



Islamorada, Village of Islands **BUDGET WORKSHOP**

August 23, 2024 - 3:00 PM
Founders Park Community Center
87000 Overseas Highway
Islamorada, FL 33036

The Village Council has resumed the in-person regular meeting format. Virtual participation is still available to the public. Please see the last page of the agenda for participation details

AGENDA

- I. CALL TO ORDER / ROLL CALL**
- II. PLEDGE OF ALLEGIANCE**
- III. PUBLIC COMMENT**
- IV. CHARITABLE CONTRIBUTION APPLICATION PRESENTATIONS**
 - A.** I.CARE Corporation
 - B.** The Community Ministry, First Baptist Islamorada
 - C.** FIRMKeys, Inc.
 - D.** Florida Keys Area Health Education Center, Inc.
 - E.** Florida Keys Children's Shelter
 - F.** Florida Keys Healthy Start Coalition
 - G.** Florida Keys History and Discovery Foundation
 - H.** Good Health Clinic
 - I.** History of Diving Museum
 - J.** Surfrider Foundation
 - K.** United Way Collier and the Keys
 - L.** Upper Keys Baseball Development Foundation
 - M.** Upper Keys Youth Lacrosse League
- V. CONTINUATION OF WORKSHOP 2 (IF NEEDED)**
- VI. COUNCIL DISCUSSION**
- VII. ADJOURNMENT**

Options for Viewing the Village Council Meeting:

The public is encouraged to watch the meeting on Monroe County's MCTV Comcast Channel

77. Alternatively, the public may view the meeting streamed live on the Village website from their personal computer, tablet or phone via the following link:
https://www.islamorada.fl.us/departments/communications/live_village_broadcast_meeting.php

Option 1: Email your comments.

1. Public comment should be submitted via email to: public.comment@islamorada.fl.us
2. The email should contain "Public Comment" in the subject line.
3. The name and address of the submitter shall be included in the email.
4. Public comment should be submitted by 9 a.m. the day before the meeting. Public comment will be sent to the Village Councilmembers for consideration prior to the meeting. Public comments will not be read during the meeting.

Option 2: Call in During the Meeting.

1. If phoning in, dial 305-224-1968 and enter the webinar ID: **911 0656 4166** followed by #. When the Mayor opens public comment pertaining to the agenda item you are interested in dial *9 to be recognized by the Zoom meeting monitor. The Monitor will call you by the last four digits of your phone number. **Please be sure to unmute your phone when you are called upon.**
2. If watching online via Zoom: Open the Zoom webinar link <https://zoom.us/j/91106564166> and follow the prompts to join the webinar. When the Mayor opens public comment use the "raise your hand" feature to be recognized by the meeting monitor. Public comments will be heard in the order in which they are received.

ADA Assistance:

These meetings are open to the public. In accordance with the Americans with Disabilities Act of 1990, all persons who are disabled and who need special accommodations to participate in this meeting because of that disability should contact the ADA Coordinator at (305) 664-6448 or by email at ADA@islamorada.fl.us at least 48 hours before the scheduled meeting



Council Communication

To: Mayor and Village Council
From:
Date: August 23, 2024
SUBJECT: I.CARE Corporation

Background:
N/A

Analysis:
N/A

Budget Impact:
N/A

Staff Impact:
N/A

Recommendation:
N/A

Attachments:

1. FY2425 Charitable Grant Application Scorecard ICARE
2. ICARE Combined Application
3. I.CARE Village Pres_2024 Funding



Islamorada, Village of Islands

Charitable Grant Applications – Fiscal Year 2024-2025

Organization: I.CARE Corporation

Amount Requested: \$15,000

Please rank the organization using the criteria below. Rank each category on a 1 to 10 scale. If you do not believe the organization should receive any funding, leave the rating boxes blank and write DNF (Do Not Fund) in the Total Score section.

Criteria	Rating (1-10)
The organization provides services that have been identified by the Village as fulfilling a needed service.	
The organization is able to provide the services cost efficiently and with a high quality of service.	
The organization is located within the boundaries of the Village or the organization's services are provided directly to, or benefit, Village residents.	
The organization has sought funding from the Village, Monroe County, or other governmental organizations in previous years and/or this current year.	
The organization has the administrative and financial stability to deliver services for which it is requesting funding from the Village.	

Total Score: _____

Resolution 23-02-13

Section 6. Limitation on use of Funds. Any funds granted to a non-profit organization shall not be used to pay salaries or administrative expenses/costs of the recipient without the express written consent of the Village.

This organization has indicated that they will be using **\$0** of the **\$15,000** funding request to pay salaries and/or administrative expenses/costs.

Given the above, do you give your consent to allow the organization to use grant funds for salaries and/or administrative costs/expenses?

- Yes
- No

Recommended Award Amount

Funding will be disbursed using the breakdown below:

Top 33% of applicants – funding request granted not to exceed \$10,000

Middle 33% of applicants – funding request granted not to exceed \$5,000

Bottom 33% of applicants – funding request granted not to exceed \$3,000



Islamorada Village of Islands

Charitable Donation Request Application

Organization Name:

Address:

City, State, Zip Code:

What year was this organization formed?

Qualified charitable organization? (If yes, provide IRS Exemption Letter): ☒ Yes ☐ No

Pursuant to Chapter 496, Florida Statutes, do you have a Solicitation License from the Florida Department of Consumer Affairs? ☒ Yes ☐ No

Federal Tax Identification Number:

Phone:

Email:

Contact person:

Phone:

Total agency annual operating budget:

Number of persons or businesses served in 2023:

Number of Islamorada residents or businesses served in 2023:

Please list all digital presence below:

Organization Website:

Instagram:

Facebook:

YouTube:

X (formerly Twitter):

Other:

1. Briefly describe your mission and how you measure success.

I.CARE (Islamorada Conservation and Restoration Education) is dedicated to incorporating efforts of local businesses, residents, and visitors in restoring and maintaining coral reef communities in Islamorada, Florida. Our mission is to increase community involvement in reef conservation through citizen science and education, coral transplantation, and continued monitoring of corals, reef fishes, and invertebrates. We measure our success by the number of corals transplanted, number of corals monitored, number of corals surviving, as well as by the number of individuals educated about the importance of our coral reefs.

2. Describe the types of services your organization provides.

Over the previous 40 years, coral cover on the Florida Reef Tract has been declining, threatening the great biodiversity this coral reef ecosystem supports. To combat the loss in coral cover, many organizations have focused their efforts on transplanting nursery grown coral fragments to these reefs. However, the majority of the work has been completed by highly trained scientists, leaving recreational divers unable to assist.

We at I.CARE provide avenues for members of the general public to participate in coral restoration activities! Our staff educates recreational divers in the basics of coral ecology, trains them in proper restoration techniques, and supervises them as they transplant coral fragments back to the reef. We offer six coral transplanting trips each month between Islamorada-based dive shops. I.CARE also trains and supervises recreational divers monitoring and maintenance activities on previously transplanted corals, allowing for continuing education opportunities four times a month.

Over the past two years, I.CARE has supported a Locals Program. This program provides funding opportunities for local divers to participate in coral transplanting, maintenance and monitoring opportunities. For each coral transplant and maintenance trip, the program covers the dive expenses for eight and six local divers, respectively. Since the beginning of this program, I.CARE has built a network of 320 local divers that regularly participate in restoration the Florida Reef Tract in Islamorada!

3. Indicate whether you have previously competed for Village funds: ☒ Yes ☐ No

4. If yes to (3), please provide the amount received, original purpose of the funding, and what you accomplished with the funding.

I.CARE has received funding from the Village of Islamorada in 2020, 2022, and 2023 for \$5,000, \$50,000, and \$10,000, respectively. Deliverables for these funds included transplanting at least 5,000 corals to reef sites in the Islamorada area, monitoring and maintaining 100% of these corals to ensure a 70% survival rate, educating at least 1,500 individuals about coral restoration activities, and providing imagery of all activities. This funding helped support I.CARE over the past three years and to date, we have outplanted over 16,000 corals from 12 reef-building coral species, monitored 100% of all transplants at one-week, one-month, three-months and one-year post-transplant, and educated over 3,900 individuals in our program. We have also maintained a survival rate of 86% across all species, calculated at one-month post-transplant. This statistic does not account for mortality due to the recent mass bleaching event that impacted the entire Florida Reef Tract. Our team is conducting ongoing surveys at all sites to estimate survivorship.

5. Current funding request: **\$15,000**

6. If awarded, what will you accomplish with the current funding request?

I.CARE provides opportunities for divers of all ages and backgrounds to participate in coral restoration activities. We have worked with several school groups, ranging from elementary school to college students and have collaborated with organizations that specialize in training young divers in marine science. Educating local youths that call the Florida Keys home is crucial for the preservation of our coral reefs and our way of life. We plan to use funding from the Village of Islamorada to train local students to scuba dive, obtain proper buoyancy skills, and transplant coral so we can invest in our future generations and provide experiences in marine science that may spark future careers.

Specifically, funds would be used to certify 10 local youths (ages 12-18) to scuba dive (\$500 per student), teach these students proficient buoyancy skills to work with coral (\$200 per student), and train students to transplant and maintain coral fragments (\$300 per student). I.CARE also requests \$2,000 for transplanting supplies and \$3,000 for two months of I.CARE intern support (\$1,500 per month for 5 interns).

7. Please attach a list of all Owners/Directors/Principals/Board Members.

8. Complete the table below and attach a copy of your approved budget:

Description	Existing Project Funding	Amount Requested
Salaries	\$0	\$0
Operating Expenses (i.e., phones rent)	\$45,000	\$15,000
Non-Operating Expenses (i.e., consultants, etc.)	\$0	\$0
Total	\$45,000	\$15,000

Attachments (Please check off all that apply):

- ☒ IRS exemption letter dated within the previous two years.
- ☒ Most recent tax returns.
- ☒ List of all Owners/Directors/Principals/Board Members.
- ☒ If applicable, Solicitation License from the Florida Department of Consumer Affairs.

☐ Other (please specify):

ATTESTATION

I hereby certify that I have read and understand the [charitable donation request guidelines](#) and that the information provided is true and correct. I understand that the approval and denial of all charitable donation requests is in the sole decision of the Village and that is the request is approved a charitable grant agreement is required to the distribution of any funds.

