



**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.

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. Brag in the above Results Obtained. Below, describe the relationship.

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 directly support the park(s). 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 Total Assets minus Total Liabilities. This is not 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.S. GAO Yellow Book](#)). The audit is **due by September 1** (9 months after the CSO’s calendar year ends) to the Florida Auditor General and to the Department.

CONFIRM ATTACHMENTS:

Code of Ethics

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

Code of Ethics for

Florida State Parks Foundation's Board of Directors

Statement of Commitment

"In establishing policy for and on behalf of Florida State Parks Foundation's members, I am a custodian in trust of the assets of their society/association. The members recognize the need for competent and committed elected board members to serve their organization and have put their trust in my sincerity and abilities. In return, the members deserve my utmost effort, dedication, and support."

"Therefore, as a board member/director of Florida State Parks Foundation, I acknowledge and commit that I will observe a high standard of ethics and conduct as I devote my best efforts, skills and resources in the interest of Florida State Parks Foundation and its members. I will perform my duties as board member/director in such a manner that members' confidence and trust in the integrity, objectivity and impartiality of Florida State Parks Foundation are conserved and enhanced. To do otherwise would be a breach of the trust which the membership has bestowed upon me."

Ethical Guidelines

General

1. I will always hold the betterment of the membership of the organization as my priority, including during all participation in discussions and voting matters.
2. I recognize that I am obligated to act in a manner which will bear the closest public scrutiny.
3. It is my responsibility to contribute to the board of directors any suggestions of ways to improve the organization's policies, standards, practices or ethics.
4. I will not abuse my position as a board member by suggesting to any organization employee that I am entitled to or expect any special treatment beyond regular members of the organization.
5. I will declare any conflict of interest, be it real, potential, or apparent, which is not immediately obvious with regard to any matter being discussed in my presence during a meeting.
6. If the board decides at any time during a meeting that I have a conflict, I will accept their request that I refrain from participating in the discussion and I will leave the meeting at the board's request. I understand that the board's decision will be recorded in the minutes, either with or without the reasons for the decision being also recorded

7. I understand that the following activities are considered by the organization to be conflicts of interest, and that conflicts of interest are not limited to the following situations:
- where a director makes a decision or does an act motivated by other or additional considerations than “the best interests of the organization”
 - where a director personally contracts with the organization or where he/she is a director of other organizations which are contracting with this organization
 - where a director learns of an opportunity for profit which may be valuable to him/her personally or to another organization of which he/she is a member, or to other persons known to the director
 - where a director, in any circumstance as related to the organization, puts his/her personal interests ahead of the best interests of the organization

Information

8. I will not knowingly take advantage of or benefit from information that is obtained in the course of my official duties and responsibilities as a board member, and that is not generally available to membership
9. I will be alert to information which the organization can use to develop improved policies and strategies
10. I will protect the organizations information closely and will not release or share confidential information without the permission, preferably in writing, of the person who provided it
11. I will maintain confidentiality of all information which the board deems ought to be kept confidential

Resources

12. I will be mindful of resources which are in my trust on behalf of the organization, and will help establish policies which ensure the maximization of secure and protected resources

Gifts and Hospitality

13. Should business associates or others offer me gifts, favors, or benefits on a personal basis because of the business the organization does with them, I will recognize that such offers may be an effort to secure advantage from me, and I will reject such offers on the basis that it is against the organization’s policy to accept gifts from business contacts. The most I will accept will be normal promotional handouts of a nominal value.
14. I will not routinely accept the hospitality of others. For example, when meals are taken with business colleagues, I will pay for as many meals as do my colleagues.

Representing the Organization

15. As part of my duties as a board member, I represent the organization informally and formally to other associations, societies, government officials, and business representatives. I recognize that it is important that I represent the organization in such a way as to leave others with a positive impression of the organization. In my duties I will preserve and enhance the good reputation of the organization and will avoid behavior which might damage its image.

