

Florida Department of Environmental Protection CITIZEN SUPPORT ORGANIZATION 2025 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. |
| Section 258.015, F.S., Citizen support organizations; use of property; audit. In summary, the statute defines a CSO, requires authorization by the Division of Recreation and Parks, and specifies the use of property. This statute authorizes the Partnerships in Parks (PIP) program for state parks, the program's operational parameters, CSO's operational parameters, and donor recognition. |
| YOUR MISSION AND LAST CALENDAR YEAR'S PROGRAM ACCOMPLISHMENTS: CSO's Mission: (Consistent with your Articles and Bylaws) |
| Describe Last Calendar Year's Results Obtained: 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.

2025 CSO Legislative Report Acknowledgment

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

| Title | Name (Print or Type) | Sign | nature | Date |
|---------------|----------------------|------------------|--|------|
| CSO President | M. Susan Kneller | Susan Kneller | Digitally signed by Susan Kneller Date: 2025.06.01 07:33:27 -05'00' | |
| Park Manager | Brian Addison | Brian Addison | Digitally signed by Brian Addison Date: 2025.08.01 07:35:35 -05'00' | |

Code of Ethics

Preamble

- (1) It is essential to the proper conduct and operation of Friends of Emerald Coast 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 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 Emerald Coast 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.

Florida Division of Recreation and Parks

3900 Commonwealth Boulevard M.S. 49

Tallahassee, Florida 32399

P: (850)245-2118 F: (850)245-2128





Department of the Treasury Internal Revenue Service Ogden, UT 84201-0074

166835.674692.485824.27132 1 AB 0.593 372

| Notice | CP211A |
|--------------------|--------------------|
| Tax period | December 31, 2024 |
| Notice date | June 2, 2025 |
| Employer ID number | 59-3633574 |
| To contact us | Phone 877-829-5500 |
| Page 1 of 1 | |



FRIENDS OF EMERALD COAST STATE % HENDERSON BEACH STATE PARK 17000 EMERALD COAST PKWY DESTIN FL 32541-3343

166835

Important information about your December 31, 2024, Form 990

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans.

We approved the Form 8868 for your December 31, 2024, Form 990, Return of Organization Exempt From Income Tax. Your due date is now November 15, 2025.

What you need to do

File your December 31, 2024, Form 990 by November 15, 2025, electronically. The IRS will not accept Form 990 filed on paper. For more information, see IRS.gov/epefile. You can find available tax return filing software at IRS.gov/epefipeoiders.

Additional information

- Visit IRS.gov/cp211a.
- Go to IRS.gov/charities or call 877-829-5500 to learn more about electronic filing requirements.
- · Keep this notice for your records.