Kylie Smith

Printed name -- Organization's Authorized Representative

Signature -- Organization's Authorized Representative

Date: 4/23/2024

Completed applications should be sent via email to finance@islamorada.fl.us, or by delivering a hard copy to:

Islamorada, Village of Islands
ATTN: Finance Department
86800 Overseas Highway
Islamorada, FL 33036



Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
P.O. Box 2508
Cincinnati, OH 45201

ICARE CORPORATION
79851 OVERSEAS HIGHWAY
ISLAMORADA, FL 33036

Date:
08/11/2021
Employer ID number:
86-1391515
Person to contact:
Name: M. Taylor
ID number: 52449
Telephone: 877-829-5500
Accounting period ending:
June 30
Public charity status:
170(b)(1)(A)(vi)
Form 990 / 990-EZ / 990-N required:
Yes
Effective date of exemption:
January 8, 2021
Contribution deductibility:
Yes
Addendum applies:
No
DLN:
26053447010761

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

Letter 947 (Rev. 2-2020)
Catalog Number 35152P



ISLAMORADA CONSERVATION AND RESTORATION EDUCATION

Islamorada, Florida 33036

I.CARE Board of Directors

Michael Goldberg – President
Mike@icareaboutcoral.org
(305) 998-8424

Kylie Smith – Vice President
Kylie@icareaboutcoral.org
(970) 531-3391

Shelly Laughlin – Treasurer
shelly@wowadvisors.com
(954) 500-1040

Kurt Tidd – Secretary
kwtusn@gmail.com
(410) 919-3900

Sara Stanczyk – Board Member
floridakeysecotour@gmail.com
(305) 394-1042

Andrew Mitchell – Board Member
amitchell@mitchell-lp.com
(509) 315-9890

Forms 990 / 990-EZ Return Summary

For calendar year 2023, or tax year beginning

, and ending

86-1391515

I.CARE Corporation

Net Asset / Fund Balance at Beginning of Year 234,633

Revenue

Contributions 334,128

Program service revenue _____

Investment income _____

Capital gain / loss _____

Fundraising / Gaming: _____

Gross revenue _____

Direct expenses _____

Net income _____

Other income 0

Total revenue 334,128

Expenses

Program services 366,857

Management and general _____

Fundraising _____

Total expenses 366,857

Excess / (deficit) -32,729

Changes 8,327

Net Asset / Fund Balance at End of Year 210,231

Reconciliation of Revenue

Total revenue per financial statements _____

Less:

Unrealized gains _____

Donated services _____

Recoveries _____

Other _____

Plus:

Investment expenses _____

Other _____

Total revenue per return 334,128

Reconciliation of Expenses

Total expenses per financial statements _____

Less:

Donated services _____

Prior year adjustments _____

Losses _____

Other _____

Plus:

Investment expenses _____

Other _____

Total expenses per return 366,857

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>241,498</u>	<u>215,971</u>	
Liabilities	<u>6,865</u>	<u>5,740</u>	
Net assets	<u><u>234,633</u></u>	<u><u>210,231</u></u>	<u><u>-24,402</u></u>

Miscellaneous Information

Amended return

Return / extended due date 05/15/24

Failure to file penalty _____

Form 990 Department of the Treasury Internal Revenue Service		Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.		OMB No. 1545-0047 2023 Open to Public Inspection	
A For the 2023 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 I.CARE Corporation Doing business as Number and street (or P.O. box if mail is not delivered to street address) 79851 Overseas Hwy Room/suite City or town, state or province, country, and ZIP or foreign postal code Islamorada FL 33036		D Employer identification number 86-1391515	
				E Telephone number 305-908-7020	
		F Name and address of principal officer: Michael Goldberg 79851 Overseas Highway Islamorada FL 33036		G Gross receipts \$ 334,128	
				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	
		I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527		H(c) Group exemption number	
J Website: www.icareaboutcoral.org					
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other		L Year of formation: 2021		M State of legal domicile: FL	
Part I Summary					
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O				
	2 Check this box ☐ 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 6
	4 Number of independent voting members of the governing body (Part VI, line 1b)				4 6
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)				5 2
	6 Total number of volunteers (estimate if necessary)				6 0
	7a 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)		Prior Year	Current Year	
			327,733	334,128	
	9 Program service revenue (Part VIII, line 2g)		0		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0		
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		327,733	334,128		
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		113,445	181,631	
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0		
	b Total fundraising expenses (Part IX, column (D), line 25) 0				
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		153,334	185,226	
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		266,779	366,857	
19 Revenue less expenses. Subtract line 18 from line 12		60,954	-32,729		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)		Beginning of Current Year	End of Year	
			241,498	215,971	
	21 Total liabilities (Part X, line 26)		6,865	5,740	
22 Net assets or fund balances. Subtract line 21 from line 20		234,633	210,231		
Part II 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		Date		
	Michael Goldberg Type or print name and title		President		
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature		Date
	Steven R Pribramsky, CPA		Steven R Pribramsky, CPA		
	Firm's name		Firm's EIN		
	South Florida Financial Advisory Network		80-0859043		
Firm's address		Phone no.			
1010 Kennedy Drive Ste 201 Key West, FL 33040		305-294-8137			
May the IRS discuss this return with the preparer shown above? See instructions					☒ Yes ☐ No
For Paperwork Reduction Act Notice, see the separate instructions.					Form 990 (2023)

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:**See Schedule O****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? ☐ Yes ☒ No

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 \$ including grants of\$) (Revenue \$)**The organization obtained a permit to restore miles of reef off the east coast of Islamorada.****4b** (Code:) (Expenses \$ including grants of\$) (Revenue \$)**The organization outplanted over 4,000 coral****4c** (Code:) (Expenses \$ including grants of\$) (Revenue \$)**The organization educated and trained over 1,000 divers and community members as to the condition of the reef and how they can be part of the restoration efforts****4d** Other program services (Describe on Schedule O.)(Expenses \$ **366,857** including grants of\$) (Revenue \$)**4e** Total program service expenses **366,857**

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 16? <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 16? <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 16? <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 6 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 9a? <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 If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 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? <i>If "Yes," complete Schedule J</i>		X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding 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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 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 entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or 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? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.		X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	6
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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	2
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
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)?	4a	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?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
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?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
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?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
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?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
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.		
a	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:		
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?	12a	
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? If "No," provide an explanation on 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? If "Yes," see 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, 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 line 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 ☒

Section A. Governing Body and Management

	1a	6	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there 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 on Schedule O.		6		
b Enter the number of voting members included on line 1a, above, who are independent	1b	6		
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?			2	☒
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?			3	☒
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	☒
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	☒
6 Did the organization have members or stockholders?			6	☒
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?			7a	☒
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	☒
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	☒
b Each committee with authority to act on behalf of the governing body?			8b	☒
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 names and addresses on Schedule O.			9	☒

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	☒
b 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?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	☒
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	12a	☒
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	☒
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	☒
13 Did the organization have a written whistleblower policy?	13	☒
14 Did the organization have a written document retention and destruction policy?	14	☒
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?		
a The organization's CEO, Executive Director, or top management official	15a	☒
b Other officers or key employees of the organization	15b	☒
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?	16a	☒
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?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **None**

18 Section 6104 requires an organization to make its Forms 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 apply.
☐ Own website ☐ Another's website ☐ 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.

Michael Goldberg
Islamorada

79851 Overseas Highway

FL 33036

305-908-7020

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O 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 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, 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 dotted 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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Michael Goldberg	0.00									
President	0.00	X		X				0	0	0
(2) Kylie Smith	0.00									
Vice President	0.00	X		X				0	0	0
(3) Shelly Laughlin	0.00									
Treasurer	0.00	X		X				0	0	0
(4) Kurt Tidd	0.00									
Secretary	0.00	X		X				0	0	0
(5) Sara Stanczyk	0.00									
Board Member	0.00	X						0	0	0
(6) Andrew Mitchell	0.00									
Board Member	0.00	X						0	0	0
(7)										
(8)										
(9)										
(10)										
(11)										

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 dotted 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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such person</i>		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

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 RevenueCheck if Schedule O 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	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	334,128				
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f						
Program Service Revenue			Business Code				
	2a						
	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)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real (ii) Personal				
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities (ii) Other				
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8a 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						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
10a 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							
Miscellaneous Revenue			Business Code				
	11a						
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			334,128	0	0	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) 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 ☐**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	168,724	168,724		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	12,907	12,907		
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	9,265	9,265		
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
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.)	19,600	19,600		
12 Advertising and promotion	14,451	14,451		
13 Office expenses	6,256	6,256		
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	514	514		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,993	1,993		
23 Insurance	2,336	2,336		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Dive Operator Reimburseme	50,425	50,425		
b Intern Housing	45,215	45,215		
c Field Supplies	25,026	25,026		
d Travel	8,205	8,205		
e All other expenses	1,940	1,940		
25 Total functional expenses. Add lines 1 through 24e	366,857	366,857	0	0
26 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)				

Part X Balance SheetCheck 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	225,223	1	201,689
	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, creator 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 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 19,928		
	b Less: accumulated depreciation	10b 5,646	16,275	10c 14,282
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	241,498	16	215,971	
Liabilities	17 Accounts payable and accrued expenses	6,094	17	4,569
	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		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator 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	771	25	1,171
	26 Total liabilities. Add lines 17 through 25	6,865	26	5,740
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	234,633	27	210,231
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here ☐ 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	234,633	32	210,231
33 Total liabilities and net assets/fund balances	241,498	33	215,971	

Form **990** (2023)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	334,128
2	Total expenses (must equal Part IX, column (A), line 25)	2	366,857
3	Revenue less expenses. Subtract line 2 from line 1	3	-32,729
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	234,633
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	8,327
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	210,231

Part XII Financial Statements and ReportingCheck 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: ☐ Cash ☒ Accrual ☐ 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? _____ 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. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ 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. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X
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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a	
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 _____	3b	

Form **990** (2023)

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

2023**Open to Public
Inspection**

Name of the organization

I.CARE Corporation

Employer identification number

86-1391515**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990) 2023

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			268,830	327,733	334,128	930,691
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			268,830	327,733	334,128	930,691
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. Subtract line 5 from line 4						930,691

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4			268,830	327,733	334,128	930,691
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						930,691

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 2023 (line 6, column (f) divided by line 11, column (f))	14	100.00 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	100.00 %
16a 33 1/3% support test — 2023. 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 — 2022. 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 — 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		☐
b 10%-facts-and-circumstances test — 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 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		☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

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						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 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

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

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 more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (<i>see instructions</i>).			
a ☐ The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b ☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c ☐ The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
3b			

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

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

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

Schedule A (Form 990) 2023

Part VI

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

**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 6, 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

2023**Open to Public
Inspection**

Name of the organization

Employer identification number

I.CARE Corporation**86-1391515****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 6.

	(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?		☐ Yes ☐ 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 benefit?		☐ Yes ☐ 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).

☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ 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.

	Held at 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 on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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 2d 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 FASB 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 FASB 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 FASB ASC 958 relating to these items.

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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 **d** ☐ Loan or exchange program
b ☐ Scholarly research **e** ☐ Other

c ☐ Preservation for future generations

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 9, 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:

(i) Unrelated organizations? ☐ Yes ☐ No **3a(i)** ☐ ☐
 (ii) Related organizations? ☐ Yes ☐ No **3a(ii)** ☐ ☐

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No **3b** ☐ ☐

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		19,928	5,646	14,282
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				14,282

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 (including name of security)	(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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))		

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. (Column (b) must equal Form 990, Part X, line 13, col. (B))		

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, line 15, col. (B))	

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) Payroll Liabilities	1,171
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,171

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 ☐

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	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
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	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

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	
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	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	
5 Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

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 1b 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 XIII **Supplemental Information** *(continued)*

**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

2023**Open to Public
Inspection**

Name of the organization

I.CARE Corporation

Employer identification number

86-1391515**Form 990 - Organization's Mission or Most Significant Activities**

Islamorada's Conservation and Restoration Education (ICARE) is dedicated to incorporating efforts of local businesss, residents and visitors in restoring and maintaining coral reef communities in Islamorada, Florida. Our mission is to increase community involvement in reef conservation through citizen science and education, coral transplantation and continued monitoring of corals, reef fishes, and invertebrates. Our goals for the reef are to collect data on the factors impacting coral transplant survival, increase coral cover from 3-5% to 10% over the next three years, and help restore ecological processes to these reef communities, while increasing educational outreach opportunities for members of the recreational diving community.