Interpretation

16. The president of the organization shall ensure that the practice of this policy will be fair, just, and equitable in all situations of interpretation and application.

Enforcement

17. The president is ultimately responsible for immediate interpretation, application and enforcement of the board members' code of ethics policy. All complaints concerning a possible code of ethics violation shall be made in writing to or by the president with a copy provided to the complainant.

18. The president shall make an initial determination of the issue and shall attempt initial resolution of the problem with the complainer and the complainant.

19. If this initial attempt at resolution is not successful, the president shall appoint a tribunal composed of three board members to investigate the complaint. The tribunal is required to investigate as required and submit a written report to the president within 30 days. The president will render his/her decision within ten days of receiving the tribunal's report.

20. The president's decision may be appealed in writing to the board of directors for consideration the board's next regular meeting at the organization's next regular scheduled meeting for a final decision. The final decision shall be delivered in writing to the complainer and complainant.

Delegation and Penalties

21. Should the president be the subject of a written complaint, the vice president shall perform the duties normally assigned to the president in this matter.

22. Penalties imposed for breach of the code of ethics may include, but are not limited to, the following:

- Excluding the director from portions of all future meetings and discussions which relate to the stated conflict of interest, and/or
- censure of the director, in private, in public, or both, and/or

- removal of the director from office by a resolution passed by a vote of two-thirds of the members voting at an annual or special general meeting of the not-for-profit organization's members, provided that notice of such a proposed resolution is given with the notice calling the meeting.

I have read and I accept Florida State Parks Foundation's Code of Ethics for Board Members

Date

Signature of Director or Nominee

2024 CSO Legislative Report Acknowledgment

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

Signature:  _____

Print name: Kathleen Brennan , CSO

President Florida State Parks Foundation , Inc.

Date: 5/30/2024

Signature: **Chuck Hatcher** Digitally signed by Chuck Hatcher
DN: cn=Chuck Hatcher, o=Florida State Parks Foundation, ou=Florida State Parks Foundation, email=chatcher@fspf.org

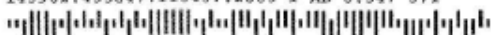
Print name: _____, Park Manager

Date: _____



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

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FLORIDA STATE PARKS FOUNDATION INC
1700 N MONROE ST
TALLAHASSEE FL 32303-5535

Notice	CP211A
Tax period	December 31, 2023
Notice date	April 29, 2024
Employer ID number	59-3207818
To contact us	Phone 877-829-5500

Page 1 of 1

Important information about your December 31, 2023, Form 990

We approved your Form 8868, Application for Automatic Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your December 31, 2023, Form 990, Return of Organization Exempt From Income Tax. Your new due date is November 15, 2024.

What you need to do

File your December 31, 2023, Form 990 by November 15, 2024, electronically. The IRS will not accept Form 990 filed on paper for tax years ending on or after July 31, 2020. You may use software offered by visiting [IRS.gov/eomef/providers](https://www.irs.gov/eomef/providers).

Additional information

- Visit [IRS.gov/cp211a](https://www.irs.gov/cp211a).
- Go to [IRS.gov/charities](https://www.irs.gov/charities) or call 877-829-5500 to learn more about electronic filing requirements.
- Keep this notice for your records.

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2022 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
FLORIDA STATE PARKS FOUNDATION, INC.
 Doing business as

D Employer identification number
59-3207818

E Telephone number
813-586-0681

F Name and address of principal officer: **JULIA WOODWARD**
SAME AS C ABOVE

G Gross receipts \$ **5,348,408.**

H(a) Is this a group return for subordinates? Yes No
 H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.FLORIDASTATEPARKSFOUNDATION.ORG**

K Form of organization: Corporation Trust Association Other L Year of formation: **1993** M State of legal domicile: **FL**

Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: FLORIDA STATE PARKS FOUNDATION PRESERVES, PROTECTS, SUSTAINS AND GROWS FLORIDA STATE PARKS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	7
	6 Total number of volunteers (estimate if necessary)	6	17
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	874,155.	1,043,274.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,734,399.	467,201.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,608,554.	1,510,475.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	705,224.	794,935.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	307,350.	381,528.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	69,850.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	249,658.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	269,980.	300,760.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,352,404.	1,477,223.
19 Revenue less expenses. Subtract line 18 from line 12	1,256,150.	33,252.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 22,442,728.	End of Year 18,913,684.
	21 Total liabilities (Part X, line 26)	31,616.	71,641.
	22 Net assets or fund balances. Subtract line 21 from line 20	22,411,112.	18,842,043.