 $_{\text{Form}}990$

Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-

Open to Public Inspection

| Internal | | | | | | | | | |
|--|---|--|--|--|--|---|------------------|-----------------------|--|
| | | | lendar year, or tax year beginning C Name of organization | g 01-01-2023 , and ending 12-31-20 | 23 | D Employ | er identi | fication number | |
| | | applicable: change | FRIENDS OF EMERALD COAST STATI | PARKS | | 1 | | neacion namber | |
| | | hange | | | | 59-36 | 33574 | | |
| In Fin | itial re nal | eturn | Doing business as | | | | | | |
| | n/term | | Number and street (or P.O. box if m | ail is not delivered to street address) Room/s | uite | . E Telephor | ne number | | |
| | Amended return Application pending Number and street (or P.O. box if mail is not delivered to street address) Application pending Number and street (or P.O. box if mail is not delivered to street address) (850) 269-1 | | | | | | | | |
| _ | | | City or town, state or province, cour | try, and ZIP or foreign postal code | | - | | | |
| | | | DESTIN, FL 32541 | | | G Gross re | eceipts \$ 3 | 73,916 | |
| | | | F Name and address of princip | al officer: | H(a) Is thi | s a group r | eturn for | | |
| | | | SUSAN KNELLER 17000 EMERALD COAST PAI | RKWAY | subor | rdinates? | ates | Yes 🔽 No | |
| | | | DESTIN,FL 32541 | | inclu | | aces | Yes No | |
| I Ta | ıx-exei | mpt status: | ▼ 501(c)(3) | ert no.) 4947(a)(1) or 527 | 1 | | | e instructions. | |
| J W | ebsit | te: HT | TPS://FRIENDSOFEMERALDCC | ASTSTATEPARKS.ORG/ | H(c) Group | exemption | n numbe | r | |
| K For | m of o | organization | : 🔽 Corporation 🔲 Trust 🔲 Associat | on Other | L Year of form | ation: 1999 | M State | of legal domicile: FL | |
| | | | | | | | | | |
| Pa | art I | | mary | | | | | | |
| Governance | : | CITIŹEN THROUG | | STATE PARKS TO INCLUDE INCRE IE TO IMPLEMENT VALUE-ADDED S | | | | | |
| GOV | _ ' | Check th | is hov if the organization dis | continued its operations or disposed c | of more than 2 | 5% of its n | et asset | <u> </u> | |
| ≈ಶ | | | | ing body (Part VI, line 1a) · · · | | • | 3 | 8 | |
| Activities & | 1 | | | of the governing body (Part VI, line 1b) | | | 4 | 8 | |
| 3 | 5 | Total nu | mber of individuals employed in | calendar year 2023 (Part V, line 2a) | | | 5 | 1 9 | |
| Aci | 6 | Total nui | mber of volunteers (estimate if r | ecessary) | | | 6 | 5 4 | |
| | 7a | Total uni | 7a | 0 | | | | | |
| | b | Net unre | lated business taxable income f | om Form 990-T, Part I, line 11 | | | 7b | 0 | |
| | | | | | Pri | or Year | | Current Year | |
| 9 | 1 | | tions and grants (Part VIII, line 1 | • | | 73,2 | - | 3,675 | |
| Revenue | 1 | _ | service revenue (Part VIII, line 2 | | | 175,8 | | 157,068 | |
| 2 | 1 | | ent income (Part VIII, column (A) | | | | 79 | 1,116 | |
| | 1 | | venue (Part VIII, column (A), line | | , | 159,2 | | 37,397 199,256 | |
| | - | | | nust equal Part VIII, column (A), line 12 column (A), lines 1-3).... | 2) | 23,3 | | 133,230 | |
| | 1 | | | column (A), line 4) | | 23,3 | 0 | 0 | |
| 60 | | | | benefits (Part IX, column (A), lines 5- | 10) | 278,6 | | 144,994 | |
| Expenses | | | | lumn (A), line 11e) · · · · | | , | 0 | 0 | |
| per | 1 | | raising expenses (Part IX, column (D), | | | | | | |
| 页 | 17 | | | es 11a-11d, 11f-24e) · · · | | 151,3 | 44 | 142,303 | |
| | 18 | Total ex | penses. Add lines 13–17 (must | equal Part IX, column (A), line 25) | | 453,2 | 87 | 287,297 | |
| | 19 | Revenue | less expenses. Subtract line 18 | from line 12 | | -44,8 | 76 | -88,041 | |
| Ces Ces | | | | | | ng of Curren Year | it | End of Year | |
| dan | | Tatal as | (Dort V. line 16) | | | | 0.7 | 211 425 | |
| Ass | 20 | | sets (Part X, line 16) bilities (Part X, line 26) | | | 327,4 | | 211,435 175,409 | |
| | 1 | | officies (Fart A, fifte 26) | | | 131,2 | - | 36,026 | |
| 2.5 E.S | 21 | | te or fund halancee Subtract lin | e 21 from line 20 | 1 | 190,1 | 12 | 30,020 | |
| Net Assets or Fund Balances | 22 | Net asse | ts or fund balances. Subtract lin | e 21 from line 20 | | · · | | | |
| Pa Unde my k | 22 art II er pen nowle | Net asse Sign nalties of edge and | ature Block perjury, I declare that I have ex- belief, it is true, correct, and con | e 21 from line 20 | | es and state | | | |
| Unde my k prepa | 22 art II er pen nowle arer h | Sign nalties of pedge and mas any kr | ature Block perjury, I declare that I have expended in the second conference of the second confe | amined this return, including accompa | han officer) is | es and state | | | |
| Unde my ki prepa | 22 art II er pen nowle arer h | Sign nalties of ledge and has any kr | ature Block perjury, I declare that I have ex- belief, it is true, correct, and con | amined this return, including accompa | han officer) is | es and state based on a | | | |
| Unde my k prepa | 22 art II er pen nowle arer h | Signalties of ledge and has any kr | perjury, I declare that I have ex- belief, it is true, correct, and con- nowledge. e of officer AKANSON TREASURER print name and title | amined this return, including accompa aplete. Declaration of preparer (other t | han officer) is 2025 Date | es and state based on a -02-14 | III inform | | |
| Unde my ki prepa Sigr Here | art II er pen nowle arer h | Signalties of ledge and has any kr | ature Block perjury, I declare that I have ex- belief, it is true, correct, and con nowledge. e of officer AKANSON TREASURER | amined this return, including accompanplete. Declaration of preparer (other t | Date 2025-02-14 Che | es and state based on a -02-14 | | ation of which | |
| Unde my ki prepa Sigr Here | art II er pen nowle arer h | Signalties of edge and has any kr | perjury, I declare that I have ex- belief, it is true, correct, and con- nowledge. e of officer AKANSON TREASURER print name and title | amined this return, including accompanplete. Declaration of preparer (other t | han officer) is 2025 Date Date 2025-02-14 Self | es and state based on a -02-14 | PTIN P0022406 | ation of which | |
| Unde my ki prepa Sigr Here Paid | art II er pen nowle arer h | Signatur DAVID H Type or | perjury, I declare that I have ex- belief, it is true, correct, and con nowledge. e of officer AKANSON TREASURER print name and title rint/Type preparer's name irm's name CRI ADVISORS LLC | amined this return, including accompand plete. Declaration of preparer (other the theorem is a signature | Date Charles Self Firr | es and state based on a -02-14 eck if femployed m's EIN 99-4 | PTIN P0022406 | ation of which | |
| Unde my ki prepa Sigr Here | art II er pen nowle arer h | Signatur DAVID H Type or | perjury, I declare that I have expelled, it is true, correct, and connowledge. e of officer AKANSON TREASURER print name and title rint/Type preparer's name | Preparer's signature | Date Charles Self Firr | es and state based on a -02-14 | PTIN P0022406 | ation of which | |