Form 990 - Organization's Mission

Islamorada's Conservation and Restoration Education (ICARE) is dedicated to incorproating efforts of local businesses, residents and visitors in restoring and maintaining coral reef communities in Islamorada, FL. The mission is to increase community involvement in reef conservation through citizen science and education, coral transplantation and continued monitoring of corals, reef fishes and invertebrates. The goals for the reef are to collect data on the factors impacting coral transplant survival, increase coral cover from 3-5% to 10% over the next three years, to help ecological procesees to these reef communities, while increasing educational outreach opportunities for members of the recreational diving community

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

Schedule O (Form 990) 2023

Name of the organization

Employer identification number

I.CARE Corporation

86-1391515

Form 990, Part III, Line 4d - All Other Accomplishments

Islamorada's Conservation and Restoration Education (ICARE) is dedicated to incorproating efforts of local businesses, residents and visitors in restoring and maintaining coral reef communities in Islamorada Florida.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The Board reviews the 990 return, presented by the Board President. Once approved by the Board, it is EFiled with the IRS

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

No documents available to the public

Form **4562**Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2023Attachment
Sequence No. **179****I.CARE Corporation**

Identifying number

86-1391515

Business or activity to which this form relates

Indirect Depreciation**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,160,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,890,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	1,993

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	1,993
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

There are no amounts for **Page 2**Form **4562** (2023)

Form 990	Two Year Comparison Report	2022 & 2023
For calendar year 2023, or tax year beginning , ending		

Name

Taxpayer Identification Number

I.CARE Corporation**86-1391515**

		2022	2023	Differences
Revenue	1. Contributions, gifts, grants	1.		
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3.	327,733	334,128
	4. Program service revenue	4.		6,395
	5. Investment income	5.		
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		
	8. Net income or (loss) from fundraising events	8.		
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11.		
	12. Total revenue. Add lines 1 through 11	12.	327,733	334,128
Expenses	13. Grants and similar amounts paid	13.		6,395
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15.		
	16. Salaries, other compensation, and employee benefits	16.	113,445	181,631
	17. Professional fundraising fees	17.		68,186
	18. Other professional fees	18.	26,974	28,865
	19. Occupancy, rent, utilities, and maintenance	19.	1,500	1,891
	20. Depreciation and Depletion	20.	1,992	-1,500
	21. Other expenses	21.	122,868	1,993
	22. Total expenses. Add lines 13 through 21	22.	266,779	31,500
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	60,954	100,078
Other Information	24. Total exempt revenue	24.	327,733	-93,683
	25. Total unrelated revenue	25.		6,395
	26. Total excludable revenue	26.		
	27. Total assets	27.	241,498	215,971
	28. Total liabilities	28.	6,865	-25,527
	29. Retained earnings	29.	234,633	5,740
	30. Number of voting members of governing body	30.	6	-1,125
	31. Number of independent voting members of governing body	31.	6	-24,402
	32. Number of employees	32.	2	
	33. Number of volunteers	33.		

Form 990	Tax Return History	2023
Name I.CARE Corporation		Employer Identification Number 86-1391515

	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants			268,830	327,733	334,128	
Membership dues						
Program service revenue						
Capital gain or loss						
Investment income						
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue						
Total revenue			268,830	327,733	334,128	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.			30,000			
Other compensation			14,168	113,445	181,631	
Professional fees			9,379	26,974	28,865	
Occupancy costs			25,305	1,500		
Depreciation and depletion			1,661	1,992	1,993	
Other expenses			19,011	122,868	154,368	
Total expenses			99,524	266,779	366,857	
Excess or (Deficit)			169,306	60,954	-32,729	
Total exempt revenue			268,830	327,733	334,128	
Total unrelated revenue						
Total excludable revenue						
Total Assets			169,306	241,498	215,971	
Total Liabilities				6,865	5,740	
Net Fund Balances			169,306	234,633	210,231	



FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
COMMISSIONER WILTON SIMPSON

April 20, 2023

Refer To: CH71753

I.CARE CORPORATION
79851 OVERSEAS HWY
ISLAMORADA, FL 33036-3812

RE: I.CARE CORPORATION
REGISTRATION#: CH71753
EXPIRATION DATE: April 20, 2024

Dear Sir or Madam:

The above-named organization/sponsor has complied with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to register under s. 496.405 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The Solicitation of Contributions Act requires an annual renewal statement to be filed on or before the date of expiration of the previous registration. The Department will send a renewal package approximately 30 days prior to the date of expiration as shown above.

Thank you for your cooperation. If we may be of further assistance, please contact the Solicitation of Contributions section.

Sincerely,

Holly Chaires
Regulatory Consultant
850-410-3671
Fax: 850-410-3804
E-mail: holly.chaires@fdacs.gov



I.CARE

ISLAMORADA CONSERVATION
AND RESTORATION EDUCATION

Islamorada's Reef Restoration Organization

Dr. Kylie Smith and Michael Goldberg
Co-Founders, I.CARE

What we do!

- Partner with local dive shops to involve their customers in restoration
- Maintain 100% of transplants
- Provide opportunities for locals to help!
- Educate visitors and locals about the importance of coral reefs



What we do!

- Restore and Monitor the entire Reef Community
 - Transplanting Sponges
 - Enhancing herbivorous Crabs
 - Surveys of our changing reef community
- Annual Trash Derby to remove debris





Project Updates I.CARE's Operations

- Outplanted 18,848 corals to date from 16 species
- Transplanted 900 sponges
- Produced thousands of crabs
- Educated 3,628 individuals
- Supported over 1,200 local divers
- Removed over 26,000 lbs. of debris

Funding from the Village helped us achieve these goals!

Education

- Community outreach events
 - Island Fest
 - PKS Career Day
 - Nautical Flea Market
 - Indian Key Celebration
 - Bay Jam
 - Islamorada's Bacon Festival...
- Recruit Divers for our Locals Program
- Give presentations to school groups



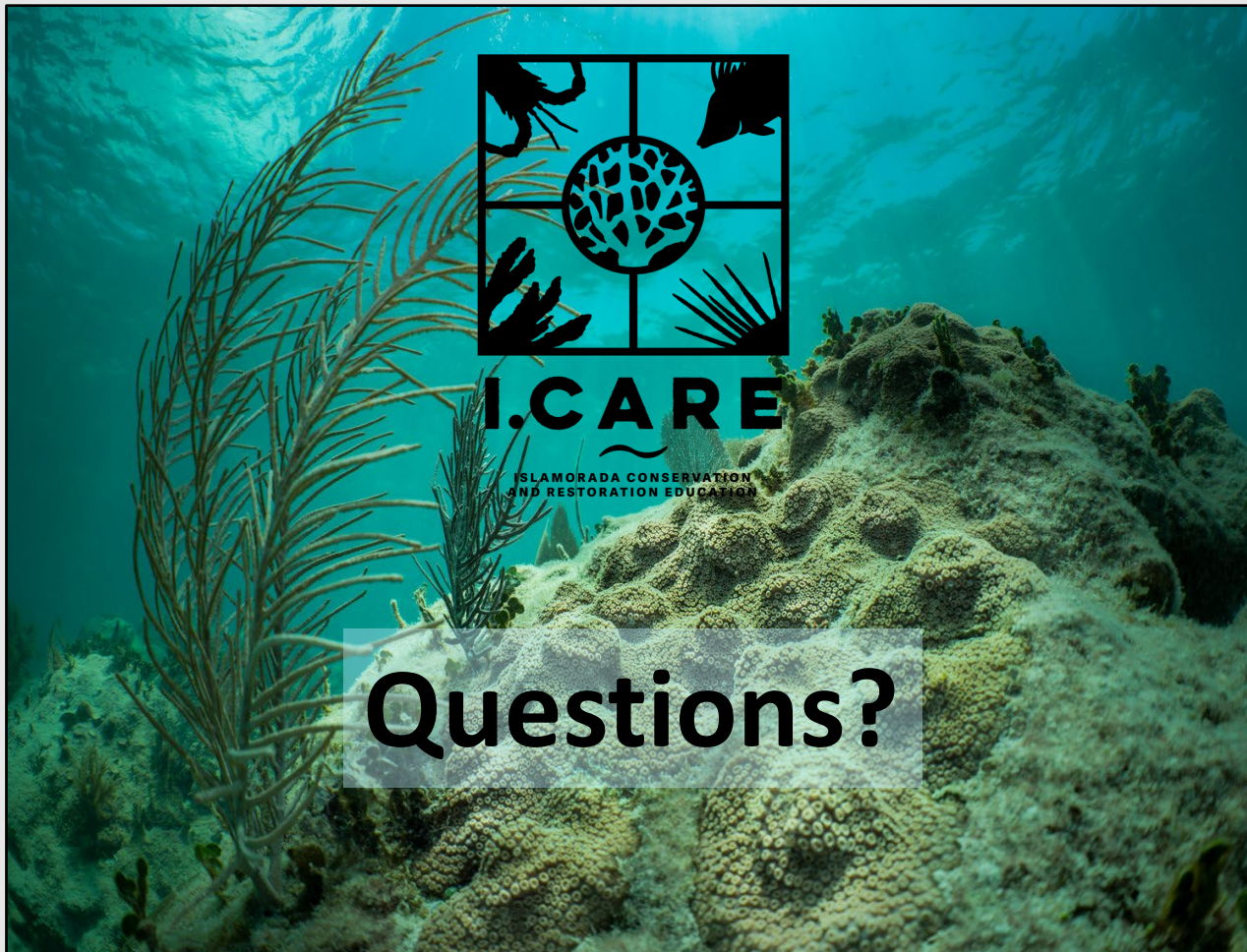
Next Program

- Training the next generation of scuba divers!
 - Certifying 10 local kids (age 12-18) to dive
 - Perfecting buoyancy skills so they can join our locals program!
 - Engaging with TVM, PKS, Coral Shores



Budget

- Certification: \$500 per student X 10 = \$5,000
- Buoyancy course: \$200 per student X 10 = \$2,000
- I.CARE coral dives: \$300 per student X 10 = \$3,000
- Transplanting supplies: \$2,000
- I.CARE Intern Support: \$300 X 2 mon. X 5 = \$3,000
- **Total** **\$15,000**



@ICareAboutCoral

icareaboutcoral.org

info@icareaboutcoral.org

(305) 998-8424 (970) 531-3391



Council Communication

To: Mayor and Village Council
From:
Date: August 23, 2024
SUBJECT: The Community Ministry, First Baptist Islamorada

Background:
N/A

Analysis:
N/A

Budget Impact:
N/A

Staff Impact:
N/A

Recommendation:
N/A

Attachments: 1. FY2425 Charitable Grant Application Scorecard Community Ministry
2. The Community Min - Islamorada Grant Request



Islamorada, Village of Islands

Charitable Grant Applications – Fiscal Year 2024-2025

Organization: The Community Ministry, First Baptist Islamorada

Amount Requested: \$10,000

Please rank the organization using the criteria below. Rank each category on a 1 to 10 scale. If you do not believe the organization should receive any funding, leave the rating boxes blank and write DNF (Do Not Fund) in the Total Score section.

Criteria	Rating (1-10)
The organization provides services that have been identified by the Village as fulfilling a needed service.	
The organization is able to provide the services cost efficiently and with a high quality of service.	
The organization is located within the boundaries of the Village or the organization's services are provided directly to, or benefit, Village residents.	
The organization has sought funding from the Village, Monroe County, or other governmental organizations in previous years and/or this current year.	
The organization has the administrative and financial stability to deliver services for which it is requesting funding from the Village.	

Total Score: _____

Resolution 23-02-13

Section 6. Limitation on use of Funds. Any funds granted to a non-profit organization shall not be used to pay salaries or administrative expenses/costs of the recipient without the express written consent of the Village.

This organization has indicated that they will be using **\$0** of the **\$10,000** funding request to pay salaries and/or administrative expenses/costs.

Given the above, do you give your consent to allow the organization to use grant funds for salaries and/or administrative costs/expenses?

- Yes
- No

Recommended Award Amount

Funding will be disbursed using the breakdown below:

Top 33% of applicants – funding request granted not to exceed \$10,000

Middle 33% of applicants – funding request granted not to exceed \$5,000

Bottom 33% of applicants – funding request granted not to exceed \$3,000



Islamorada Village of Islands

Charitable Donation Request Application

Organization Name:

Address:

City, State, Zip Code:

What year was this organization formed?

Qualified charitable organization? (If yes, provide IRS Exemption Letter): ☒ Yes ☐ No

Pursuant to Chapter 496, Florida Statutes, do you have a Solicitation License from the Florida Department of Consumer Affairs? ☐ Yes ☒ No

Federal Tax Identification Number:

Phone:

Email:

Contact person:

Phone:

Total agency annual operating budget:

Number of persons or businesses served in 2023:

Number of Islamorada residents or businesses served in 2023:

Please list all digital presence below:

Organization Website:

Instagram:

Facebook:

YouTube:

X (formerly Twitter):

Other:

1. Briefly describe your mission and how you measure success.

The Community Ministry serves those in need living in the Upper Keys Community through a community dinner, food pantry, clothing, community garden, counseling service and support groups for those dealing with life controlling issues. Each week, more than 120 families come to the Community Ministry to receive milk, bread, produce, canned goods and frozen meat. The continuing escalation in the cost of living (rent, food and fuel) have made it extremely difficult for working families and those on fixed incomes to make ends meet. In addition to the foods we receive that are donated, the Community Ministry purchases milk, produce and other food staples so that families can rely on what food they can receive from us each week. The Food Bank experienced

2. Describe the types of services your organization provides.

The Community Ministry serves those in need through a community dinner, food pantry, clothing, community garden, counseling service and support groups for those dealing with life controlling issues like alcohol and drug abuse.