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: **JULIA WOODWARD, CEO**
 Date: _____
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **STACEY T KOLKA**
 Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: **P01371120**
 Firm's name: **THOMAS HOWELL FERGUSON P.A.** Firm's EIN: **59-3186310**
 Firm's address: **2615 CENTENNIAL BLVD., SUITE 200 TALLAHASSEE, FL 32308** Phone no. **850-668-8100**

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
FLORIDA STATE PARKS FOUNDATION PRESERVES, PROTECTS, SUSTAINS AND GROWS
FLORIDA STATE PARKS.

2 Did the organization undertake any significant program services during the year which were not listed on the
prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 621,732. including grants of \$ 516,459.) (Revenue \$)
THE FOUNDATION PROVIDES FINANCIAL SUPPORT FOR PARK PROJECTS THAT
SUPPLEMENT STATE AND FRIENDS GROUP FUNDING. THE FOUNDATION ACTS AS A
PARTNER IN THIS MANNER BY SEEKING AND SOLICITING SUPPORT FROM OUTSIDE
FUNDERS FOR PARK SPECIFIC PROGRAMS AND PROJECTS AS WELL AS GRANTING
FUNDS FOR PROGRAMS, PROJECTS AND EQUIPMENT.

4b (Code:) (Expenses \$ 230,720. including grants of \$ 191,654.) (Revenue \$)
THE GREENER INITIATIVE IS DESIGNED TO EXPAND ENVIRONMENTALLY FRIENDLY
PRACTICES IN STATE PARKS, REDUCE PARKS' ENERGY-RELATED EXPENSES AND
ENCOURAGE PARK VISITORS TO MAKE ENVIRONMENTALLY-CONSCIOUS DECISIONS IN
THE PARKS AND AT HOME.

4c (Code:) (Expenses \$ 60,388. including grants of \$ 50,163.) (Revenue \$)
DISASTER RELIEF FUNDS PROVIDE AID TO DISASTER VICTIMES AND THOSE FACING
EMERGENCY HARDSHIPS.

4d Other program services (Describe on Schedule O.)
(Expenses \$ 44,131. including grants of \$ 36,659.) (Revenue \$)

4e Total program service expenses 956,971.

Part 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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
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>		X
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>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		X
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 18? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c 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 18? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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 18? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 8 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 8a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Description, and Yes/No columns. Rows 22-38 cover various IRS requirements such as reporting grants, compensation, bond issues, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Description, and Yes/No columns. Rows 1a-1c cover Form 1098 reporting, Forms W-2G, and gaming winnings.

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		7
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8868-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	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? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	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	

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to the 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year 17
1b Enter the number of voting members included on line 1a, above, who are independent 17
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? X
6 Did the organization have members or stockholders? X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X
8 Did the organization contemporaneously document its meetings held or written actions taken during the year by the following:
8a The governing body? X
8b Each committee with authority to act on behalf of the governing body? X
9 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 correct name and address on Schedule O X

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

10a Did the organization have local chapters, branches, or affiliates? X
10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 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 the form? X
11b 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 "Yes," go to line 13 X
12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X
12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X
13 Did the organization have a written whistleblower policy? X
14 Did the organization have a written document retention and destruction policy? X
15 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?
15a The organization's CEO, Executive Director, or top management official X
15b Other officers or key employees of the organization X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X
16b 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?