Cat. No. 11282Y

| Form | 990 (2023) | | | | Page 2 |
|-----------|---|---|---|----------------------------------|------------------------|
| Pa | rt III Statement of Program | Service Accompl | ishments | | |
| | Check if Schedule O contains | a response or note to | any line in this Part III | | |
| 1 | Briefly describe the organization's m | ission: | | | |
| SPEC | ZEN SUPPORT FOR TWO FLORIDA CIAL EVENTS, CONTINUE TO IMPLI ANIZATION WEBPAGE. | | | | |
| 2 | Did the organization undertake any s the prior Form 990 or 990-EZ? . | | | which were not listed on | Ţes ▼ No |
| | If "Yes," describe these new service | | | | |
| 3 | Did the organization cease conductin services? | | changes in how it cor | ducts, any program | ☐ Yes 🗸 No |
| 4 | If "Yes," describe these changes on Describe the organization's program expenses. Section 501(c)(3) and 50 the total expenses, and revenue, if a | service accomplishme 1(c)(4) organizations a | are required to report | | |
| 4a | (Code:) (Expense: PUBLIC PARKS RECREATION TRAILS MANA APPRECIATION EVENT FOR ALL VOLUNTEE EXPERIENCE BY HAVING SOUVENIR AND C | GEMENT: 1. PROVIDED SUR RS.2. PROVIDED SUPPORT | PPORT FOR VOLUNTEERS AI FOR TWO PARK VISITOR S | TORES THAT ENHANCE THE PARK VISI | |
| 4b | (Code:) (Expense: | 5 \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | | |
| 4c | (Code:) (Expense: | 5 \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | | |
| | | | | | |
| | | | | _ | |
| _ | | | | | |
| 4d | Other program services (Describe | in Schedule O.) | | | |
| | (Expenses \$ | including grants o | f\$ |) (Revenue \$ |) |
| <u>4e</u> | Total program service expenses | 249,779 | | | Form 990 (2023) |
| | | | | | 101111 330 (2023) |

| Form | 990 (2023) | | | Page 3 |
|------|---|-----|-----|---------------|
| Par | t IV Checklist of Required Schedules | | | |
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | | No |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | 3 | | N o |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | 4 | | No |
| 5 | Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D,Part I | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | No |
| 10 | Did the organization, directly of through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | No |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. | 11a | Yes | |

Νo

Νo

Νo

Νo

Nο

Nο

Nο

Νo

Νo

Νo

Νo

Νo

Nο

Nο

Νo

Νo

Form **990** (2023)

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

20a

20b

21

Yes

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🐕 Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of

its total assets reported in Part X, line 16? If "Yes," complete Schedule D. Part VIII 🐕 d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets

reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🐿

Did the organization's separate or consolidated financial statements for the tax year include a footnote that

12a ਓਜੰਪ੍ਰਿੰਸ਼ਵਾ ਨਾ ਰਾਜ਼ਸ਼ਿਲ ਹੈ ਜਿਸ ਦੇ ਦਿਸ਼ਤ ਦੇ ਸ਼ਾਹਿਤ ਦੀ ਸ਼ਹਿਤ ਦ

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional ち

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for

b Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States?

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

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

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

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

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

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

any foreign organization? If "Yes," complete Schedule F, Parts II and IV

15

16

17

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

"Yes," complete Schedule L, Part I

If "Yes." completeSchedule L,Part III

conservation contributions?

and Part V, line 1 . .

Part V

sections 301.7701-2 and 301.7701-3?

entity or family member of any of these persons?

