explain in Schedule O).  20 Other changes in net assets or fund balances (explain in Schedule O).   |      | 11     |                            |  |                   | -       |           |                      |
| 16 Other expenses (describe in Schedule O). 16 8, 293.  17 Total expenses. Add lines 10 through 16. 17 8, 821.  18 Excess or (deficit) for the year (subtract line 17 from line 9). 18 -2, 477.  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 19 5, 604.  20 Other changes in net assets or fund balances (explain in Schedule O). 20  | ses  |        |                            | · · · · · · · · · · · · · · · · · · ·  |                   | _       | -         |                      |
| 16 Other expenses (describe in Schedule O). 16 8, 293.  17 Total expenses. Add lines 10 through 16. 17 8, 821.  18 Excess or (deficit) for the year (subtract line 17 from line 9). 18 -2, 477.  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 19 5, 604.  20 Other changes in net assets or fund balances (explain in Schedule O). 20  | ë    |        |                            |  |                   | -       |           | 300.                 |
| 16 Other expenses (describe in Schedule O). 16 8, 293.  17 Total expenses. Add lines 10 through 16. 17 8, 821.  18 Excess or (deficit) for the year (subtract line 17 from line 9). 18 -2, 477.  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 19 5, 604.  20 Other changes in net assets or fund balances (explain in Schedule O). 20  | ᄶ    |        |                            |  |                   |         | -         |                      |
| 17 Total expenses. Add lines 10 through 16   | _    |        | Printing,                  | publications, postage, and shipping  | chedule 0         |         |           |                      |
| 18 Excess or (deficit) for the year (subtract line 17 from line 9)   |      |        |                            |  |                   |         |           |                      |
| 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).  20 Other changes in net assets or fund balances (explain in Schedule O).  20   |      |        |                            |  |                   |         |           |                      |
| 19 Net assets or fund balances at beginning of year (from line 2/, column (A)) (must agree with end-of-year figure reported on prior year's return).  20 Other changes in net assets or fund balances (explain in Schedule O).  21 Net assets or fund balances at end of year. Combine lines 18 through 20.  22 3, 127.  | ş    |        |                            |  |                   | -       | 10        | -2,411.              |
| 20 Other changes in net assets or fund balances (explain in Schedule O). 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20. 21 3, 127.   | SSE  | 19     | Net asset figure ren       | ts or tund balances at beginning of year (from line 2/, column (A)) (must a<br>ported on prior year's return)  | gree with end-of  | -year   | 19        | 5 604                |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20   | et 🌶 | 20     |                            | · · · · · · · · · · · · · · · · · · ·  |                   |         |           | 3,004.               |
|  | Ž    |        |                            |  |                   |         |           | 3,127.               |

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2023)

| ı al     | Check if the organization used Sch  | edule O to respond to any gu                         | estion in this Part II                          |   |            |  |
|----------|---|--|---|---|------------|--|
|          | -   |  |   | (A) Beginning of year                           | r          | (B) End of year                          |
| 22       | Cash, savings, and investments  |  |   | 5,604.  |            | 3,127.                                   |
| 23<br>24 | Land and buildings  |  |   |   | 23         |  |
| 25       | Total assets  |  |   | 5,604.  | 25         | 3,127.                                   |
| 26       | Total liabilities (describe in Schedule O   |  |   | 0.  | 26         | 0.                                       |
| 27       | Net assets or fund balances (line 27 of   |  |   | 5,604.  | 27         | 3,127.                                   |
| Par      | Statement of Program Service A Check if the organization used So  | ccomplishments (see the inst                         | ructions for Part III)                          |   |            | Expenses                                 |
| What     | is the organization's primary exempt purpose? Se $\epsilon$   | Schedule O to respond to any to                      | question in this Part                           |   |            | uired for section 501<br>) and 501(c)(4) |
| Desc     | ribe the organization's program service a   | accomplishments for each of                          | its three largest prog                          |   | òrgài      | nizations; optional                      |
| mea      | cribe the organization's program service a<br>sured by expenses. In a clear and concis<br>fited, and other relevant information for | se manner, describe the servi<br>each program title. | ces provided, the nu                            | imber of persons                                | ior o      | thers.)                                  |
| 28       |   |  |   |   |            |  |
|          |   |  |   |   |            |  |
|          | (Grants \$ ) If the   | nis amount includes foreign g                        | rants check here                                | ·   | 28a        | 0 021                                    |
| 29       | (Grand y ) II II  | no amount includes loreight g                        | rants, check field                              |   | 20a        | 8,821.                                   |
|          |   |  |   | . – – – – – – – –                               |            |  |
|          |   | ·  |   | ·   |            |  |
| 20       | (Grants \$ ) If the   | nis amount includes foreign g                        | rants, check here                               |   | 29a        |  |
| 30       |   |  |   |   |            |  |
|          |   |  |   |   |            |  |
|          | (Grants \$ ) If the   | nis amount includes foreign g                        | rants, check here                               | ·   | 30a        |  |
| 31       | Other program services (describe in Sci   |  |   |   |            |  |
| 22       |   | nis amount includes foreign g                        |   |   | 31 a<br>32 | 0.001                                    |
| Par      | Total program service expenses (add   t IV   List of Officers, Directors,   |  |   |   | _          | 8,821.                                   |
| i ai     | Check if the organization used So   |  |   |   |            |  |
|          | (a) Name and title  | (b) Average hours per                                | (c) Reportable compensar<br>(Forms W-2/1099-MIS | tion (d) Health benefits contributions to emplo | ,<br>vee   | (e) Estimated amount of                  |
|          | (a) Name and title  | week devoted to position                             | 1099-NEC)<br>(if not paid, enter -0-)           | benefit plans, and defe                         |            | other compensation                       |
| Goı      | don Whitley   |  | , , , , , , , , , , , ,                         | •   |            |  |
| Diı      | rector  | 10   |   | 0.  | 0.         | 0.                                       |
|          | <u>Girty</u>  |  |   |   | ^          | _  |
|          | rector<br>Nancy Duke Birkhead   | 10   |   | 0.  | 0.         | 0.                                       |
|          | rector  | 10   |   | 0.  | 0.         | 0.                                       |
|          | nn_Bloomfield   |  |   |   |            |  |
|          | rector  | 10   |   | 0.  | 0.         | 0.                                       |
|          | <u>nn Thomas Eldreth</u><br>cector  | 10   |   | 0   | 0.         | ^  |
| ודת      | - ECCOT   | 10   |   | 0.  | υ.         | 0.                                       |
|          |   | <u> </u>   |   |   |            |  |
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|          |   | -  |   |   |            |  |
| BAA      |   | TEEA0812L 0  | 8/07/23   | <u> </u>  |            | Form <b>990-EZ</b> (2023)                |
|          |   |  |   |   |            |  |