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed FL
18 Section 5104 requires an organization to make its Forms 1023 (1023 or 1023-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
JULIA WOODWARD - 813-586-0681
1700 N. MONROE STREET SUITE 11 #200, TALLAHASSEE, FL 32303

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

Check if Schedule C contains a response or note to any line in this Part VII

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 tax year.

* List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

* List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

* List the organization's five (5) 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

* List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Director	Trustee	Key employee	Highest compensated employee	Former officer, director, trustee, or key employee			
(1) JULIA BELL WOODWARD CEO	40.00				X			153,042.	0.	30,841.
(2) TERRY SORAPFON PRESIDENT	5.00	X	X				0.	0.	0.	
(7) KATHLEEN BRIDGMAN PRESIDENT-ELECT	1.00	X	X				0.	0.	0.	
(4) BOB ZEPPEL IMMEDIATE PAST PRESIDENT	2.00	X	X				0.	0.	0.	
(5) KELLY LEWIS SECRETARY	1.00	X	X				0.	0.	0.	
(6) ANDREWS FIDBERTY TREASURER	2.00	X	X				0.	0.	0.	
(7) DEBBE BRUCE DIRECTOR	1.00	X					0.	0.	0.	
(9) DR. DALE A BRILL DIRECTOR	1.00	X					0.	0.	0.	
(8) MATT CALDWELL DIRECTOR	1.00	X					0.	0.	0.	
(10) LINDA CHERRY DIRECTOR	1.00	X					0.	0.	0.	
(11) PAULA DOHERTY DIRECTOR	1.00	X					0.	0.	0.	
(12) RICHARD GOODMAN DIRECTOR	1.00	X					0.	0.	0.	
(13) ROBERT LAURIN DIRECTOR	1.00	X					0.	0.	0.	
(14) KIM MATTHEWS DIRECTOR	1.00	X					0.	0.	0.	
(15) DEB McPARKER DIRECTOR	1.00	X					0.	0.	0.	
(16) TOM PERRELLA DIRECTOR	1.00	X					0.	0.	0.	
(17) JOE ROSSANO DIRECTOR	1.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply; do not check any box unless you are both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Individual officer	Director	Key employee	Highest compensated employee	Former			
(18) WALTER SPENCER DIRECTOR	1.00	X						0.	0.	0.
(19) DAVID SANDERS (NON-VOTING) FLORIDA PARK SERVICE DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal							153,042.	0.	30,841.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							153,042.	0.	30,841.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization: **1**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for each individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for each individual	X	
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 each person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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 VIII Statement of Revenue