Form 990 (2023) Page 4 Part IV Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Nο Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

Part IV instructions for applicable filing thresholds, conditions, and exceptions):

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable

b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable

b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV .

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . .

Did the organization maintain an escrow account other than a refunding escrow at any time during the year

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If

Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

හිබ්⁹ණිම් රෙසුවැල්මර් විරේක්ෂය වී වූ ජීන් tor other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member,

or to a 35% controlled entity (including an employee thereof) or family member of any of these persons?

Was the organization a party to a business transaction with one of the following parties (see the Schedule L,

c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes,"

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

₩aseshe complete Schedule R, Part II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V .

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable

a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes,"

Nο

Νo

Νo

Νo

Νo

Nο

Νo

Νo

Νo

Nο

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Νo

Νo

Νo

Νo

Νo

Νo

Νo

No

23

24a

24b

24c

24d

25a

25h

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35b

36

37

1 n

1a

1b

Yes

Yes Form 990 (2023)

| Pai | Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
|--------|--|----------|-----|-----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Yes | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | За | | Νο |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | 4a | | Νο |
| b | over, a financial account in a foreign country (such as a bank account, securities account, or other financial #ctvesst) enter the name of the foreign country: Considerations for filling requirements for Fig. CEN Form 114. Report of Foreign Reply and Financial Accounts | | | |
| 52 | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | N o |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | N o |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5b 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | 6a | | N o |
| b | organization solicit any contributions that were not tax deductible as charitable contributions? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | No |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | N o |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | No |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| ь | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| a b | Gross income from members or shareholders | | | |
| b | sources against amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| c | Enter the amount of reserves on hand | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | N o |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? | 15 | | No |
| 16 | If thesphareizhtionstruetioostamafilesEttutio4720þjSchedulleeNsection 4968 excise tax on net investment income? | 16 | | No |
| 17 | If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069. | 17 | | |

independent

year by the following: The governing body? .

Section C. Disclosure

6

13

14

17

apply.

Νo

Nο

Νo

Νo

Νo

Nο

Nο

Νo

Nο

Nο

Nο

Νo

Nο

Nο

2

3

4

5

6

7a

10a

10b

11a

12a

12b

12c

13

14

15a

15b

16a

Yes

Yes

Yes

Yes

| 90 | (2023) | Pag |
|----|---|-----|
| | Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines | s |
| | 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. | |

| | 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedul Check if Schedule O contains a response or note to any line in this Part VI | le Ö. S | ee instructions. | | | | |
|----|---|---------|------------------|---|---|-----|--|
| ie | ection A. Governing Body and Management | | | | | | |
| | | | | | | Yes | |
| а | Enter the number of voting members of the governing body at the end of the tax | 1a | | 8 | 3 | | |
| | Yethere are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee | | | | | | |

| Section A. Governing Body and Management | | | | |
|--|----|---|-----|---|
| | | | Yes | N |
| 1a Enter the number of voting members of the governing body at the end of the tax | 1a | 8 | | |
| Yearhere are material differences in voting rights among members of the governing | | | | |
| body, or if the governing body delegated broad authority to an executive committee | | | | |
| or similar committee, explain in Schedule O. | l | 1 | | |

| e | ection A. Governing Body and Management | | | |
|---|--|----|---|---|
| | | | | ١ |
| а | Enter the number of voting members of the governing body at the end of the tax | 1a | 8 | |
| | Yethere are material differences in voting rights among members of the governing | | | |
| | body, or if the governing body delegated broad authority to an executive committee | | | |
| | or similar committee, explain in Schedule O. | 1 | | |

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any

Did the organization delegate control over management duties customarily performed by or under the direct

Did the organization make any significant changes to its governing documents since the prior Form 990 was filethe organization become aware during the year of a significant diversion of the organization's assets? . .

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or

Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,

Did the organization contemporaneously document the meetings held or written actions undertaken during the

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters,

Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13

affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

supervision of officers, directors or trustees, or key employees to a management company or other person? .

Enter the number of voting members included in line 1a, above, who are

b Each committee with authority to act on behalf of the governing body?

10a Did the organization have local chapters, branches, or affiliates?

Did the organization have a written whistleblower policy?

a The organization's CEO, Executive Director, or top management official .

List the states with which a copy of this Form 990 is required to be filed

Did the organization have a written document retention and destruction policy? .

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

Did the organization have members or stockholders?