| Pai         | the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V  | see S |      | ОΠ  |
|-------------|--|-------|------|-----|
|             | the instructions for Fart v., officer if the organization used scriedule of to respond to any question in this Fart v  |       | Yes  | No  |
| 33          | 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    |      | X   |
| 34          | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions  | 34    |      | Х   |
| 35 <i>a</i> | a 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)?   | 35a   |      | Х   |
|             | f "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O   | 35b   |      |     |
|             | c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III   | 35c   |      | X   |
| 36          | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  | 36    |      | X   |
|             | a Enter amount of political expenditures, direct or indirect, as described in the instructions.  Did the organization file Form 1120-POL for this year?  | 37b   |      | Х   |
|             | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?   | 38a   |      | X   |
|             | o If "Yes," complete Schedule L, Part II, and enter the total amount involved  |       |      |     |
| a           | a Initiation fees and capital contributions included on line 9   |       |      |     |
| k           | Gross receipts, included on line 9, for public use of club facilities  |       |      |     |
| 40 a        | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  |       |      |     |
| ŀ           | section 4911: 0 ; section 4912: 0 ; section 4955: 0 .  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess  |       |      |     |
| •           | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. | 40b   |      | Х   |
| (           | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization  | 400   |      | Λ   |
|             | managers or disqualified persons during the year under sections 4912, 4955, and 4958   |       |      |     |
| C           | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization   |       |      |     |
| 6           | e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.  | 40e   |      | X   |
| 41          | List the states with which a copy of this return is filed: None  |       |      | •   |
|             |  |       |      |     |
| 12-         | a The organization's   |       |      |     |
| 420         | books are in care of: Hewitt J Dupont Telephone no. (386)  | 322   | -378 | 37  |
|             | Located at: 1515 Herbert St Ste 213 Port Oran ZIP + 4 32129  | -     |      |     |
| ŀ           | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a  | 401   | Yes  | No  |
|             | 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:   | 42b   |      | X   |
|             | Tes, enter the name of the foleigh country.  |       |      |     |
|             |  |       |      |     |
|             |  |       |      |     |
|             | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |       |      |     |
| (           | At any time during the calendar year, did the organization maintain an office outside the United States?   | 42c   |      | X   |
|             | If "Yes," enter the name of the foreign country:   |       |      |     |
|             |  |       |      |     |
|             |  |       |      |     |
| 43          | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> — Check here   |       |      | N/A |
|             | and enter the amount of tax-exempt interest received or accrued during the tax year  |       | Yes  | N/A |
| 44:         | a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead  |       | res  | NO  |
|             | of Form 990-EZ   | 44a   |      | Х   |
|             | 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   |      | X   |
|             | Did the organization receive any payments for indoor tanning services during the year?   | 44c   |      | X   |
| C           | I 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   |      |     |
|             | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 45a   |      | Χ   |
| ł           | 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 Form 990-EZ. See instructions  | 45b   |      | X   |