3. Indicate whether you have previously competed for Village funds: ☒ Yes ☐ No

4. If yes to (3), please provide the amount received, original purpose of the funding, and what you accomplished with the funding.

Nothing received to date.

5. Current funding request:

6. If awarded, what will you accomplish with the current funding request?

We will direct the funds to purchase food for families in need. Each week we purchase milk, produce and basic food supplies.

7. Please attach a list of all Owners/Directors/Principals/Board Members.

8. Complete the table below and attach a copy of your approved budget:

Description	Existing Project Funding	Amount Requested
Salaries	None	0
Operating Expenses (i.e., phones rent)	\$120,000	\$10,000
Non-Operating Expenses (i.e., consultants, etc.)	None	0
Total	\$120,000	\$10,000

Attachments (Please check off all that apply):

- ☐ IRS exemption letter dated within the previous two years.
- ☐ Most recent tax returns.
- ☐ List of all Owners/Directors/Principals/Board Members.
- ☒ If applicable, Solicitation License from the Florida Department of Consumer Affairs.

☐ Other (please specify):

ATTESTATION

I hereby certify that I have read and understand the charitable donation request guidelines and that the information provided is true and correct. I understand that the approval and denial of all charitable donation requests is in the sole decision of the Village and that is the request is approved a charitable grant agreement is required to the distribution of any funds.

Stephen Olsen

Printed name -- Organization's Authorized Representative



Signature -- Organization's Authorized Representative

Date: May 30, 2024

Completed applications should be sent via email to finance@islamorada.fl.us, or by delivering a hard copy to:

Islamorada, Village of Islands
ATTN: Finance Department
86800 Overseas Highway
Islamorada, FL 33036

The Community Ministry Actuals Compared to 2024 Budget

	2022 Actuals	2023 Actuals	2024 Budget
Revenue			
Donations - Benevolence	7,055	7,835	2,000
Donations - Counseling	17,272	33,353	25,000
Donations - Food	56,627	80,899	0
Donations - General	1,450	1,550	87,000
Donations - Volunteer Appreciation	3,408		2,000
Interest Eamed	126	345	100
Total Revenue	85,937	123,982	116,100
Expenditures			
Accounting	3,500	3,938	3,756
Advertising	0	43	0
Stripe Fees	46	27	30
Community Ministry Operations			
Equipment	8,947	183	2,500
Food Building Repairs	198	126	200
Food Janitorial	2,600	2,350	2,400
Food Pest Control	810	893	1,260
Food Truck Exp	63	0	500
Kitchen Supplies	558	0	200
Membership	0	25	0
Pantry Supplies	1,707	630	600
Total Community Ministry Operations	14,883	4,205	7,660
Community Ministry Supplies			
Bibles	853	260	240
Supplies - Other	180	1,160	0
Tents	304	0	0
Total Community Ministry Supplies	1,337	1,419	240
Community Ministry Utilities			
FCAA	2,665	2,630	2,700
FKEC	9,177	9,570	10,000
Waste Disposal	3,782	3,969	3,960
Total Community Ministry Utilities	15,624	16,169	16,660
Dining	0	83	0
Equipment Purchase	3,408	0	0
Food Purchases	124	0	48,000
Bread	1,334	0	0
Dry Goods	8,555	11,286	0

	2022 Actuals	2023 Actuals	2024 Budget
Food Costs	111	5,499	0
Milk	13,619	16,220	0
Produce	14,983	7,942	0
Total Food Purchases	38,725	40,947	48,000
Guest Gifts	140	191	300
New Guest Gift Bags	461	89	0
Publix Gift Cards	3,564	0	0
Valentines Day Gifts	129	0	0
Total Guest Gifts	4,293	280	300
Background Checks	0	164	200
Licenses_Permits_Fees	10	0	10
Building Repairs	770	0	0
Ministry Services			
Benevolence	4,600	5,831	2,000
Counseling	18,179	31,827	0
Counseling Expenses	370	1,115	24,000
Dental Bus	0	0	400
Detox	0	15,300	10,000
Total Ministry Services	23,149	54,073	36,400
Website	0	2,575	0
Van Expense			
Fuel	0	31	100
Repair & Maintenance	0	487	500
Total Van Expense		518	600
Volunteer Appreciation			
Volunteer Appreciation Dinner	1,450	1,550	1,800
Total Volunteer Appreciation	1,450	1,550	1,800
Total Expenditures	107,194	125,993	116,156
Net Operating Revenue	-21,257	-2,011	-56



Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 01/18

85-8012667965C-5	04/30/2022	04/30/2027	RELIGIOUS-PHYSICAL PLACE
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

FIRST BAPTIST CHURCH OF ISLAMORADA INC
81201 OVERSEAS HWY
ISLAMORADA FL 33036

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR-14
R. 01/18

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.



Internal Revenue Service

U.S. DEPARTMENT OF THE TREASURY

Date AUG 11 1969

For reply, refer to

T:MS:EO:R:2-WRM

Florida Baptist State Convention
1230 Hendricks Avenue
Jacksonville, Florida 32207

Gentlemen:

Based on the information supplied, we rule that you and your affiliated churches and institutions named on the group exemption roster you submitted are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

You and your affiliated churches and institutions are not required to file Federal income tax returns.

It will not be necessary for you and your affiliated churches and institutions to file the annual return of information, Form 990-A, generally required of organizations exempt under section 501(c)(3) of the Code, as you and your exempt affiliated churches and institutions come within the specific exception contained in section 6033(a) of the Code.

Donors may deduct contributions to you or your affiliated churches and institutions as provided by section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to or for the use of you and your affiliated churches and institutions are deductible for Federal estate and gift tax purposes under section 2055, 2106, and 2522 of the Code.

You and your affiliated churches and institutions are not liable for Federal unemployment taxes. You and your affiliated churches and institutions are liable for social security taxes only if you and your affiliated churches and institutions have filed waiver of exemption certificates, as provided in the Federal Insurance Contributions Act. (Your District Director will be glad to tell you more about the latter point.)

Each year, within 45 days after your annual accounting period closes, please send us two copies of the following information about your affiliated churches and institutions.

1. A statement describing any changes during the year in the purposes, character, or method of operation of your affiliated churches and institutions.
2. A list of the names, mailing addresses including ZIP Codes of churches and institutions on your group exemption roster that during the year:
 - a. changed names or addresses;
 - b. were deleted from the roster;
 - c. were added to the roster.

A director of affiliated churches and institutions may be substituted for this list if it includes the required information and identifies the affected churches and institutions according to the three categories above.

3. For churches and other institutions added to the roster, a letter signed by one of your principal officers containing or attaching:
 - A. A statement that the information upon which your present group exemption letter is based applies to the new churches and institutions;
 - B. A statement that each has given you written authorization to add its name to the roster;
 - C. A list of those which the Service previously issued rulings or determination letters relating to exemption.
4. If applicable, a statement that your group exemption roster did not change during the year.

Please show your Employer Identification Number on all correspondence with the Internal Revenue Service.



Council Communication

To: Mayor and Village Council
From:
Date: August 23, 2024
SUBJECT: FIRMKeys, Inc.

Background:
N/A

Analysis:
N/A

Budget Impact:
N/A

Staff Impact:
N/A

Recommendation:
N/A

Attachments:

1. FY2425 Charitable Grant Application Scorecard FIRM
2. FIRM.CharitableContribution.Packet.FY2024-2025
3. FIRM.VillageofIslamorada.August23.2024



Islamorada, Village of Islands

Charitable Grant Applications – Fiscal Year 2024-2025

Organization: FIRMKeys, Inc.

Amount Requested: \$10,000

Please rank the organization using the criteria below. Rank each category on a 1 to 10 scale. If you do not believe the organization should receive any funding, leave the rating boxes blank and write DNF (Do Not Fund) in the Total Score section.

Criteria	Rating (1-10)
The organization provides services that have been identified by the Village as fulfilling a needed service.	
The organization is able to provide the services cost efficiently and with a high quality of service.	
The organization is located within the boundaries of the Village or the organization's services are provided directly to, or benefit, Village residents.	
The organization has sought funding from the Village, Monroe County, or other governmental organizations in previous years and/or this current year.	
The organization has the administrative and financial stability to deliver services for which it is requesting funding from the Village.	

Total Score: _____

Resolution 23-02-13

Section 6. Limitation on use of Funds. Any funds granted to a non-profit organization shall not be used to pay salaries or administrative expenses/costs of the recipient without the express written consent on the Village.

This organization has indicated that they will be using **\$4,850** of the **\$10,000** funding request to pay salaries and/or administrative expenses/costs.

Given the above, do you give your consent to allow the organization to use grant funds for salaries and/or administrative costs/expenses?

- Yes
- No

Recommended Award Amount

Funding will be disbursed using the breakdown below:

Top 33% of applicants – funding request granted not to exceed \$10,000

Middle 33% of applicants – funding request granted not to exceed \$5,000

Bottom 33% of applicants – funding request granted not to exceed \$3,000



Islamorada Village of Islands

Charitable Donation Request Application

Organization Name:

Address:

City, State, Zip Code:

What year was this organization formed?

Qualified charitable organization? (If yes, provide IRS Exemption Letter): ☒ Yes ☐ No

Pursuant to Chapter 496, Florida Statutes, do you have a Solicitation License from the Florida Department of Consumer Affairs? ☒ Yes ☐ No

Federal Tax Identification Number:

Phone:

Email:

Contact person:

Phone:

Total agency annual operating budget:

Number of persons or businesses served in 2023:

Number of Islamorada residents or businesses served in 2023:

Please list all digital presence below:

Organization Website:

Instagram:

Facebook:

YouTube:

X (formerly Twitter):

Other:

1. Briefly describe your mission and how you measure success.

FIRM advocates for fair, equitable and affordable property insurance coverage for homeowners, residents & business owners which protects property values and contributes to affordability. FIRM empowers Monroe Co. residents to make informed decisions about property insurance coverage, the claims process, mitigation and storm preparedness.

FIRM has saved Monroe County residents over \$900M since 2006. FIRM was successful in obtaining a rate freeze in 2017 that held for three years. Recent legislative success includes keeping non primary residents leasehold long-term (workforce) under the rate cap, exempting condos from the flood insurance requirement and removing the flood insurance contents match.

2. Describe the types of services your organization provides.

FIRM works with Federal, State, and Local governments and agencies to advocate on behalf of Monroe County residents and property owners on the topics of windstorm and flood insurance and mitigation methods. FIRM shares information with the public about ways to reduce their property insurance costs, exposure to risk and post-storm recovery. FIRM serves as a resource for anyone in Monroe County who has questions about property insurance and mitigation measures.

3. Indicate whether you have previously competed for Village funds: ☒ Yes ☐ No

4. If yes to (3), please provide the amount received, original purpose of the funding, and what you accomplished with the funding.

The Village has funded FIRM's efforts in the amount of \$10,000 each fiscal year since 2020. FIRM hosted representatives from Citizens and from the office of the Insurance Consumer Advocate on two separate site visits this year. The purpose of the visits was to familiarize our guests both with the resiliency of Monroe County building codes and with the burden the cost of insurance is to our residents, especially those in affordable housing. FIRM joined representatives from the Village in a meeting with Insurance Commissioner Michael Yaworsky during Florida Keys Day, and FIRM helped to craft the successful legislation that removed the matching contents requirement for flood insurance. FIRM also successfully pressed for a Monroe County representative on Citizens Board of Governors--Robert Spottswood, Sr.