ANNE MARIE DIAZ 17000 EMERALD COAST PARKWAY DESTIN, FL 32541 (850) 269-1062

Own website Another's website 🔽 Upon request 🗌 Other (explain in Schedule O)

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. the instructions for the order in which to list the

| See the instructions for the order in which to | | | | 6 | | at off | | - director or tri | | |
|---|-----------|------------------------------|------------------------|---------|--|---|-----------|--|---|--|
| Name and title Average hours per week (list director/trustee) Average hours per week (list director/trustee) Average hours per unless person is both an officer and a director/trustee) Reportable compensation compensation from the from related of | | | | | | | | | (F) Estimated amount of other | |
| | | dividual trustae director | Institutional Trustee; | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099- MISC/1099- NEC) | organizations (W-2/1099- MISC/1099- NEC) | compensation from the organization and related organizations |
| (1) SUSAN KNELLER PRESIDENT | | X | | x | | | | 0 | 0 | 0 |
| (2) GARY WOOD VICE PRESIDENT | | Х | | × | | | | 0 | 0 | 0 |
| (3) KATHY MORROW SECRETARY | | Х | | × | | | | 0 | 0 | 0 |
| (4) DAVID HAKANSON TREASURER | | X | | × | | | | 0 | 0 | o |
| (5) DICK WOOD DIRECTOR | | X | | | | | | 0 | 0 | 0 |
| (6) GAIL BAKER DIRECTOR | 15.00 | | | | | | | 0 | 0 | 0 |
| (7) DICK HOEY DIRECTOR | | × | | | | | | 0 | 0 | 0 |
| (8) DONNA STILES DIRECTOR | 15.00 | | | | | | | 0 | 0 | 0 |
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| Pa | t VII Section A. C | Officers, Direct | tors, T | rustees, Key Employ | ees | s, a | nd Hi | ghe | st Compensate | d Employees | (co | ntinued) | | | | |
|-------|--|--|-----------------------------------|--|---------|--------------|------------------------------|----------------|---|--|---------------|--|----------------|--|------------------------------|------------------|
| | (A) Name and title | (B) Average hours per week (list | | unless person is both an officer and a compensation compensati | | | | | Position (do not check more than one box, unless person is both an officer and a director/trustee) Reportable compensation from the from related | | | ox, Reportable Reportable compensation a from the from related | | | Estim amount of compen | ated of other |
| | | any hours for related organizations below dotted line) | Individual trustae or director | Institutional Trustee; | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099- MISC/1099- NEC) | organization (W-2/1099 MISC/1099 NEC) | - | from organiz and re organiz | ation lated | | | |
| | | | | | | | | | | | | | | | | |
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| 415.6 | Sub-Waterl | | | | | | | | | | \dashv | | | | | |
| | Sub-Total Total from continuation | on sheets to Par | t VII, S | ection A | | | | | | | | | | | | |
| d | Total number of indi | | | not limited to those liste | ad al | hove | a) who | | o o | | 0 | | | | | |
| _ | \$100,000 of reporta | • | _ | | u ai | | y wiic | , 160 | erved more than | | | | | | | |
| 3 | Did the organization | list any former | officer | , director or trustee, ke | y er | nplo | yee, d | or hi | ghest compensat | ed employee | | Yes | No | | | |
| _ | on line 1a? If "Yes," | complete Schedu | ıle J fo | r such individual | • | • | | • | | | 3 | | No | | | |
| 4 | • | , | | sum of reportable composite than \$150,000? <i>If</i> | | | | | | | | | | | | |
| | | | | | | | | individual for | 4 | | No | | | | | |
| | 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | | | | | | | | Νo | | | | | | | |
| 1 | ction B. Indepen | | | ompensated independe | nt c | ontr | actor | - +b- | at received more | than #100 000 | o f | | | | | |
| _ | | | Repor | t compensation for the | | | | | | the organization | | | | | | |
| | | Name a | (A) nd busir | ness address | | | | | Descrip | (B) tion of services | \dashv | (C Comper | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | \rightarrow | | | | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization 0