|                 |   |   |  |   |  |                                       | Yes     | No |  |
|-----------------|---|---|--|---|--|---------------------------------------|---------|----|--|
| <b>46</b> Did t | the organization<br>lidates for publi   | n engage, directly or indire<br>c office? If "Yes," complet | ctly, in political campai<br>e Schedule C. Part I    | ign activities on behalf of                                       | of or in opposition to   | 46                                    |         | X  |  |
| Part VI         |   | 01(c)(3) Organizations                                      |  |   |  |                                       |         | Λ  |  |
| i dit Vi        | All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. |   |  |   |  |                                       |         |    |  |
|                 | Check if th   | ne organization used S                                      | Schedule O to resp                                   | ond to any questio  | n in this Part VI  | · · · · · · · · · · · · · · · · · · · |         |    |  |
|                 |   | engage in lobbying activities<br>C. Part II                 |  |   |  | 47                                    | Yes     | No |  |
| 1               |   | c, Part II  |  |   |  |                                       |         | X  |  |
|                 | -   | n make any transfers to an                                  |  | ·   |  |                                       |         | X  |  |
| <b>b</b> If "Ye | es," was the rel  | lated organization a sectio                                 | n 527 organization?                                  |   |  | 49b                                   |         |    |  |
| <b>50</b> Comp  | plete this table for  | or the organization's five high                             | nest compensated emplo                               | yees (other than officers,  | directors, trustees, and   | key                                   |         |    |  |
| empi            | loyees) who each  | received more than \$100,0                                  | UU of compensation from                              | i the organization. If there                                      | -  |                                       |         |    |  |
|                 | (a) Name and title  | of each employee  | (b) Average hours<br>per week devoted<br>to position | (c) Reportable compensation<br>(Forms W-2/1099-MISC/<br>1099-NEC) | (d) Health benefits,<br>contributions to employee<br>benefit plans, and deferred<br>compensation | (e) Estimated other comp              |         |    |  |
| None _          |   |   |  |   |  |                                       |         |    |  |
|                 |   |   |  |   |  |                                       |         |    |  |
|                 |   |   |  |   |  |                                       |         |    |  |
|                 |   |   |  |   |  |                                       |         |    |  |
|                 |   |   |  |   |  |                                       |         |    |  |
| <b>f</b> Tota   | I number of oth   | er employees paid over \$1                                  | 00.000   |   |  |                                       |         |    |  |
| <b>51</b> Comp  | plete this table fo   | or the organization's five high                             | nest compensated independent                         | endent contractors who ea   | ach received more than   | \$100,000 of                          |         |    |  |
| com             | pensation from  | the organization. If there i                                | s none, enter "None."_                               | T   |  |                                       |         |    |  |
|                 | (a) Name and busin  | ess address of each independent of                          | ontractor  | <b>(b)</b> Type   | of service   | (c) Comp                              | ensatio | n  |  |
| <u>None</u>     |   |   |  |   |  |                                       |         |    |  |
|                 |   |   |  |   |  |                                       |         |    |  |
|                 |   |   |  |   |  |                                       |         |    |  |
| -               |   |   |  |   |  | †                                     |         |    |  |
|                 |   |   |  |   |  |                                       |         |    |  |
|                 |   |   |  |   |  |                                       |         |    |  |
|                 |   |   |  |   |  | <u> </u>                              |         |    |  |
|                 |   |   |  |   |  |                                       |         |    |  |
|                 |   | er independent contractors                                  | •  | ·   |  |                                       |         |    |  |
|                 |   | n complete Schedule A? <b>N</b>                             |  |   |  | X Yes                                 | ſ       | No |  |
| Under penaltie  | es of periury. I decla  | re that I have examined this return.                        | including accompanying sche                          | dules and statements, and to the                                  | e best of my knowledge and b   |                                       |         |    |  |
| true, correct,  | and complete. Decla   | ration of preparer (other than office                       | r) is based on all information of                    | of which preparer has any know                                    | ledge.   |                                       |         |    |  |
| Sign            | Signature of office   | er  |  |   | Date   |                                       |         |    |  |
| Here            | Gordon Wh   | nitlev  |  |   | Director   |                                       |         |    |  |
|                 | Type or print nam   |   |  |   |  |                                       |         |    |  |
|                 | Print/Type prepare  | er's name   | Preparer's signature                                 | Date  | Check if   | PTIN                                  |         |    |  |
| Paid            | Hewitt J  | -   | Hewitt J Dupor                                       | nt  | self-employed  | P0014188                              | 9       |    |  |
| Preparer        | Firm's name   | SHELLEY & SHELL   |  |   | Eirmin FINI  | 10_1000                               | 101     |    |  |
| Use Only        | y Firm's address 1515 Herbert St, Ste 213 Port Orange, FL 32129   |   |  |   | Firm's EIN  Phone no. 38   | <u>48-1290</u><br>6-322-378           |         |    |  |
| Mav the IF      | RS discuss this   | return with the preparer sh                                 |  | uctions   | •  | X Yes                                 |         | No |  |
| BAA             |   |   |  |   |  | Form <b>99</b> (                      |         |    |  |

### SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number Friends of Tomoka Basin State Parks Inc 46-3862922 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (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.) 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 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations ..... 6 **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (ii) EIN (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) See Part VI (B) (C) (D) (E) 8,821. 0. Total

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

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

| Sec          | tion A. Public Support  |                                |                     |                       |                    |                    |                  |
|--------------|---|--------------------------------|---------------------|-----------------------|--------------------|--------------------|------------------|
| Cale<br>begi | ndar year (or fiscal year<br>nning in)  | <b>(a)</b> 2019                | <b>(b)</b> 2020     | (c) 2021              | (d) 2022           | <b>(e)</b> 2023    | <b>(f)</b> Total |
| 1            | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  |                                |                     |                       |                    |                    |                  |
| 2            | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |                                |                     |                       |                    |                    |                  |
| 3            | The value of services or facilities furnished by a governmental unit to the organization without charge   |                                |                     |                       |                    |                    |                  |
| 4            | Total. Add lines 1 through 3  |                                |                     |                       |                    |                    |                  |
| 5            | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |                                |                     |                       |                    |                    |                  |
| 6            | <b>Public support.</b> Subtract line 5 from line 4  |                                |                     |                       |                    |                    |                  |
| Sec          | tion B. Total Support   |                                |                     |                       |                    |                    |                  |
|              | ndar year (or fiscal year<br>nning in)  | <b>(a)</b> 2019                | <b>(b)</b> 2020     | <b>(c)</b> 2021       | <b>(d)</b> 2022    | <b>(e)</b> 2023    | <b>(f)</b> Total |
| 7            | Amounts from line 4   |                                |                     |                       |                    |                    |                  |
| 8            | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources   |                                |                     |                       |                    |                    |                  |
| 9            | Net income from unrelated business activities, whether or not the business is regularly carried on  |                                |                     |                       |                    |                    |                  |
| 10           | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  |                                |                     |                       |                    |                    |                  |
| 11           | Total support. Add lines 7 through 10   |                                |                     |                       |                    |                    |                  |
| 12           | Gross receipts from related activ   | ities, etc. (see ins           | structions)         |                       |                    | 12                 |                  |
| 13           | First 5 years. If the Form 990 is organization, check this box and  | for the organization stop here | on's first, second  | , third, fourth, or f | ifth tax year as a | section 501(c)(3)  |                  |
| Sec          | tion C. Computation of Pul  | blic Support P                 | ercentage           |                       |                    |                    |                  |
| 14           | Public support percentage for 20  | 23 (line 6, column             | n (f), divided by I | ine 11, column (f)    | ). <del> </del>    | 14                 | %                |
| 15           | Public support percentage from 2  | 2022 Schedule A,               | Part II, line 14.   |                       |                    | 15                 | %                |
| 16a          | <b>33-1/3% support test—2023.</b> If the and <b>stop here.</b> The organization   |                                |                     |                       |                    |                    |                  |
| b            | <b>33-1/3% support test—2022.</b> If the and <b>stop here.</b> The organization   |                                |                     |                       |                    |                    |                  |
| 17a          | <b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts   | meets the facts-a              | nd-circumstance     | s test, check this b  | box and stop here  | Explain in Part    | VI how           |
| b            | <b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the facts-and   | meets the facts-a              | nd-circumstances    | s test, check this b  | box and stop here  | . Explain in Part  | VI how the       |
| 18           | Private foundation. If the organization   | zation did not che             | eck a box on line   | 13, 16a, 16b, 17a     | , or 17b, check th | is box and see in: | structions       |

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.)