Check if Schedule D contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	22,118.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts are included above	1f	1,010,109.			
	g Exclude contributions reported on lines 1a-f	1g				
	h Total. Add lines 1a-1f		1,032,227.			
Program Service Revenue	2 a _____	Business Code				
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		667,714.		667,714.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	6a				
		b Less: rental expenses	6b			
		c Rental income or (loss)	6c			
		d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory	7a				
		b Less: cost of sales and sales expenses	7b			
		c Gain or (loss)	7c			
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
		b Less: direct expenses	8b			
		c Net income or (loss) from fundraising events				
	9 a Gross income from gaming activities. See Part IV, line 19	9a				
b Less: direct expenses		9b				
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
All Other Revenue Excesses	11 a _____	Business Code				
	b _____					
	c _____					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions		1,610,472.	0.	0.	667,714.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(29) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX <input type="checkbox"/>				
Do not include amounts reported on lines 28, 29, 30, 31, and 106 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 grantees. See Part IV, line 21	794,935.	794,935.		
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	183,883.	64,694.	32,825.	86,364.
6 Compensation not included above or disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	162,628.	58,105.	30,750.	73,773.
8 Fees for professional and consultant services (include section 401(b) and 408(a) employer contributions)				
9 Other employee benefits	11,977.	4,192.	2,156.	5,629.
10 Payroll taxes	23,040.	8,064.	4,147.	10,829.
11 Fees for services (nonemployees):				
a Management				
b Legal	8,562.		8,562.	
c Accounting	64,382.		64,382.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	76,700.		76,700.	
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	33,562.	17,014.	48.	16,500.
13 Office expenses	3,879.	35.	3,663.	181.
14 Information technology	33,068.			33,068.
15 Royalties				
16 Occupancy	5,704.		5,704.	
17 Travel	3,783.		3,783.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	18,788.	4,884.	13,459.	445.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	20,244.		20,244.	
24 Other expenses. Include expenses not covered above. (List subscription expenses on line 24c. If line 24c amount exceeds 10% of line 25, column (A), amount, list line 24c expenses on Schedule O.)				
a BANK AND CREDIT CARE FE	22,846.	1,326.	462.	21,058.
b SUBSCRIPTIONS	4,344.	3,618.	726.	
c PRINTING & COPYING	2,345.		2,299.	46.
d POSTAGE & SHIPPING	776.	104.	41.	631.
e All other expenses	1,777.		643.	1,134.
25 Total functional expenses. Add lines 1 through 24	1,477,223.	956,971.	270,594.	249,658.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a qualified external campaign and fundraising solicitation. Check here <input type="checkbox"/> if following (a) or (b) in instructions				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	455,530.	1	542,708.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creditor or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 1953(b)(1)), and persons described in section 1953(c)(D)(E)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	20,304.	9	7,736.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D		10a	
	b	Less: accumulated depreciation		10b	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	21,966,894.	12	18,255,040.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	0.	15	108,300.
16	Total assets. Add lines 1 through 15 (must equal line 33)	22,442,728.	16	18,913,684.	
Liabilities	17	Accounts payable and accrued expenses	30,916.	17	41,402.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	700.	21	30,239.
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creditor or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	31,616.	26	71,641.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	21,815,913.	27	18,196,817.
	28	Net assets with donor restrictions	595,199.	28	645,226.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	22,411,112.	32	18,842,043.
33	Total liabilities and net assets/fund balances	22,442,728.	33	18,913,684.	

Part XI Reconciliation of Net Assets:

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

1	Total revenue (must equal Part VII, column (A), line 12)	1	1,510,475.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,477,223.
3	Revenue less expenses. Subtract line 2 from line 1	3	33,252.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	22,411,112.
5	Net unrealized gains (losses) on investments	5	-3,602,321.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	18,842,043.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis	<input type="checkbox"/> Consolidated basis	<input type="checkbox"/> Both consolidated and separate basis
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis	<input checked="" type="checkbox"/> Consolidated basis	<input type="checkbox"/> Both consolidated and separate basis
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
2c As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidelines, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits:		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization: **FLORIDA STATE PARKS FOUNDATION, INC.** Employer identification number: **59-3207818**

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)(v). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(vi).
- 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)(vii). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(viii). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (i) 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 (ii) 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 June 30, 1975. See section 509(a)(2). (Complete Part II.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on line 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations: _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above; see instructions)	(iv) Amount of monetary support to the publicly supported organization		(v) Amount of in-kind support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(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 facts listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1. Gifts, grants, contributions, and membership fees received. (Do not include any "annual grants.")	90,197.	221,823.	563,173.	869,223.	1,043,274.	2,787,690.
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	90,197.	221,823.	563,173.	869,223.	1,043,274.	2,787,690.
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. Public support. Add lines 1 through 5						2,787,690.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7. Amounts from line 4	90,197.	221,823.	563,173.	869,223.	1,043,274.	2,787,690.
8. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	378,374.	598,276.	681,669.	1,000,472.	667,773.	3,326,564.
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						6,114,254.

12. Gross receipts from related activities, etc. (see instructions) 12

13. 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, check this box and stop here

Section C. Computation of Public Support Percentage

14. Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	45.59 %
15. Public support percentage from 2021 Schedule A, Part II, line 11	15	39.29 %

16a. 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b. 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a. 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b. 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 8, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

FLORIDA STATE PARKS FOUNDATION, INC.