5. Current funding request: **\$10,000**

6. If awarded, what will you accomplish with the current funding request?

FIRM's legislative goals are to remove the flood insurance requirement for Citizens policyholders whose homes are not at risk of flooding (elevated and in X zone), to increase the coverage cap to \$1.5M, and to return Monroe County to the 10% glide path. FIRM also intends to clarify language that returns non-primary homes rented for 9 months to our workforce to the 10% glide path so that all eligible properties are included. Following the success of last year's site visits, FIRM plans to host the incoming Speaker, Senate President, and Insurance Commissioner Yaworsky. FIRM is planning a comprehensive county-wide insurance forum to be held in the spring of 2025.

7. Please attach a list of all Owners/Directors/Principals/Board Members.

8. Complete the table below and attach a copy of your approved budget:

Description	Existing Project Funding	Amount Requested
Salaries	\$88,569	\$4,850
Operating Expenses (i.e., phones rent)	\$32,616	\$1,775
Non-Operating Expenses (i.e., consultants, etc.)	\$61,815	\$3,375
Total	183,000	\$10,000

Attachments (Please check off all that apply):

- ☒ IRS exemption letter dated within the previous two years.
- ☒ Most recent tax returns.
- ☒ List of all Owners/Directors/Principals/Board Members.
- ☒ If applicable, Solicitation License from the Florida Department of Consumer Affairs.

☒ Other (please specify): **FIRM's 2023 Annual report is attached.**

ATTESTATION

I hereby certify that I have read and understand the charitable donation request guidelines and that the information provided is true and correct. I understand that the approval and denial of all charitable donation requests is in the sole decision of the Village and that is the request is approved a charitable grant agreement is required to the distribution of any funds.

Caroline Horn

Printed name -- Organization's Authorized Representative



Signature -- Organization's Authorized Representative

Date: May 23, 2024

Completed applications should be sent via email to finance@islamorada.fl.us, or by delivering a hard copy to:

Islamorada, Village of Islands
ATTN: Finance Department
86800 Overseas Highway
Islamorada, FL 33036

OGDEN UT 84201-0038

In reply refer to: 0150417263
July 07, 2023 LTR 4168C 0
47-2584731 000000 00
00064508
BODC: TE




FIRMKEYS INC
713 CAROLINE ST STE C UPPER
KEY WEST FL 33040-6648

090576

Employer ID number: 47-2584731
Form 990 required: YES

Dear Taxpayer:

We're responding to your request dated June 27, 2023, about your tax-exempt status.

We issued you a determination letter in DECEMBER 2014, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Section 509(a)(2).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific

0150417263
July 07, 2023 LTR 4168C 0
47-2584731 000000 00
00064509

FIRMKEYS INC
713 CAROLINE ST STE C UPPER
KEY WEST FL 33040-6648

time).

Thank you for your cooperation.

Sincerely yours,

Cathy M. Snider

Cathy M. Snider, Operations Mgr.
Accounts Management Op 3

Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except private foundations)

Do not enter social security numbers on this form, as it may be made public.

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

OMB No. 1545-0047

2022**Open to Public
Inspection****A** For the 2022 calendar year, or tax year beginning , 2022, and ending ,

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C FIRMKEYS INC 713 CAROLINE ST, STE C KEY WEST, FL 33040	D Employer identification number 47-2584731
		E Telephone number 305-294-3540
		F Group Exemption Number

G Accounting Method: ☐ Cash ☒ Accrual Other (specify): _____

H Check ☐ if the organization is **not** required to attach Schedule B (Form 990).

I Website: N/A

J Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☐ Corporation ☐ Trust ☐ Association ☐ Other: _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 78,918.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I. ☒

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	78,918.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	78,918.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	775.
	14 Occupancy, rent, utilities, and maintenance	14	45,000.
	15 Printing, publications, postage, and shipping	15	372.
	16 Other expenses (describe in Schedule O) See Schedule O	16	6,441.
	17 Total expenses. Add lines 10 through 16	17	52,588.
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	26,330.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	89,559.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	115,889.

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

Form 990-EZ (2022)

Check if the organization used Schedule O to respond to any question in this Part II. ☒

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	43,309.	22 115,889.
23	Land and buildings		23
24	Other assets (describe in Schedule O) See Schedule O	50,000.	24
25	Total assets	93,309.	25 115,889.
26	Total liabilities (describe in Schedule O) See Schedule O	3,750.	26 0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	89,559.	27 115,889.

Check if the organization used Schedule O to respond to any question in this Part III. ☒ (Required for section 501

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28	See Schedule O		
	(Grants \$) If this amount includes foreign grants, check here	☐	28a 52,588.
29			
	(Grants \$) If this amount includes foreign grants, check here	☐	29a
30			
	(Grants \$) If this amount includes foreign grants, check here	☐	30a
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here	☐	31a
32	Total program service expenses (add lines 28a through 31a)	32	52,588.

Check if the organization used Schedule O to respond to any question in this Part IV.

[illegible]

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. ☐ See Sch O

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II, and enter the total amount involved. 38b 0.		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9. 39a 0.		
b Gross receipts, included on line 9, for public use of club facilities. 39b 0.		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911: 0.; section 4912: 0.; section 4955: 0.		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 0.		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. 0.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		X
41 List the states with which a copy of this return is filed: <u>None</u>		

42a The organization's books are in care of: JOE WALSH Telephone no. 305-294-3540
 Located at: 422 FLEMING STREET #5 KEY WEST FL ZIP + 4 33040

	Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
If "Yes," enter the name of the foreign country: _____		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the United States?		X
If "Yes," enter the name of the foreign country: _____		

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here ☐ N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year. **43** N/A

	Yes	No
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions.		X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

	Yes	No
46		X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI. ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.

	Yes	No
47		X

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

48		X
-----------	--	---

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
------------	--	---

b If "Yes," was the related organization a section 527 organization?

49b		
------------	--	--

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000

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

☒ Yes	☐ No
---	-----------------------------

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		Date		
	MICHELE WHITE		Treasurer		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Scott G. Oropeza, CPA	Scott G. Oropeza, CPA	6/29/23		P00030066
	Firm's name	Oropeza & Parks, CPAs			Firm's EIN
	Firm's address	815 Peacock Plz. Key West, FL 33040			Phone no. (305) 294-1049

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

BAA

Form 990-EZ (2022)

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

FIRMKEYS INC

Employer identification number

47-2584731

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations: _____
- g Provide the following information about the supported organization(s).

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

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990) 2022

TEEA0401L 09/09/22

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

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

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 "unusual grants.")	45,042.	30,206.	29,916.	194,517.	78,918.	378,599.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 Total. Add lines 1 through 3.	45,042.	30,206.	29,916.	194,517.	78,918.	378,599.
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).						0.
6 Public support. Subtract line 5 from line 4.						378,599.

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.	45,042.	30,206.	29,916.	194,517.	78,918.	378,599.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						0.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 Total support. Add lines 7 through 10.						378,599.
12 Gross receipts from related activities, etc. (see instructions).					12	0.
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	100.00 %
15 Public support percentage from 2021 Schedule A, Part II, line 14.	15	100.00 %
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.	☐	

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Schedule A (Form 990) 2022

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

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

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 "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 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**

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)).	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests—2022. 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 more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐**b 33-1/3% support tests—2021.** 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 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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Schedule A (Form 990) 2022

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**Section D – Distributions**

		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required – <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)

	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required – <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

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Schedule A (Form 990) 2022

Part VI

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

SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZComplete 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****FIRMKEYS INC**

Employer identification number

47-2584731**Form 990-EZ, Part I, Line 16**
Other Expenses

Dues and Subscriptions.....	\$	718.
Insurance.....		704.
Operations.....		73.
Public Outreach.....		895.
Registration.....		138.
Supplies.....		1,530.
Travel.....		2,110.
Website.....		273.
Total	\$	<u>6,441.</u>

Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Accounts Receivable.....	\$ 50,000.	\$ 0.
Total	<u>\$ 50,000.</u>	<u>\$ 0.</u>

Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses.....	\$ 3,750.	\$ 0.
Total	<u>\$ 3,750.</u>	<u>\$ 0.</u>

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

The specific nature of business is exclusively for education, outreach, research and charitable purposes. The mission is to inform and educate residents on flood and/or wind hurricane mitigation measures insurance related issues. To support and undertake research, scientific studies and data collection regarding flood and/or wind hurricane risk, storm effects. Assist residents, businesses and government with mitigation funding and grant opportunities.

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

To inform and educate residents on flood and/or wind hurricane mitigation measures insurance related issues. To support and undertake research, scientific studies and data collection regarding flood and/or wind hurricane risk, storm effects. Assist residents, businesses and government with mitigation funding and grant opportunities.

Name of the organization

Employer identification number

FIRMKEYS INC

47-2584731

Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Title	Average Hours Per Week Devoted	Compen- sation	Health Benefits & Contrib- ution to EBP & DC	Estimated Amount Of Other Compen.
MEL MONTAGNE President	4	\$ 0.	\$ 0.	\$ 0.
JOE WALSH Vice President	4	0.	0.	0.
CHRIS RIVETT Director	4	0.	0.	0.
MARY HOUSTON Director	4	0.	0.	0.
CHRIS MASSICOTTE Director	4	0.	0.	0.
BRYAN HAWKS Director	4	0.	0.	0.
CHRISTINA WEINHOFER Director	4	0.	0.	0.
REBECCA HORAN Director	4	0.	0.	0.
CAREN MORELL Director	4	0.	0.	0.
LISA TENNYSON Director	4	0.	0.	0.
ERICA POOLE Secretary	4	0.	0.	0.
MICHELE WHITE Treasurer	4	0.	0.	0.
RICH HLAVA Director	4	0.	0.	0.
LINDA CUNNINGHAM Director	4	0.	0.	0.
WAYNE CARTER Director	4	0.	0.	0.
Total		\$ 0.	\$ 0.	\$ 0.

Name of the organization

FIRMKEYS INC

Employer identification number

47-2584731

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

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

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... No



2023-2024 FIRMKeys Board Members

Officers:

Mel Montagne, President
Joe Walsh, Vice President
Michele White, Treasurer
Erica Poole, Secretary

Directors:

Wayne Carter
John Paul Castro
Bobby Coe
Linda Cunningham
Bryan Hawks
Rebecca Horan
Mary Houston
Chris Massicotte
Caren Morell
Tom Pakenas
Chris Rivett

FAIR INSURANCE RATES IN MONROE

(305) 294-FIRM (3476) - 713 Caroline St., Ste. C - Key West, FL 33040

www.firmkeys.org facebook.com/FIRMKeys firmkeys@gmail.com

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM
THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE.
REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.



FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
COMMISSIONER WILTON SIMPSON

January 25, 2024

Refer To: CH43051

FIRMKEYS, INC.
713 CAROLINE ST STE C
KEY WEST, FL 33040-6648

RE: FIRMKEYS, INC.
REGISTRATION#: CH43051
EXPIRATION DATE: February 10, 2025

Dear Sir or Madam:

The above-named organization/sponsor has complied with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to register under s. 496.405 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The Solicitation of Contributions Act requires an annual renewal statement to be filed on or before the date of expiration of the previous registration. The Department will send a renewal package approximately 30 days prior to the date of expiration as shown above.

Thank you for your cooperation. If we may be of further assistance, please contact the Solicitation of Contributions section.

Sincerely,

Debra Pelletier
Regulatory Consultant
850-410-3722
Fax: 850-410-3804
E-mail: debra.pelletier@fdacs.gov



Fair Insurance Rates in Monroe (FIRM) 2023 Annual Report Executive Summary

While the property insurance crisis in Florida continues to trouble policyholders throughout the state, in 2023 FIRM took steps on behalf of the residents of Monroe County to strengthen important relationships, collaborate on meaningful legislation, and develop an upgraded website that offers greater access to information.