| Sec   | tion A. Public Support   | ·                       | ·                        | ,                  |                      |                    |           |
|-------|--|-------------------------|--------------------------|--------------------|----------------------|--------------------|-----------|
| Calen | dar year (or fiscal year beginning in)   | <b>(a)</b> 2019         | <b>(b)</b> 2020          | <b>(c)</b> 2021    | (d) 2022             | <b>(e)</b> 2023    | (f) Total |
| 1     | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").  | ,,                      | ,,,                      |                    |                      | ,,                 |           |
| 2     | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |                         |                          |                    |                      |                    |           |
| 3     | Gross receipts from activities that are not an unrelated trade or business under section 513.  |                         |                          |                    |                      |                    |           |
| 4     | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |                         |                          |                    |                      |                    |           |
| 5     | The value of services or facilities furnished by a governmental unit to the organization without charge  |                         |                          |                    |                      |                    |           |
|       | <b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons   |                         |                          |                    |                      |                    |           |
| b     | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.          |                         |                          |                    |                      |                    |           |
| С     | Add lines 7a and 7b  |                         |                          |                    |                      |                    |           |
| 8     | <b>Public support.</b> (Subtract line 7c from line 6.)   |                         |                          |                    |                      |                    |           |
| Sec   | tion B. Total Support  |                         |                          |                    |                      |                    |           |
| Calen | dar year (or fiscal year beginning in)   | <b>(a)</b> 2019         | <b>(b)</b> 2020          | <b>(c)</b> 2021    | <b>(d)</b> 2022      | <b>(e)</b> 2023    | (f) Total |
| 9     | Amounts from line 6  |                         |                          |                    |                      |                    |           |
| 10a   | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  |                         |                          |                    |                      |                    |           |
|       | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |                         |                          |                    |                      |                    |           |
|       | Add lines 10a and 10b.  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.)  |                         |                          |                    |                      |                    |           |
|       | <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)  |                         |                          |                    |                      |                    |           |
|       | First 5 years. If the Form 990 is organization, check this box and   | stop here               |                          | third, fourth, or  | fifth tax year as a  | section 501(c)(3   | <u> </u>  |
|       | tion C. Computation of Pul   |                         |                          |                    |                      | 1                  |           |
|       | Public support percentage for 20   | •                       | • • •                    |                    | •                    |                    |           |
|       | Public support percentage from 2   |                         |                          |                    |                      | 16                 | 0/0       |
|       | tion D. Computation of Inv   |                         |                          |                    |                      |                    |           |
|       | Investment income percentage for   | •                       | • • •                    |                    |                      |                    | %         |
|       | Investment income percentage f   |                         |                          |                    |                      |                    | %         |
|       | <b>33-1/3% support tests—2023.</b> If t is not more than 33-1/3%, check  | this box and <b>sto</b> | <b>p here.</b> The organ | nization qualifies | as a publicly supp   | orted organization | on        |
|       | <b>33-1/3% support tests—2022.</b> If the line 18 is not more than 33-1/3%   | , check this box        | and <b>stop here.</b> Th | e organization qu  | ualifies as a public | ly supported org   | anization |
| 20    | Private foundation. If the organize  | zation did not che      | eck a box on line        | 14, 19a, or 19b, o | check this box and   | I see instructions | S         |

46-3862922

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**

|     |   |     | Yes | No |
|-----|---|-----|-----|----|
| 1   | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.  | 1   | X   |    |
| 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).   | 2   |     | X  |
| За  | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.   | 3a  |     | X  |
| 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 <b>Part VI</b> when and how the organization made the determination.   | 3b  |     |    |
| С   | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.  | 3c  |     |    |
| 4a  | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.   | 4a  |     | Х  |
| b   | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.  | 4b  |     |    |
| С   | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.   | 4c  |     |    |
| 5a  | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). | 5a  |     | X  |
| b   | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   | 5b  |     |    |
| С   | Substitutions only. Was the substitution the result of an event beyond the organization's control?  | 5с  |     |    |
| 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? <i>If "Yes," provide detail in Part VI.</i>  | 6   |     | X  |
| 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).   | 7   |     | X  |
| 8   | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).   | 8   |     | Х  |
| 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 <b>Part VI.</b>  | 9a  |     | X  |
| 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 <b>Part VI.</b>  | 9b  |     | X  |
| С   | : Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.  | 9с  |     | Х  |
| 0 a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If "Yes," answer line 10b below.  | 10a |     | X  |
| b   | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)  | 10b |     |    |

| Sche | edule A (Form 990) 2023 Friends of Tomoka Basin State Parks Inc 46-3862922   | 2      | Р       | age <b>5</b> |
|------|--|--------|---------|--------------|
| Pai  | t IV   Supporting Organizations (continued)  | -      |         |              |
| 11   | Has the organization accepted a gift or contribution from any of the following persons?  |        | Yes     | No           |
|      | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,  |        |         |              |
|      | the governing body of a supported organization?  | 11a    |         | Х            |
| b    | A family member of a person described on line 11a above?   | 11b    |         | X            |
| c    | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI.</b>   | 11c    |         | Х            |
|      | tion B. Type I Supporting Organizations  |        |         |              |
|      |  |        | Yes     | No           |
| 1    | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1      |         |              |
|      | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.   | 2      |         |              |
| Sec  | tion C. Type II Supporting Organizations   |        |         |              |
|      |  |        | Yes     | No           |
| 1    | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the   |        |         |              |
|      | supporting organization was vested in the same persons that controlled or managed the supported organization(s).   | 1      |         |              |
| Sec  | tion D. All Type III Supporting Organizations  |        |         |              |
| 1    | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the   |        | Yes     | No           |
|      | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the   |        |         |              |
|      | organization's governing documents in effect on the date of notification, to the extent not previously provided?   | 1      | X       |              |
| 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).   | 2      | Х       |              |
|      |  |        | Λ       |              |
| 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.  See Part VI   | 3      | Х       |              |
| Sec  | tion E. Type III Functionally Integrated Supporting Organizations  |        |         |              |
| 1    | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |        |         |              |
| ä    | The organization satisfied the Activities Test. Complete line 2 below.   |        |         |              |
| ı    | The organization is the parent of each of its supported organizations. Complete line 3 below.  |        |         |              |
| •    | The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see See Part VI  | instru | uctions | 5).          |
| 2    | Activities Test. Answer lines 2a and 2b below.   |        | Yes     | No           |
| á    | 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 <b>Part VI identify those supported</b> organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted  |        |         |              |
|      | substantially all of its activities.   | 2a     |         |              |
| ı    | 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   | 21-    |         |              |
|      | but for the organization's involvement.  | 2b     |         |              |
|      | Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>  |        |         |              |
| á    | 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 <b>Part VI.</b>  | За     |         |              |
| I    | 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 <b>Part VI</b> the role played by the organization in this regard.   | 3b     |         |              |