| Part | | (2023) | nt of Boyonya | | | | | | | | Page 9 |
|-------------------------|-----|--|--|-----------------------|------------|--|----------------------------|---------------------------|--|-------------------------|---|
| Part | VII | | nt of Revenue :hedule O contains a res | sponse or no | te to | any line in this Pa | rt VIII . | | | | \square |
| | | | | | | (A) Total revenue | (I Relat exe func | B) ed or mpt | (C) Unrelate business revenue | s e | (D) Revenue xcluded from under sections 512 - 514 |
| Contr | ibu | tions, Gifts, Gra | nts, and OtherAmt Simi | lar Amounts | 1a | Federated campaig | ıns | 1a | | | |
| | | | | | b 1 | Membership dues | | 1b | (| 675 | |
| | | | | | | Fundraising events | | 1c | | _ | |
| | | | | | 1 | Related organizatio Government grants (co | | 1d | | _ | |
| | | | | | | All other contributions, | | | | _ | |
| | | | | | 6 | and similar amounts no above | t included | ″ 1f | 3,0 | 000 | |
| | | | | | l g i | Noncash contributions in lines 1a - 1f:\$ | ncluded in | | | _ | |
| | | | | | | Fotal. Add lines 1a | -1f | 1g | | | |
| | | | | Business (| | 1 | 1 | • | • | 3,6 | 0/5 |
| | 2= | EVENTS INCOME | | | | 119,944 | | 119,944 | | | |
| 9 | 20 | • | | /. | 21210 | | | | | | |
| en En | Ŀ | VENDING/LAUNDR | Y COMMIS | 7: | 21210 | 37,124 | | 37,124 | | | |
| 8 | | | | _ | | | | | | | |
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| Ser | | | | | | | | | | | |
| E | C | ' | | _ | | | | | | $-\!\!\!\!+\!\!\!\!\!-$ | |
| Program Service Revenue | e | | | | | | | | | | |
| ā | | | | - | | | | | | $\overline{}$ | |
| | | | am service revenue. | | | | | | | | |
| | g | Total. Add line | es 2a-2f | | 7,068 | | | T | | | |
| | | | 3 Investment income other | (including di | viden | ids, interest, and | 1 | 1,116 | 1,116 | | |
| | | | 49inculareamonnitalestr | ment of tax-e | exem | pt bond proceeds | | | | | |
| | | | 5 Royalties | | | | | | | | |
| | | | | (i) R | eal | (ii) Personal | | | | | |
| | | | 6a Gross rents | 6a | | 144,3 | 11 | | | | |
| | | | 6b | | 72,8 | 49 | | | | | |
| | | | expenses c Rental income or | 6c | | 71,4 | -62 | | | | |
| | | (loss) d Net rental income 7a Gross amount from sales of assets other | | or (loss). | | | | 71,462 | 71,462 | | |
| | | | | (i) Sec | uritie | es (ii) Other | | | | | |
| | | | | 7a | | | | | | | |
| | | | | | | | | | | | |
| e | | | than inventory | _ | | | _ | | | | |
| 2 | | | b Less: cost or other basis and | 7b | | | | | | | |
| Š | | | sales expenses | | | | _ | | | | |
| Œ | | | c Gain or (loss) | 7c | | | | | | | |
| Other Revenue | | | d Net gain or (loss) | | ÷ | | | | | | |
| Ó | | | 8a Gross income from fund (not including \$ | draising events of | f | | | | | | |
| | | | contributions reported of See Part IV, line 18 | , | | | | | | | |
| | | | | | \vdash | Ba | | | | | |
| | | | b Less: direct expen c Net income or (loss | | | g events | | | | | |
| | | | 2 Not meanle of (1088 | , o runui | Z.3/11 | g cvents i | | | | | |
| | | | 9a Gross income from | gaming | | | | | | | |
| | | | activities. See Part IV, line 19 | | \vdash | 9a | _ | | | | |
| | | | b Less: direct expen | | | 9b ctivities | | | | | |
| | | | c Net income or (loss | s) Iroin gaini | | | | | | | |
| | | | 10a Gross sales of inve | | | | | | | | |
| | | | returns and allowa | | \vdash | 0a 67,74 | | | | | |
| | | | b Less: cost of good: | | | 0b 101,83 | 11 | -34,065 | -34,065 | | |
| | | | c Net income or (loss | s) from sales | of in | Business Cod | <u> </u> | 54,005 | -54,005 | | |
| | | | 11a | | | business Cod | c | | | | |
| | | | | | | | | | | | |
| | | | b | | | _ | | | | | + |
| | | | - | | | | | | | | |
| Othe | rR | evenueMiscAmt | | | | + | + | | | | + |
| | | | | | | | | | | | |
| | | | d All other revenue | | | + | | | | | |
| | | | e Total. Add lines 11 | | | | _ | | | | |
| | | | 12 Total revenue. See | | : | | | | | | |
| | | | == .otai ieveliue. see | 50 0000018 | • | | | 199,256 | 195,581 | | 0 0 |