MAJOR ACHIEVEMENTS IN 2023

- Worked with The Southern Group, FIRM's contracted lobbyists to remove the flood insurance requirement for Citizens condominium policies.
- Advocated, promoted and pushed for a Monroe County representative on the Citizens Board of Governors. Key West attorney and developer Robert Spottswood Sr. was named to the Board in December.
- Supported the Monroe County FEMA Flood Mitigation Assistance (FMA) Grant Program serving as a resource to direct participants to contractors who have agreed to assist with the project estimation and completion.
- Continued the partnership begun in 2020 with the City of Key West, Monroe County and the Monroe County Extension Services for a Keyswide Home Elevation Education Project (KHEEP). <https://firmkeys.org/keyswide-home-elevation-education-project/>
- FIRM Board members serve on the Community Rating System (CRS) Program for Public Information (PPI) committee. To date, the County has saved approximately \$16.5 million that will now increase by \$7.5 million annually if the County continues to maintain program and regulatory status.
- Provided support through the Coalition for Sustainable Flood Insurance (CSFI) to the Louisiana Attorney General's lawsuit against FEMA over its Risk Rating 2.0 methodology. Florida is one of ten states to join the lawsuit.
- Continued relationships with all three Monroe County Realtor® associations to keep our Realtor® partners updated on windstorm and flood insurance issues.
- Updated the Monroe County Property Insurance Users Guide to reflect the changes in FEMA's Risk Rating 2.0, statutory changes enacted by the Florida Legislature and links to the My Safe Florida Home Program and Monroe County's FMA Grant Program.
- Hosted a delegation from Citizens Property Insurance on site visits and stakeholder meetings from the Upper Keys to Key West. The visit familiarized Citizens' newly appointed CEO with the building characteristics and methods in Monroe County.
- Hosted Florida's Insurance Consumer Advocate Tasha Carter on site visits and stakeholders meetings that focused on Monroe County's affordable and workforce housing projects and challenges.
- Worked with staff of the three Habitat for Humanity branches in Monroe County to connect with resources and personnel to create carve-outs and/or credits that will allow them to continue to provide safe and affordable housing for their residents.
- Collaborated and helped to draft with Sen. Ana Maria Rodriguez, Rep. Jim Mooney and the Monroe County legislative team to file two bills addressing Monroe County's most pressing windstorm insurance concerns.
- Developed an all-new website that offers users a more comprehensive and streamlined experience. The new design seamlessly links related topics in a user-friendly format designed to help visitors easily find the information they need.

OTHER WINDSTORM INSURANCE ACTIVITIES/ACCOMPLISHMENTS

FIRM officers and/or its representatives attended virtually and in person and/or testified at:

- Florida Keys Day
- Citizens Rate Hearing in March
- Citizens Board of Governors Meetings in June, September, and December
- Monroe County Delegation meeting

FIRM | 713 Caroline St., Ste. C | Key West, FL 33040
305-294-FIRM (3476) | info@firmkeys.org | firmkeys.org

- Florida Realtors District 4 Conference
- Florida Commission on Hurricane Loss Projection Methodology (FCHLPM)
- Great American Realtors Days in Tallahassee
- Florida Hurricane Catastrophe Fund Workshop

FIRM Officers and/or representatives met with

- Congressmen Carlos Gimenez, Jared Moskowitz, and Mario Diaz-Ballart
- Sen. Rick Scott's staff
- FEMA representatives in Washington DC
- Florida State Rep. Robert Rommel
- Insurance Commissioner Michael Yaworsky

FIRM submitted documentation to Citizens Actuary Peggy Cheng, who also sits on the Florida Commission on Hurricane Loss Projection Methodology (FCHLPM) suggesting the models be re-run with actual storm data to assign a "confidence rating" based on the accuracy of their projections.

FIRM continued efforts to develop and seek approval for revised windstorm insurance mitigation forms that would correctly recognize Monroe County building codes and provide for associated windstorm premium credits. The revised form has been submitted to Consumer Advocate Tasha Carter, Citizens CEO Tim Cerio and Insurance Commissioner Michael Yaworsky.

OTHER FLOOD INSURANCE ACTIVITIES/ACCOMPLISHMENTS

FIRM'S efforts in support of the National Flood Insurance Program (NFIP) reauthorization and modification include:

- Membership in the Coalition for Sustainable Flood Insurance (CSFI), a national coalition of approximately 250 organizations across 35 states, focused on advocating for a stronger policy framework for the NFIP.
- Lobbying Members of Congress for Reauthorization of the National Flood Insurance Program with meaningful reforms including affordability, mitigation funding, program expansion, transparent rate structure, reduced program costs, and support for resilient communities.
- Supporting and working with Monroe County staff on reauthorization of the NFIP.
- Attending National Association of Realtors Legislative Meetings in Washington DC.
- Publicizing the issues surrounding reauthorization of the NFIP.

FIRM PLANS FOR 2024

- Increase the Citizens coverage limit for Monroe County, restore the 10% rate cap to Monroe County, remove the requirement for flood insurance for properties located in X Zones or elevated at least 1'-0" above base flood elevation, and remove the requirement that flood insurance match the windstorm insurance contents coverage.
- Build on our relationships with Florida's Insurance Commissioner and staff, the CEO of Citizens Property Insurance Corp. and the Insurance Consumer Advocate's office.
- Host Commissioner Yaworsky and staff from the Office of Insurance Regulation on a site visit to Monroe County.
- Continue to work with Members of Congress and organizations around the country to press for transparency, mitigation credits and affordability of FEMA's Risk Rating 2.0.
- Inform the community of the new requirements for receiving CRS credits.
- Work with state lawmakers Sen. Ana Maria Rodriguez and Rep. Jim Mooney as they represent Monroe County issues related to property insurance.
- Build relationships with Florida lawmakers and policymakers outside of Monroe County to help them understand our challenges.
- Work with members of Congress on FIRM's NFIP reauthorization priorities and FEMA's Risk Rating 2.0.
- Work with the Office of Insurance Regulation to develop a Monroe County specific hurricane model run and to incorporate Monroe County specific modifications to the Uniform Mitigation Verification Inspection form).
- Continue to participate with partners in the Keyswide Home Elevation Education Project to assist residents with FEMA grant funding and to increase contractor participation.
- Continue to look for alternatives to Citizens Property Insurance.



Fair Insurance Rates in Monroe (FIRM) 2023 Annual Report

While the property insurance crisis in Florida continues to trouble policyholders throughout the state, in 2023 FIRM took steps on behalf of the residents of Monroe County to strengthen important relationships, collaborate on meaningful legislation, and develop an upgraded website that offers greater access to information.

Since 2006, FIRM has saved Monroe County windstorm and flood insurance policy holders more than \$900 million in insurance premiums. Major achievements in 2023 included:

- Worked with The Southern Group, FIRM's contracted lobbyists to remove the flood insurance requirement for Citizens condominium policies.
- Advocated, promoted and pushed for a Monroe County representative on the Citizens Board of Governors. Key West attorney and developer Robert Spottswood Sr. was named to the Board in December.
- Supported the Monroe County FEMA Flood Mitigation Assistance (FMA) Grant Program serving as a resource to direct participants to contractors who have agreed to assist with the project estimation and completion.
- Continued the partnership begun in 2020 with the City of Key West, Monroe County and the Monroe County Extension Services for a Keyswide Home Elevation Education Project (KHEEP). The project demystified the steps of home elevation and put all of that information on FIRM's website. <https://firmkeys.org/keyswide-home-elevation-education-project/>
- FIRM Board members serve on the Community Rating System (CRS) Program for Public Information (PPI) committee. As of April 1, 2022, Monroe County is rated Class 3 in the CRS program, earning residents a 35% discount on NFIP policies. Key West is a Class 5 community with a 25% discount; Islamorada, Layton and Marathon are Class 6 communities with a 20% discount; and Key Colony Beach is a Class 7 community with a 15% discount. To date, the County has saved approximately \$16.5 million that will now increase by \$7.5 million annually if the County continues to maintain program and regulatory status.
- Provided support through the Coalition for Sustainable Flood Insurance (CSFI) to the Louisiana Attorney General's lawsuit against FEMA over its Risk Rating 2.0 methodology. Florida is one of ten states to join the lawsuit.

- Continued relationships with all three Monroe County Realtor® associations to keep our Realtor® partners updated on windstorm and flood insurance issues.
- Updated the Monroe County Property Insurance Users Guide to reflect the changes in FEMA's Risk Rating 2.0 and the statutory changes enacted by the Florida Legislature during the December 2022 special session. The Guide also includes links to the My Safe Florida Home Program and Monroe County's FMA Grant Program.
- Hosted a delegation from Citizens Property Insurance on site visits and stakeholder meetings from the Upper Keys to Key West. The visit familiarized Citizens' newly appointed CEO with the building characteristics and methods in Monroe County. FIRM's board introduced him to local elected officials, staff and stakeholders to learn how Monroe County residents, who rely on Citizens as the **only** provider of wind insurance, are directly impacted by Citizens' policies.
- Hosted Florida's Insurance Consumer Advocate Tasha Carter on site visits and stakeholders meetings that focused on Monroe County's affordable and workforce housing projects and challenges. The visit gave ICA Carter first-hand knowledge that helps her to champion Monroe County's and FIRM's causes before the executive and legislative branches.
- Worked with staff of the three Habitat for Humanity branches in Monroe County to connect with resources and personnel to create carve-outs and/or credits that will allow them to continue to provide safe and affordable housing for their residents.
- Collaborated and helped to draft with Sen. Ana Maria Rodriguez, Rep. Jim Mooney and the Monroe County legislative team to file two bills addressing Monroe County's most pressing windstorm insurance concerns.
- Developed an all-new website that offers users a more comprehensive and streamlined experience. The new design seamlessly links related topics in a user-friendly format designed to help visitors easily find the information they need.

Other Windstorm Insurance Activities/Accomplishments

FIRM officers and/or its representatives attended virtually and in person and/or testified at:

- Florida Keys Day
- Citizens Rate Hearing in March
- Citizens Board of Governors Meetings in June, September, and December
- Monroe County Delegation meeting
- Florida Realtors District 4 Conference
- Florida Commission on Hurricane Loss Projection Methodology (FCHLPM)
- Great American Realtors Days in Tallahassee
- Florida Hurricane Catastrophe Fund Workshop

FIRM Officers and/or representatives met with

- Congressmen Carlos Gimenez, Jared Moskowitz, and Mario Diaz-Ballart
- Sen. Rick Scott's staff
- FEMA representatives in Washington DC
- Florida State Rep. Robert Rommel
- Insurance Commissioner Michael Yaworsky

FIRM submitted documentation to Citizens Actuary Peggy Cheng, who also sits on the Florida Commission on Hurricane Loss Projection Methodology (FCHLPM) suggesting the models be re-run with actual storm data to assign a "confidence rating" based on the accuracy of their projections.

FIRM continued efforts to develop and seek approval for revised windstorm insurance mitigation forms that would correctly recognize Monroe County building codes and provide for associated windstorm premium credits. The revised form has been submitted to Consumer Advocate Tasha Carter, Citizens CEO Tim Cerio and Insurance Commissioner Michael Yaworsky.

Other Flood Insurance Activities/Accomplishments

FIRM'S efforts in support of the National Flood Insurance Program (NFIP) reauthorization and modification include:

- Membership in the Coalition for Sustainable Flood Insurance (CSFI), a national coalition of approximately 250 organizations across 35 states, focused on advocating for a stronger policy framework for the NFIP.
- Lobbying Members of Congress for Reauthorization of the National Flood Insurance Program with meaningful reforms including affordability, mitigation funding, program expansion, transparent rate structure, reduced program costs, and support for resilient communities.
- Aligning FIRM's legislative position regarding NFIP reforms with those of Monroe County and the Florida Association of Counties to maximize legislative impact.
- Supporting and working with Monroe County staff on reauthorization of the NFIP.
- Attending National Association of Realtors Legislative Meetings in Washington DC.
- Publicizing the issues surrounding reauthorization of the NFIP.

Other Noteworthy Events/Activities

FIRM continued to provide speakers for a wide range of organizations and local governments throughout the Keys by giving presentations virtually and in-person and increased outreach by appearing on local radio programs and giving interviews to national media outlets such as NPR, the New York Times, the Miami Herald and NBC.