| Pa  | Type iii Noii-Functionally integrated 503(a)(5) Supporting Orga  | ıııızaı | IUIIS  |                                    |
|-----|--|---------|--|------------------------------------|
| 1   | Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization                               | t on No | ov. 20, 1970 (explain ir<br>st complete Sections A | Part VI). <b>See</b><br>through E. |
| Sec | tion A – Adjusted Net Income   |         | (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 of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6       |  |                                    |
| 7   | Other expenses (see instructions)  | 7       |  |                                    |
| 8   | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)   | 8       |  |                                    |
| Sec | tion 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):  |         |  |                                    |
| a   | Average monthly value of securities  | 1a      |  |                                    |
| ŀ   | Average monthly cash balances  | 1b      |  |                                    |
| (   | Fair market value of other non-exempt-use assets   | 1c      |  |                                    |
| (   | Total (add lines 1a, 1b, and 1c)   | 1d      |  |                                    |
| •   | e Discount claimed for blockage or other factors (explain in detail in Part VI):   |         |  |                                    |
| 2   | Acquisition indebtedness applicable to non-exempt-use assets   | 2       |  |                                    |
| 3   | Subtract line 2 from line 1d.  | 3       |  |                                    |
| 4   | Cash deemed held for exempt use. Enter 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       |  |                                    |
| Sec | tion 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   | 1 1 2  | 5       |  |                                    |
| 6   | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).  | 6       |  |                                    |
| 7   | Check here if the current year is the organization's first as a non-functionally inte (see instructions).  | grated  | Type III supporting or                             | ganization                         |

BAA Schedule A (Form 990) 2023 Schedule A (Form 990) 2023 Friends of Tomoka Basin State Parks Inc 46-3

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) 46-3862922

| Га  | Part V Type in Non-Functionally integrated 30%(a)(3) Supporting Organizations (continued)                         |           |              |                     |  |  |  |  |  |
|-----|---|-----------|--------------|---------------------|--|--|--|--|--|
| Sec | tion D — Distributions  |           |              | <b>Current Year</b> |  |  |  |  |  |
| 1   | Amounts paid to supported organizations to accomplish exempt pu   | rposes    | 1            |                     |  |  |  |  |  |
| 2   | Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity         | 2         |              |                     |  |  |  |  |  |
| 3   | Administrative expenses paid to accomplish exempt purposes of su  | 3         |              |                     |  |  |  |  |  |
| 4   | Amounts paid to acquire exempt-use assets   | 4         |              |                     |  |  |  |  |  |
| 5   | Qualified set-aside amounts (prior IRS approval required - provide  | 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 which the organizati in <b>Part VI</b> ). See instructions. | details 8 |              |                     |  |  |  |  |  |
| 9   | Distributable amount for 2023 from Section C, line 6  |           | 9            |                     |  |  |  |  |  |
| 10  | Line 8 amount divided by line 9 amount  | 10        |              |                     |  |  |  |  |  |
|     |   | /:\       | <b>/</b> !!\ | /!!!\               |  |  |  |  |  |