| -orm 990 (2023) | | | | Page 10 |
|---|-----------------------|-------------------------------------|-------------------------------------|---------------------------------------|
| Part IX Statement of Functional Expenses | st complete all colu | mns All other organ | nizations must som | nloto column (A) |
| Section 501(c)(3) and 501(c)(4) organizations mu | <u> </u> | | | |
| Check if Schedule O contains a response or note to | any line in this Par | | | |
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | | | | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 123,480 | 123,480 | | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 1 | | | |
| 10 Payroll taxes | 21,514 | 21,514 | | |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 21,800 | | 21,800 | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule | | | | |
| O) 12 Advertising and promotion | 1 | ı | | |
| - 1 | 7,994 | | 7,994 | |
| 13 Office expenses | 4,280 | | 4,280 | |
| 14 Information technology | 4,200 | | 4,200 | |
| 15 Royalties | | | | |
| 16 Occupancy | 447 | | | |
| 17 Travel | 447 | 447 | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 3,247 | 3,247 | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 29,848 | 29,848 | | |
| 23 Insurance | 14,799 | 14,799 | | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a PAYROLL ADMIN FEE | 13,549 | 13,549 | | |
| b REPAIRS & MAINTENANCE | 12,741 | 12,741 | | |
| c VOLUNTEER SUPPORT | 11,229 | 11,229 | | |
| d VEHICLE EXPENSES | 6,505 | 6,505 | | |
| e All other expenses | 15,864 | 12,420 | 3,444 | |
| 25 Total functional expenses. Add lines 1 through 24e | 287,297 | 249,779 | 37,518 | 0 |
| Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720). | | | | |
| | | | | |

| For | n 990 | (2023) | | | | | Page 11 |
|---------------|-------|--|-----------------------|----------------------------|---------------------------------|---------|--------------------|
| Р | art X | Balance Sheet | | | | | |
| | | Check if Schedule O contains a response or | note to | any line in this Part IX . | | | <u> </u> |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash-non-interest-bearing | | | 100,953 | 1 | 50,063 |
| | 2 | Savings and temporary cash investments | | | 25,079 | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | | | |
| | 4 | Accounts receivable, net | | | 341 | 4 | 341 |
| | 5 | Loans and other receivables from any current trustee, key employee, creator or founder, su | | | | 5 | |
| | _ | controlled entity or family member of any of t | | | | | |
| | 6 | Loans and other receivables from other disquunder section $4958(f)(1)$, and persons desc | | 6 | | | |
| 2 | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | 36,580 | 8 | 24,963 |
| As | 9 | Prepaid expenses and deferred charges . | | . · · · | 6,734 | 9 | 8,196 |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | 312,400 | | | |
| | ь | Less: accumulated depreciation | 10b | 184,528 | 157,720 | 10c | 127,872 |
| | 11 | Investments—publicly traded securities . | | | | 11 | |
| | 12 | Investments—other securities. See Part IV, li | | | 12 | | |
| | 13 | Investments—program-related. See Part IV, I | | 13 | | | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | | | |
| | 16 | Total'assets: Add lines 1 through 15 (must e | ne 33) | 327,407 | 16 | 211,435 | |
| | 17 | Accounts payable and accrued expenses . | | | 17 | 3,344 | |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | 19 | 48,127 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| (2) | 21 | Escrow or custodial account liability. Comple | te Part | IV of Schedule D | | 21 | |
| Liabilities | 22 | Loans and other payables to any current or fo key employee, creator or founder, substantial controlled entity or family member of any of t | butor, or 35% | | 22 | | |
| Ï | 23 | Secured mortgages and notes payable to unre | | _ | | 23 | |
| | 24 | Unsecured notes and loans payable to unrela | | · — | | 24 | |
| | 25 | Other liabilities (including federal income tax parties, and other liabilities not included on licomplete Part X of Schedule D | bles to related third | 131,295 | 25 | 123,938 | |
| | 26 | Total liabilities. Add lines 17 through 25. | | | 131,295 | 26 | 175,409 |
| S | | Organizations that follow FASB ASC 958, che | ck her | e 🗸 and complete | | | |
| Fund Balances | 27 | lines 27, 28, 32, and 33. Net assets without donor restrictions | | | 196,112 | 27 | 36,026 |
| Ba | | | | | | | 1 |
| ы | 28 | Net assets with donor restrictions | | _ | | 28 | |
| 급 | | Organizations that do not follow FASB ASC 9 | 58, ch | eck here 🕨 🗌 and | | | |
| 9 | 29 | complete lines 29 through 33. Capital stock or trust principal, or current fun | ds . | | | 29 | |

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and het assets/fund balances

30

31

32

33

196,112

327,407

36,026

211,435

Form **990** (2023)

31

32

33

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form 990 (2023)

3b

(Form 990) Department of the Treasury

Internal Revenue Service

SCHEDULE A

Name of the organization

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.