Employer identification number
59-3207818

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private inurement? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply):

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Field of the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2008, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASE ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASE ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1	\$ _____
(ii) Assets included in Form 990, Part X	\$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASE ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1	\$ _____
b Assets included in Form 990, Part X	\$ _____

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

Schedule D (Form 990) 2022

202210047-02

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *Continued*

3. Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
4. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 8, or reported an amount on Form 990, Part X, line 21.

- 1a. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b. If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|----------------------------------|--------|
| c. Beginning balance | 1c |
| d. Additions during the year | 1d |
| e. Distributions during the year | 1e |
| f. Ending balance | 1f |
- 2a. Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b. If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

- | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a. Beginning of year balance | | | | | |
| b. Contributions | | | | | |
| c. Net investment earnings, gains, and losses | | | | | |
| d. Grants or scholarships | | | | | |
| e. Other expenditures for facilities and programs | | | | | |
| f. Administrative expenses | | | | | |
| g. End of year balance | | | | | |
2. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a. Board designated or quasi-endowment _____ %
 - b. Permanent endowment _____ %
 - c. Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a. Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
- b. If "Yes" on line 3a(i), are the related organizations listed as required on Schedule RT? Yes No
4. Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a. Land				
b. Buildings				
c. Leasehold improvements				
d. Equipment				
e. Other				
Total. Add lines 1a through 1e. Column (d) must equal Form 990, Part X, column (ii), line 10c.				0.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (Indicate year of maturity)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(a) EQUITY SECURITIES	2,368,884.	END-OF-YEAR MARKET VALUE
(b) MUTUAL FUNDS	13,717,148.	END-OF-YEAR MARKET VALUE
(c) SHORT TERM INVESTMENTS	2,169,008.	END-OF-YEAR MARKET VALUE
(d)		
(e)		
(f)		
(g)		
(h)		
Total. (Col. (b) must equal Form 990, Part X, col. (b) line 12.)	18,255,040.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (b) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (b) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (b) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	-2,168,546.
2	Amounts included on line 1 but not on Form 990, Part VII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-3,602,321.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	-3,602,321.	
3	Subtract line 2e from line 1	3	1,433,775.	
4	Amounts included on Form 990, Part VII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VII, line 7b	4a	76,700.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	76,700.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,510,475.	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	1,400,523.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1	3	1,400,523.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VII, line 7b	4a	76,700.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	76,700.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,477,223.	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 7b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B:

THE FOUNDATION SERVES AS CUSTODIAN OF FUNDS FOR CERTAIN LOCAL STATE PARKS.

THESE FUNDS ARE INCLUDED IN CUSTODIAL ACCOUNT LIABILITY ON PART X.

PART X, LINE 2:

WITH FEW EXCEPTIONS, THE FOUNDATION IS NO LONGER SUBJECT TO EXAMINATIONS

BY MAJOR TAX JURISDICTIONS FOR YEARS ENDED DECEMBER 31, 2018 AND PRIOR.

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Department of the Treasury
Internal Revenue Service

Attach to Form 990.

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

Name of the organization: **FLORIDA STATE PARKS FOUNDATION, INC.** Employer identification number: **59-3207818**