| Section E – Distribution Allocations (see instructions)   | (i)<br>Excess<br>Distributions | (ii)<br>Underdistributions<br>Pre-2023 | (iii)<br>Distributable<br>Amount for 2023 |
|---|--------------------------------|--|---|
| 1 Distributable amount for 2023 from Section C, line 6  |                                |  |   |
| 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required — <i>explain in Part VI</i> ). See instructions.   |                                |  |   |
| 3 Excess distributions carryover, if any, to 2023   |                                |  |   |
| <b>a</b> From 2018  |                                |  |   |
| <b>b</b> From 2019  |                                |  |   |
| <b>c</b> From 2020  |                                |  |   |
| <b>d</b> From 2021  |                                |  |   |
| <b>e</b> From 2022  |                                |  |   |
| f Total of lines 3a through 3e  |                                |  |   |
| g Applied to underdistributions of prior years  |                                |  |   |
| h Applied to 2023 distributable amount  |                                |  |   |
| i Carryover from 2018 not applied (see instructions)  |                                |  |   |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                                |  |   |
| 4 Distributions for 2023 from Section D, line 7: \$   |                                |  |   |
| a Applied to underdistributions of prior years  |                                |  |   |
| <b>b</b> Applied to 2023 distributable amount   |                                |  |   |
| c Remainder. Subtract lines 4a and 4b from line 4.  |                                |  |   |
| 5 Remaining underdistributions for years prior to 2023, if any.<br>Subtract lines 3g and 4a from line 2. For result greater than<br>zero, explain in Part VI. See instructions. |                                |  |   |
| 6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.                      |                                |  |   |
| 7 Excess distributions carryover to 2024. Add lines 3j and 4c.  |                                |  |   |
| 8 Breakdown of line 7:  |                                |  |   |
| a Excess from 2019  |                                |  |   |
| <b>b</b> Excess from 2020   |                                |  |   |
| c Excess from 2021  |                                |  |   |
| d Excess from 2022  |                                |  |   |
| e Excess from 2023  |                                |  |   |

BAA Schedule A (Form 990) 2023

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

### Schedule A, Part I, Line 12 Name(s) of Supported Organization(s)

| Name of<br>Supported<br>Organization | Federal<br>EIN           |   | Listed in Governing Document?  Yes No | Mo | ount of<br>netary<br>pport | Amount of<br>Other<br>Support | _ |
|--------------------------------------|--------------------------|---|---------------------------------------|----|----------------------------|-------------------------------|---|
| Bulow Plantation Ruins               | 59-6001874               | 6 |                                       | \$ | 0.                         | \$ 0.                         |   |
| Bulow Creek State Park               | 59-6001874               | 6 |                                       |    | 0.                         | 0.                            |   |
| Tomoka State Park                    | 59-6001874               | 6 |                                       |    | 8,821.                     | 0.                            |   |
| Addison Blockhouse Hist              | State Park<br>59-6001874 | 6 |                                       |    | 0.                         | 0.                            |   |
| Haw Creek Preserve Stat              | e Park<br>59-6001874     | 6 |                                       |    | 0.                         | 0.                            |   |
| Dummett Sugar Mill Ruin              | s59-6001874              | 6 |                                       |    | 0.                         | 0.                            |   |
|                                      |                          |   |                                       | \$ | 8,821.                     | \$ 0.                         | - |

### **Additional Explanation of Other Income**

Fundraising, Scrap sales-Equipment donated

### Part IV, Section D, Line 3 - Role The Organization's Supported Orgs. Played

Citizens Support Organization Agreement with the State of Florida grants exclusive right for the CSO to conduct following activities, projects and events for Bulow Plantation Ruins Historic State Park, Bulow Creek State Park, Tomoka State Park, Addison Block House State Park and Haw Creek Preserve State Park including fundraising, offical meetings, volunteer activities and projects, public educational and interpretative activities or events and any other activities set forth in Articles of Incorporation. The State Park Manager is the designated CSO Agreement manager and is responsible for comunicating agency policy and proper procedures, ensuring that CSO programs and projects are consistent with Park needs and goals, ensuring that CSO upholds CSO agreement, ensuring sound governance in accordance with Bylaws, Articles of Incorporation, CSO agreement, State and Federal laws and ensuring

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.)

### Part IV, Section D, Line 3 - Role The Organization's Supported Orgs. Played (continued)

that CSO is capable of meeting non-profit organization standards and the organization's mission. CSO annually develops and submits to State Park Manager for review and approval a CSO Program Plan of all projects, activities and events it plans to carry out on Park property. CSO annually provides financial reports to State Park Mananger either as a financial statement or a Form 990-EZ.

### Part IV, Section E, Line 1c - Explain How Organization Supports Government Entity

Citizens Support Organization Agreement with the State of Florida grants exclusive right for the CSO to conduct following activities, projects and events for Bulow Plantation Ruins Historic State Park, Bulow Creek State Park, Tomoka State Park, Addison Blockhouse Historic State Park and Haw Creek Preserve State Park including fundraising, offical meetings, volunteer activities and projects, public educational and interpretative activities or events and any other activities set forth in Articles of Incorporation. The State Park Manager is the designated CSO Agreement manager and is responsible for comunicating agency policy and proper procedures, ensuring that CSO programs and projects are consistent with Park needs and goals, ensuring that CSO upholds CSO agreement, ensuring sound governance in accordance with Bylaws, Articles of Incorporation, CSO agreement, State and Federal laws and ensuring that CSO is capable of meeting non-profit organization standards and the organization's mission. CSO annually develops and submits to State Park Manager for review and approval a CSO Program Plan of all projects, activities and events it plans to carry out on Park property. CSO annually provides financial reports to State Park Mananger either as a financial statement or a Form 990-EZ.