FIRM participated in community events such as the Community Foundation of the Florida Keys Unsung Hero program, Florida Realtors District 4 Conference in Key West, and Key West Association of Realtors Affiliate Expo.

FIRM held its second Little Palm Island Fundraiser for a one-night stay at the luxury resort. FIRM successfully moved Hurricanes Are a Drag and Giving Tuesday Fundraisers to on-line events. Total raised for all three events was \$29,267, used to fund operations and reserves.

FIRM moved funds from its RIPP Special Projects account to a money market account and purchased a certificate of deposit to fund reserves.

FIRM board members and staff currently participate in the following government, civic, professional and non-profit organizations:

- Government
 - o Community Emergency Response Team (CERT)
 - o Monroe County CRS Program for Public Information Committee
 - o Monroe County Land Use Authority Advisory Committee
 - o Executive Director, City of Key West Citizen Review Board
- Civic/Professional
 - o American Society of News Editors
 - o Chartered Property/Casualty Underwriters (CPCU) Society
 - o Florida Keys Board of Realtors
 - o Florida Keys Contractors Association
 - o Hometown! Key West
 - o Islamorada Chamber of Commerce
 - o Key Largo Chamber of Commerce
 - o Key West Ambassador Academy Alumni
 - o Key West Association of Realtors
 - o Key West Business Guild
 - o Key West Chamber of Commerce
 - o Key West Navy League
 - o Key West Sunrise Rotary
 - o Marathon Chamber of Commerce
 - o Marathon and Lower Keys Association of Realtors
 - o Monroe County Democrats
 - o Rotary Club of Key West
 - o Stars and Stripes National Publisher's Advisory Board
 - o Upper Keys Business Professional Women Organization Board of Directors
- Non-Profit
 - o End Citizens United
 - o Equality Florida
 - o Key West Aids Memorial, Board of Directors
 - o Key West Tropical Forest and Botanical Garden
 - o Key West Woman's Club
 - o Leadership Monroe County Alumni
 - o LGBTQ+Victory Fund, Campaign Board
 - o Peace Covenant Presbyterian Church
 - o Take Stock in Children

FIRM Plans for 2024

- Increase the Citizens coverage limit for Monroe County, restore the 10% rate cap to Monroe County, remove the requirement for flood insurance for properties located in X Zones or elevated at least 1'-0" above base flood elevation, and remove the requirement that flood insurance match the windstorm insurance contents coverage.
- Build on our relationships with Florida's Insurance Commissioner and staff, the CEO of Citizens Property Insurance Corp. and the Insurance Consumer Advocate's office.
- Host Commissioner Yaworsky and staff from the Office of Insurance Regulation on a site visit to Monroe County.
- Continue to work with Members of Congress and organizations around the country to press for transparency, mitigation credits and affordability of FEMA's Risk Rating 2.0.
- Inform the community of the new requirements for receiving CRS credits.
- Work with state lawmakers Sen. Ana Maria Rodriguez and Rep. Jim Mooney as they represent Monroe County issues related to property insurance.
- Build relationships with Florida lawmakers and policymakers outside of Monroe County to help them understand our challenges.
- Work with members of Congress on FIRM's NFIP reauthorization priorities and FEMA's Risk Rating 2.0.
- Work with the Office of Insurance Regulation to develop a Monroe County specific hurricane model run and to incorporate Monroe County specific modifications to the OR-B1-1802 (Uniform Mitigation Verification Inspection form).
- Continue to participate with partners in the Keyswide Home Elevation Education Project to assist residents with FEMA grant funding and to increase contractor participation
- Be prepared to work with local governments to coordinate a response to FEMA's comments on the flood map appeals submitted in 2021.
- Conduct a multi-pronged outreach program to help property owners understand the implications of FEMA's flood maps once adopted.
- Increase FIRM membership.
- Cultivate, expand and diversify institutional and individual donor relationships.
- Continue to look for alternatives to Citizens Property Insurance.
- Continue to raise awareness of FIRM's mission, efforts and accomplishments through enhanced public outreach efforts.

FIRM Mission, Organization, and Past Accomplishments

FIRM is a grassroots organization formed in 2006 composed of homeowners and residents in Monroe County. FIRM's fight for fair, equitable and affordable property insurance rates for homeowners, residents and business owners protects property values and contributes to housing affordability. FIRM empowers Monroe County residents to make informed decisions about property insurance coverage, the claims process, hurricane damage mitigation, and storm preparedness.

FIRM is composed of two distinct non-profit organizations:

- FIRMKeys, a 501(c) (3) community service provider that conducts research and provides information, guidance, and assistance on property insurance topics to the Monroe County

community. Donations to FIRMKeys may be deductible on personal Federal Income Tax returns.

- FIRM PAC, a 501(c) (4) political advocacy group that seeks to influence government and industry policy affecting property insurance rates in Monroe County. Donations to FIRM PAC are not tax deductible on personal income tax returns, but may be deductible as expenses on business tax returns.

FIRM has previously:

- Lobbied local, state, and federal government lawmakers and regulators.
- Successfully challenged windstorm insurance rate increases, including a freeze on rates from 2018-2021.
- Successfully worked to return second homes used as workforce housing rentals to Citizens glide path.
- Helped repeal worst aspects of Biggert-Waters flood insurance bill.
- Supported the Homeowners Flood Insurance Affordability Act (HFIAA), which repealed the most damaging aspects of Biggert-Waters.
- Supported the successful Key West building height referendum.
- Mobilized citizen campaigns.
- Advocated for homeowners to insurance policymakers, including the Florida Commission on Hurricane Loss Projection Methodology, the Florida Governor's Office, Citizens Property Insurance Corporation, Florida Office of Insurance Regulation, Florida Division of Consumer Services, and the Insurance Consumer Advocate.
- Served on insurance policy panels including the National Association of Insurance Commissioners.

Without FIRM, it is likely that every policyholder in the Keys would be paying at least twice as much every year for windstorm insurance alone. Since 2004 Monroe County has paid Citizens over \$850 million in premiums over claims paid. FIRM's work keeps \$60 million per year in the Keys economy.

FIRM 2023 Financial Report

In 2023, FIRM received significant funding support from the following:

Local Governments:

- City of Key West
- Monroe County
- City of Marathon
- Village of Islamorada

Non-Profits:

- First Horizon Foundation
- Key West Women's Club
- Sexton Family Foundation Trust

Associations:

- Florida REALTORS® Political Action Committee (RPAC)
- Key West Chamber of Commerce
- Marathon and Lower Keys Association of Realtors®
- Key West Association of Realtors®
- Sugarloaf Shores Property Owners Assn.

Businesses:

- Berkshire Hathaway Home Services
- Coldwell Banker Schmitt – Brian Schmitt
- Coldwell Banker Schmitt – Lisa Ferringio Group
- Coldwell Banker Schmitt – Patti Nickless
- Duck Key Realty - Vacation Rentals of the Florida Keys
- Florida Keys Realty Group – Maggie Crowley
- Insurance Office of America – Mel Montagne
- Internet Realty of the Florida Keys
- Island Breeze Realty
- Island Welcome Real Estate
- Key Colony Beach Realty – Lisa Joseph
- Leeward Wealth Management
- Ocean Sotheby's International Realty – Jo Ann Cook
- Reece & Associates Surveyors
- Royal Furniture
- Tropical Soup
- True Title Florida Keys

Individual members:

- Clements Family Charitable Trust
- Linda Grist Cunningham
- Mary Houston
- Chris Massicotte

Fundraisers:

- Key West Association of Realtors Fishing Tournament
- Hurricanes are a Drag Fundraiser
- Marathon and Lower Keys Association Mini Golf Tournament
- Little Palm Island Fundraiser
- Giving Tuesday/Year End on-line fund drive

FIRM Board of Directors and Staff December 31, 2023

OFFICERS:

Mel Montagne, President Joe Walsh, Vice President Michele White, Treasurer Erica Poole, Secretary

DIRECTORS:

Wayne Carter
John Paul Castro
Bobby Coe
Linda Cunningham
Bryan Hawks
Mary Houston
Chris Massicotte
Tom Pakenas Chris Rivett

STAFF

Caroline Horn, Manager

HOW TO REACH US:

713 Caroline St., Ste. C Key West, FL 33040 305-294-3476 info@FIRMKeys.org FIRMKeys.org

WEBSITE & IT Services

KCS Technical Solutions, Marathon, Florida Lynke Marketing, Marathon, Florida

FLOODMAP CONSULTING ENGINEERS

Ransom Consulting Woods Hole Group

ACCOUNTING SERVICES

Oropeza & Parks, Certified Public Accountants, Key West, Florida

LOBBYING

The Southern Group, Tallahassee, Florida

FIRMKeys, Inc.
Unaudited Balance Sheet
As of December 31, 2023

Accrual Basis

	Dec 31, 23
ASSETS	
Current Assets	
Checking/Savings	
FIRMKEYS, INC	125,169.89
Total Checking/Savings	125,169.89
Total Current Assets	125,169.89
TOTAL ASSETS	125,169.89
LIABILITIES & EQUITY	
Equity	
Unrestricted Net Assets	115,888.81
Net Income	9,281.08
Total Equity	125,169.89
TOTAL LIABILITIES & EQUITY	125,169.89

DRAFT

FIRMKeys, Inc.
Unaudited Profit & Loss
January through December 2023

Accrual Basis

	Jan - Dec 23
Ordinary Income/Expense	
Income	
Amazon Smile	57.02
Direct Public Support	
Hurricanes are a Drag	776.00
Individ, Business Contributions	6,400.00
Little Palm Island Fundraiser	-1,000.00
Direct Public Support - Other	151.00
Total Direct Public Support	6,327.00
Donations from Municipalities	50,000.00
Indirect Public Support	
Grant Funding	6,000.00
Total Indirect Public Support	6,000.00
Total Income	62,384.02
Expense	
Business Expenses	
Business Registration Fees	189.38
Total Business Expenses	189.38
Contract Services	
Accounting Fees	775.00
Outside Contract Services	750.00
Total Contract Services	1,525.00
Facilities and Equipment	335.40
Operations	
Advertising	169.85
Books, Subscriptions, Reference	1,032.41
Postage, Mailing Service	262.79
Printing and Copying	625.79
Supplies	1,068.52
Website/Computer Services	479.76
Operations - Other	300.00
Total Operations	3,939.12
Other Types of Expenses	
Insurance - Liability, D and O	724.10
Total Other Types of Expenses	724.10
Rent/Overhead Expense	45,000.00
Travel and Meetings	
Conference, Convention, Meeting	125.28
Education	315.12
Travel	178.63
Travel and Meetings - Other	726.00
Total Travel and Meetings	1,345.03
Web Site-Donation Proc. Fee	44.91
Total Expense	53,102.94
Net Ordinary Income	9,281.08
Net Income	9,281.08

Fair Insurance Rates in Monroe
Unaudited Balance Sheet
As of December 31, 2023

Accrual Basis

	Dec 31, 23
ASSETS	
Current Assets	
Checking/Savings	
Fair Insurance Rates in Monroe	95,329.74
First Horizon Money Market	43,638.77
FSB money market	11,092.01
Petty Cash	116.94
Total Checking/Savings	150,177.46
Other Current Assets	
First Horizon Short Term CD	120,000.00
Total Other Current Assets	120,000.00
Total Current Assets	270,177.46
TOTAL ASSETS	270,177.46
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Payroll Liabilities	2,891.53
Total Other Current Liabilities	2,891.53
Total Current Liabilities	2,891.53
Total Liabilities	2,891.53
Equity	
Unrestricted Net Assets	255,652.20
Net Income	11,633.73
Total Equity	267,285.93
TOTAL LIABILITIES & EQUITY	270,177.46

Fair Insurance Rates in Monroe
Unaudited Profit & Loss
January through December 2023