Part I General information on Grants and Assistance

1. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
FLORIDA PARK SERVICE RANGERS ASSOCIATION - 2651 BLAKE STONE RD, STE 125 BOX 113 - TALLAHASSEE, FL 32301	90-1076487	501(c)3	50,000.	0.			RANGER DISASTER RELIEF
FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION - 2800 COMMONWEALTH BLVD - TALLAHASSEE, FL 32399	90-6007222	GOVERNMENTAL	19,945.	0.			STAFF PROFESSIONAL TRAINING
FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION - 2800 COMMONWEALTH BLVD - TALLAHASSEE, FL 32399	90-6007222	GOVERNMENTAL	61,000.	0.			ALL-TERRAIN POWERED WHEELCHAIR
FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION - 2800 COMMONWEALTH BLVD - TALLAHASSEE, FL 32399	90-6007222	GOVERNMENTAL	19,942.	0.			ENVIRONMENTAL EDUCATION SUPPLIES
FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION - 2800 COMMONWEALTH BLVD - TALLAHASSEE, FL 32399	90-6007222	GOVERNMENTAL	21,040.	0.			WHEELCHAIR ACCESSIBLE TRAM
FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION - 2800 COMMONWEALTH BLVD - TALLAHASSEE, FL 32399	90-6007222	GOVERNMENTAL	25,000.	0.			COURTESY FOOD

2. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table: **2.**

3. Enter total number of other organizations listed in the line 1 table: _____

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION - 2900 COMMONWEALTH BLVD - TALLAHASSEE, FL 32399	95-6007323	GOVERNMENTAL	26,375.	0.			JUNIOR RANGER PROGRAM
FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION - 2900 COMMONWEALTH BLVD - TALLAHASSEE, FL 32399	95-6007323	GOVERNMENTAL	25,393.	0.			EDUCATION BACKPACK KIT
FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION - 2900 COMMONWEALTH BLVD - TALLAHASSEE, FL 32399	95-6007323	GOVERNMENTAL	20,000.	0.			QUINCY RESTORATION
FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION - 2900 COMMONWEALTH BLVD - TALLAHASSEE, FL 32399	95-6007323	GOVERNMENTAL	10,319.	0.			INTERPRETATION DEVELOPMENT
FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION - 2900 COMMONWEALTH BLVD - TALLAHASSEE, FL 32399	95-6007323	GOVERNMENTAL	5,397.	0.			TRAIL IMPROVEMENTS
FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION - 2900 COMMONWEALTH BLVD - TALLAHASSEE, FL 32399	95-6007323	GOVERNMENTAL	21,040.	0.			WHEELCHAIR ACCESSIBLE TRAIL
FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION - 2900 COMMONWEALTH BLVD - TALLAHASSEE, FL 32399	95-6007323	GOVERNMENTAL	17,475.	0.			PICNIC/EVENT PAVILION
FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION - 2900 COMMONWEALTH BLVD - TALLAHASSEE, FL 32399	95-6007323	GOVERNMENTAL	11,400.	0.			WILDLIFE OBSERVATION EQUIPMENT
FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION - 2900 COMMONWEALTH BLVD - TALLAHASSEE, FL 32399	95-6007323	GOVERNMENTAL	6,000.	0.			TREE RESTORATION

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, F.V., appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental information. Provide the information required in Part I, line 2; Part II, column (b); and any other additional information.

PART I, LINE 2

FLORIDA STATE PARKS FOUNDATION, INC. HAS AN INTERNAL COMMITTEE THAT
 REVIEWS THE GRANT REQUESTS AND EXPENDITURES FOR COMPLIANCE WITH STATED
 REQUIREMENTS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 33.
Attach to Form 990.

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

Name of the organization

FLORIDA STATE PARKS FOUNDATION, INC.