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)

Inspection

OMB No. 1545-0047

Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** FRIENDS OF EMERALD COAST STATE PARKS 59-3633574 Reason for Public Charity Status (All organizations must complete this part.) See instructions.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

| | | hospital's name, city, a | and state: | | | | | | | | |
|----------|----------|---|----------------------------------|---|-------------------------------------|------------------------------------|--|-------------------------------------|--|--|--|
| 5 | | An organization operat 170(b)(1)(A)(iv). (Co | | | versity owned o | or operated by | a governmental unit d | escribed in section | | | |
| 6 | | A federal, state, or loc | al government | or governmental unit | described in se | ection 170(b)(| 1)(A)(v). | | | | |
| 7 | | An organization that no described in section 1 ? | | | | om a governme | ental unit or from the g | general public | | | |
| 8 | | A community trust described in section 170(b)(1)(A)(vi) . (Complete Part II.) | | | | | | | | | |
| 9 | | An agricultural researd university or a non-lan | | | | | | | | | |
| 10 | V | An organization that neceipts from activities from gross investment organization after June | s related to its income and u | exempt functions—su nrelated business taxa | bject to certair able income (le | n exceptions, a ess section 511 | nd (2) no more than 3 | 3 1/3% of its support | | | |
| 11 | | An organization organi | zed and opera | ted exclusively to test | for public safe | ty. See section | 1 509(a)(4). | | | | |
| 12 | | An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) . See section 509(a)(3) . Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12q. | | | | | | | | | |
| а | | Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. | | | | | | | | | |
| b | | Type II. A supporting of management of the su must complete Part IV | pporting organ | ization vested in the s | | | . ,, | , | | | |
| С | | Type III functionally i supported organization | | | | | | rated with, its | | | |
| d | | Type III non-functions not functionally integra (see instructions). You | ated. The orga | nization generally mus | st satisfy a dist | ribution requir | | ` ' | | | |
| e | | Check this box if the o | _ | | | | is a Type I, Type II, T | ype III functionally | | | |
| | | integrated, or Type III | | , | 5 5 | | | | | | |
| f | Entei | r the number of support | | | | | · · · · · · · · · · · · · · · · · · · | | | | |
| <u>g</u> | (i) N | Provide the following in lame of supported | (ii) EIN | (iii) Type of | | organization | (v) Amount of | (vi) Amount of | | | |
| | (., | organization | (, == | organization (described on lines 1- 10 above (see | listed in you | ur governing ment? | monetary support (see instructions) | other support (see instructions) | | | |
| | | | | instructions)) Yes No | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Tota | | | | | | | | | | | |
| | • | vork Reduction Act Noti or 990-EZ. | ce, see the Ins | structions for (| Cat. No. 11285 | ō F | Schedul | e A (Form 990) 2023 | | | |

| | | | | | | | . age 🗷 |
|---|--|-----------------|-----------------|-------------------|-----------------|----------|---------------|
| P | art III Support Schedule (Complete only if you II. If the organization | u checked the l | oox on line 10 | of Part I or if t | he organizatior | | fy under Part |
| S | ection A. Public Support | • | | | | | |
| | endar year fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . | 1,781 | 1,430 | 4,691 | 73,262 | 3,675 | 84,839 |
| 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 | 127,289 | 94,113 | 199,943 | 213,639 | 212,057 | 847,04 |
| 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 | | | | | | |

| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | |
|----|---|---------|--------|---------|---------|---------|
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | |
| 6 | Total. Add lines 1 through 5 | 129,070 | 95,543 | 204,634 | 286,901 | 215,732 |
| 7a | Amounts included on lines 1, 2, | | | | | |

| furnished by a governmental unit to the organization without charge | | | | | | |
|--|----------|-----------------|----------|----------|----------|-----------|
| 6 Total. Add lines 1 through 5 | 129,070 | 95,543 | 204,634 | 286,901 | 215,732 | 931,880 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0 |
| 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. | | | | | | 0 |
| c Add lines 7a and 7b. | | | | | | 0 |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | 931,880 |
| Section B. Total Support | | | | | | |
| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 9 Amounts from line 6 | 129,070 | 95,543 | 204,634 | 286,901 | 215,732 | 931,880 |

| al | S | up | ро |
|-----|----|-----|----|
| | | | |
| nir | ηg | in) | • |

- Amounts from line 6. . .
- Gross income from interest,
- 10a
- 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.
- c Add lines 10a and 10b. Net income from unrelated
- line 10b, whether or not the
- business activities not included on business is regularly carried on. Other income. Do not include gain
- or loss from the sale of capital
- assets (Explain in Part VI.) . .
- Total support. (Add lines 9, 10c, 11, and 12.). .

15

- First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,
- Section C. Computation of Public Support Percentage
- Public support percentage from 2022 Schedule A, Part III, line 15 16
 - Investment income percentage for 2023 (line 10c, column (f) divided by line 13, column (f))
- Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2022 Schedule A, Part III, line 17 18
- Public support percentage for 2023 (line 8, column (f) divided by line 13, column (f))

129,259

189

189

95,543

19a 33 1/3% support tests-2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not b 33 1/3% support tests—2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

- 204,635

 - 286,980

- 79
- 286,901

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization 🕨 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2023

933,265

99.850 %

99.830 %

0.150 %

1,385

1,116

1,116

216,848

15

16

17