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.)

Part IV, Section E, Line 2a - Identify Supported Orgs. and Explain How Activities Furthered Exempt Purposes Citizens Support Organization Agreement with the State of Florida grants exclusive right for the CSO to conduct following activities, projects and events for Bulow Plantation Ruins Historic State Park, Bulow Creek State Park, Tomoka State Park, Addison Blockhouse Historic State Park and Haw Creek Preserve State Park including fundraising, offical meetings, volunteer activities and projects, public educational and interpretative activities or events and any other activities set forth in Articles of Incorporation. The State Park Manager is the designated CSO Agreement manager and is responsible for comunicating agency policy and proper procedures, ensuring that CSO programs and projects are consistent with Park needs and goals, ensuring that CSO upholds CSO agreement, ensuring sound governance in accordance with Bylaws, Articles of Incorporation, CSO agreement, State and Federal laws and ensuring that CSO is capable of meeting non-profit organization standards and the organization's mission. CSO annually develops and submits to State Park Manager for review and approval a CSO Program Plan of all projects, activities and events it plans to carry out on Park property. CSO annually provides financial reports to

### Part IV, Section E, Line 2b - Reasons For The Organization's Position

State Park Mananger either as a financial statement or a Form 990-EZ.

Citizens Support Organization Agreement with the State of Florida grants exclusive right for the CSO to conduct following activities, projects and events for Bulow Plantation Ruins Historic State Park, Bulow Creek State Park, Tomoka State Park, Addison Blockhouse Historic State Park and Haw Creek Preserve State Park including fundraising, offical meetings, volunteer activities and projects, public educational and interpretative activities or events and any other activities set forth in Articles of Incorporation. The State Park Manager is the designated CSO Agreement manager and is responsible for comunicating agency policy and proper procedures,

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.)

### Part IV, Section E, Line 2b - Reasons For The Organization's Position (continued)

ensuring that CSO upholds CSO agreement, ensuring sound governance in accordance with Bylaws, Articles of Incorporation, CSO agreement, State and Federal laws and ensuring that CSO is capable of meeting non-profit organization standards and the organization's mission. CSO annually develops and submits to State Park Manager for review and approval a CSO Program Plan of all projects, activities and events it plans to carry out on Park property. CSO annually provides financial reports to State Park Manager either as a financial statement or a Form 990-EZ.

### Part IV, Section E, Line 3b - Role Played in Management of Policies, Programs, & Activities

Citizens Support Organization Agreement with the State of Florida grants exclusive right for the CSO to conduct following activities, projects and events for Bulow Plantation Ruins Historic State Park, Bulow Creek State Park, Tomoka State Park, Addison Blockhouse Historic State Park and Haw Creek Preserve State Park including fundraising, offical meetings, volunteer activities and projects, public educational and interpretative activities or events and any other activities set forth in The State Park Manager is the designated CSO Agreement Articles of Incorporation. manager and is responsible for comunicating agency policy and proper procedures, ensuring that CSO programs and projects are consistent with Park needs and goals, ensuring that CSO upholds CSO agreement, ensuring sound governance in accordance with Bylaws, Articles of Incorporation, CSO agreement, State and Federal laws and ensuring that CSO is capable of meeting non-profit organization standards and the organization's mission. CSO annually develops and submits to State Park Manager for review and approval a CSO Program Plan of all projects, activities and events it plans to carry out on Park property. CSO annually provides financial reports to State Park Mananger either as a financial statement or a Form 990-EZ.

### SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Friends of Tomoka Basin State Parks Inc

Employer identification number

46-3862922

### Form 990-EZ, Part I, Line 16 Other Expenses

| Annual Report Fee       | \$<br>61.    |
|-------------------------|--------------|
| Bank Check Charges      | 29.          |
| Dues                    | 100.         |
| Information Technology. | 1,419.       |
| Insurance               | 1,250.       |
| Park Repair Projects    | 3,900.       |
| Program Supplies        | 1,534.       |
| Total                   | \$<br>8,293. |
|                         | <br>         |

### Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Citizens Support Organization for Florida State Parks

### Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Citizens Support Organization for the Tomoka Basin Florida State Parks: Park
Trail Maintenance; Park Events and Educational Programs; Interpretive Displays;
Historical Tours and Internet Website visits. Number of persons benefited: Over 10,000

### Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

| (a) Did the organization, during the year, receive any funds, directly or |    |
|---|----|
| indirectly, to pay premiums on a personal benefit contract?               | No |
| (b) Did the organization, during the year, pay premiums, directly or      |    |
| indirectly, on a personal benefit contract?                               | No |