Employer identification number

59-3207818

Part I Questions Regarding Compensation

		Yes	No
<p>1 Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p>			
<input type="checkbox"/>	First-class or charter travel		
<input type="checkbox"/>	Travel for companions		
<input type="checkbox"/>	Tax indemnification and gross-up payments		
<input type="checkbox"/>	Discretionary spending account		
<input type="checkbox"/>	Housing allowance or residence for personal use		
<input type="checkbox"/>	Payments for business use of personal residence		
<input type="checkbox"/>	Health or social club dues or initiation fees		
<input type="checkbox"/>	Personal services (such as maid, chauffeur, chef)		
<p>2 If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>		2a	
<p>3 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</p>		3	
<p>4 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p>			
<input checked="" type="checkbox"/>	Compensation committee		
<input type="checkbox"/>	Independent compensation consultant		
<input type="checkbox"/>	Form 990 of other organizations		
<input type="checkbox"/>	Written employment contract		
<input checked="" type="checkbox"/>	Compensation survey or study		
<input checked="" type="checkbox"/>	Approval by the board or compensation committee		
<p>5 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>			
5a	Receive a severance payment or change-of-control payment?		<input checked="" type="checkbox"/>
5b	Participate in or receive payment from a supplemental nonqualified retirement plan?		<input checked="" type="checkbox"/>
5c	Participate in or receive payment from an equity-based compensation arrangement?		<input checked="" type="checkbox"/>
<p>If "Yes" to any of lines 5a-c, list the persons and provide the applicable amounts for each item in Part III.</p>			
<p><i>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 6-8.</i></p>			
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>			
6a	The organization?		<input checked="" type="checkbox"/>
6b	Any related organization?		<input checked="" type="checkbox"/>
<p>If "Yes" on line 6a or 6b, describe in Part III.</p>			
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net savings of:</p>			
7a	The organization?		<input checked="" type="checkbox"/>
7b	Any related organization?		<input checked="" type="checkbox"/>
<p>If "Yes" on line 7a or 7b, describe in Part III.</p>			
<p>8 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 6 and 7? If "Yes," describe in Part III</p>			
8			<input checked="" type="checkbox"/>
<p>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>			
9			

Part III Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (i)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (i) and (ii) amounts for that individual.

(A) Name and Title		(B) Break-down of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Non taxable benefits	(E) Total of columns (i)(i)-(ii)	(F) Compensation in column (E) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation				
(1) JESSA BELL WOODWARD	(i)	153,042.	0.	0.	7,000.	23,841.	183,883.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

2022

Open to Public
Inspection

Name of the organization

FLORIDA STATE PARKS FOUNDATION, INC.

Employer identification number

59-3207818

FORM 990, PART VI, SECTION E, LINE 11B:

FORM 990 AND ACCOMPANYING SCHEDULES ARE PREPARED BY AN INDEPENDENT
ACCOUNTING FIRM. FORM 990 AND ACCOMPANYING SCHEDULES ARE REVIEWED BY THE
CHIEF EXECUTIVE OFFICER FOR ACCURACY. ALL QUESTIONS AND ISSUES ARE RESOLVED
WITH THE INDEPENDENT ACCOUNTING FIRM PRIOR TO FILING WITH THE INTERNAL
REVENUE SERVICE CENTER.

FORM 990, PART VI, SECTION E, LINE 13C:

THE CONFLICT OF INTEREST POLICY IS TO BE SIGNED ANNUALLY BY THE BOARD OF
DIRECTORS, OFFICERS AND MEMBERS OF A COMMITTEE WITH BOARD DELEGATED POWERS.
ANY CONFLICTS OR POTENTIAL CONFLICTS ARE RESOLVED BY THE CHAIRMAN OF THE
BOARD.

FORM 990, PART VI, SECTION E, LINE 15:

CEO RAISES ARE SUBJECT TO EXECUTIVE COMMITTEE APPROVAL. THE CEO HAS THE
AUTHORITY TO SET THE SALARY PACKAGES FOR ALL OTHER EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS THREE MOST CURRENT YEARS OF FORM 990 AND ITS
FORM 1023 AVAILABLE UPON REQUEST. NO OTHER DOCUMENTS ARE MADE AVAILABLE TO
THE PUBLIC.

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization: **FLORIDA STATE PARKS FOUNDATION, INC.** Employer identification number: **59-3207818**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
FLORIDA STATE PARKS FOUNDATION SERVICES, LLC - 59-3207818, 1700 W. MOONRISE ST, BOX 11 #100, TALLAHASSEE, FL 32302	CHARITABLE	FLORIDA			FLORIDA STATE PARKS FOUNDATION, INC

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Is the (f) a control entity?	
						Yes	No

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