Accrual Basis

	Jan - Dec 23
Ordinary Income/Expense	
Income	
Direct Public Support	
Individ, Business Contributions	500.00
Total Direct Public Support	500.00
Donations From Municipalities	70,000.00
Fundraising	
Donations from Chambers	10,000.00
Donations from Condos & POA	1,100.00
Donations from KWAR Fundraiser	15,000.00
Golf Tournament	31,000.00
Hurricanes are a Drag	1,291.00
Little Palm Island Fundraiser	10,000.00
Total Fundraising	68,391.00
Investments	
Interest-Savings, Short-term CD	1,418.11
Investments - Other	7.04
Total Investments	1,425.15
Other Types of Income	
Miscellaneous Revenue	32.32
Total Other Types of Income	32.32
Rent/Overhead Income	45,000.00
Total Income	185,348.47
Gross Profit	185,348.47
Expense	
Bank charges	10.00
Business Expenses	
Business Registration Fees	236.75
Total Business Expenses	236.75
Facilities and Equipment	
Rent, Parking, Utilities	10,985.26
Total Facilities and Equipment	10,985.26
Health Insurance	1,269.24
Operations	
Books, Subscriptions, Reference	265.99
Postage, Mailing Service	22.40
Telephone, Telecommunications	1,813.13
Total Operations	2,101.52
Other Types of Expenses	
Insurance - Liability, D and O	2,648.67
Workers Comp Insurance	373.00
Total Other Types of Expenses	3,021.67
Outside Services	
Accounting Fees	1,400.00
Lobbying Activities	54,090.00
Outside Contract Services	400.00
Technical Consulting	4,400.00
Total Outside Services	60,290.00
Payroll Expenses	88,569.17
Travel & Meetings	
Travel-Airline	1,944.91

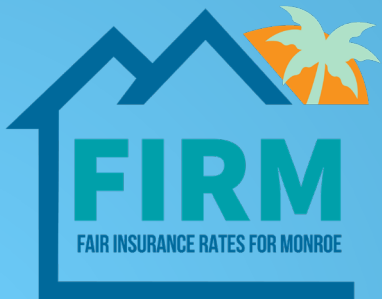
Fair Insurance Rates in Monroe
Unaudited Profit & Loss
January through December 2023

Accrual Basis

	Jan - Dec 23
Travel-Hotel	1,632.26
Travel-Meals	438.61
Travel-Mileage Reimbursement	121.83
Travel & Meetings - Other	2,268.19
Total Travel & Meetings	6,405.80
Website donation processing fee	409.24
Website Maintenance	416.09
Total Expense	173,714.74
Net Ordinary Income	11,633.73
Net Income	11,633.73

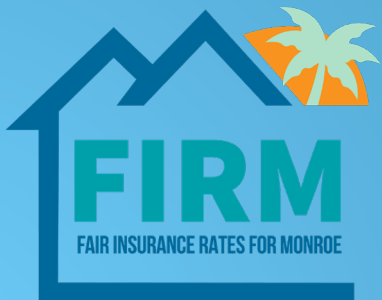
DRAFT

Village of Islamorada Village Council Meeting August 23, 2024



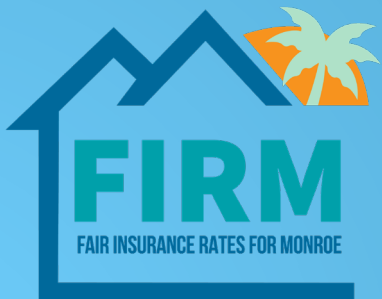
WHAT DOES FIRM DO?

FIRM advocates for the Village of Islamorada and all of Monroe County residents, businesses and homeowners. We have fought successfully since 2006 against excessive, discriminatory and unaffordable property insurance rates.



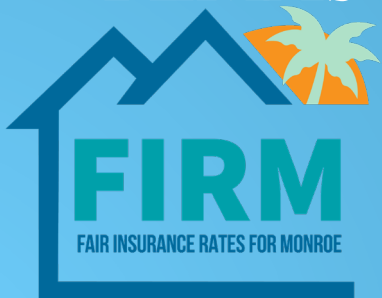
FIRM's Windstorm Insurance Accomplishments

- Rolled back 20% rate increase in 2006 and derailed a 32% increase in late 2006
- Citizens rate increases capped at 10%
- Policy limits increased from \$700K to \$1M
- Petitioned OIR for a rate freeze in 2017 that held until 2021



FIRM's Flood Insurance Accomplishments

- Helped repeal worst aspects of Biggert-Waters Flood Insurance Reform Act of 2012
- Supported Key West's height referendum
- Participated in multi-jurisdictional Community Rating System
- Worked with the municipalities to develop the appeal to FEMA's proposed flood maps



ON THE LEGISLATIVE FRONT

Eliminated flood insurance requirement for
condominiums

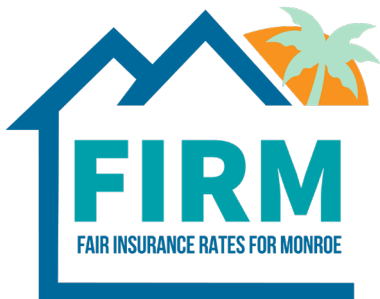
Eliminated matching contents requirement for
flood insurance

Non-primary homes occupied by long-term
tenant remain under rate cap

Eliminate flood insurance requirement for
properties not at risk for flooding

Coverage limit increase

Carve-out for Monroe County to return to 10%
rate cap



8/15/2024

[FIRMKeys.org](https://firmkeys.org)

Site Visits in 2023

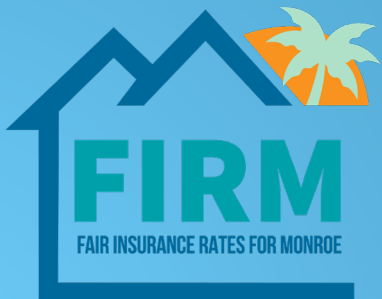
FIRM hosted Citizens
CEO Tim Cerio and
Insurance Consumer
Advocate Tasha Carter
on site visits throughout
Monroe County





Robert Spottswood, Sr.

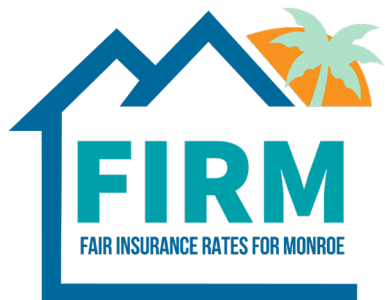
FIRM
successfully
pressed for a
Monroe County
Representative
on the Citizens
Board of
Governors



8/15/2024

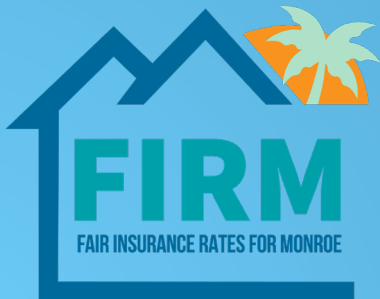
FIRMKeys.org

Building Relationships

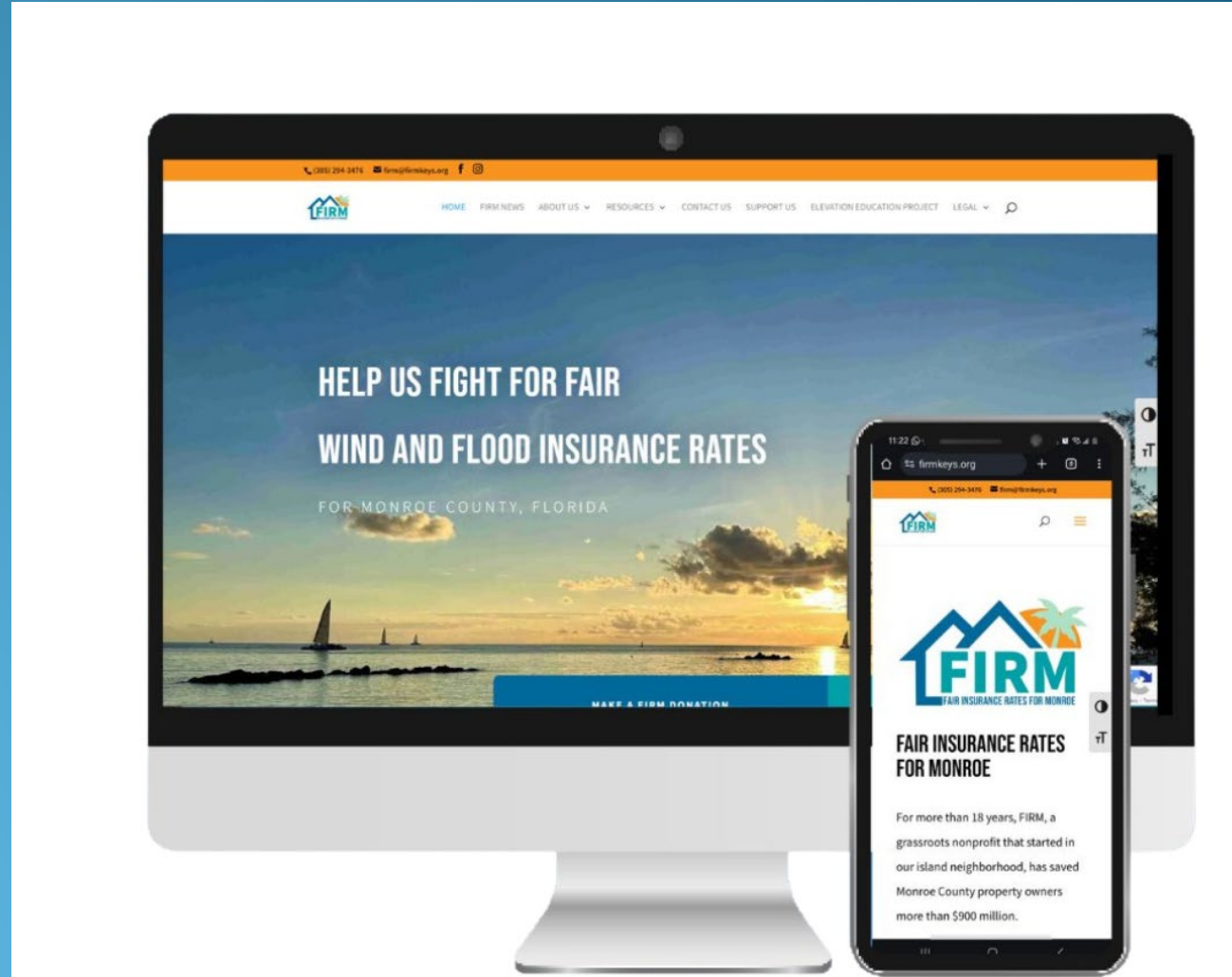
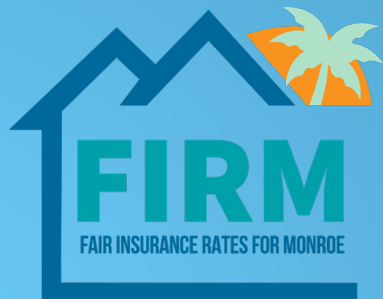


Windstorm and Flood Insurance Forum Spring 2025

- RESIDENTS
- STATE & LOCAL ELECTED OFFICIALS
- BUSINESS ORGANIZATIONS
- PROFESSIONAL ASSOCIATIONS
- INDUSTRY LEADERS



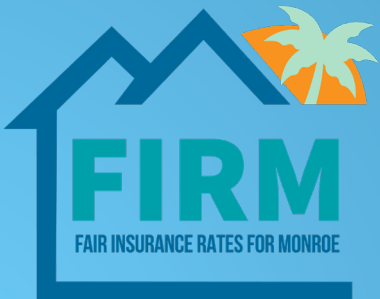
CHECK OUT OUR NEW WEBSITE!



8/15/2024

FIRMKeys.org

FIRM's work has
resulted in over
\$900M savings in
wind insurance
premiums for
Monroe County
residents





Council Communication

To: Mayor and Village Council
From:
Date: August 23, 2024
SUBJECT: Florida Keys Area Health Education Center, Inc.

Background:
N/A

Analysis:
N/A

Budget Impact:
N/A

Staff Impact:
N/A

Recommendation:
N/A

Attachments:

1. FY2425 Charitable Grant Application Scorecard Keys AHEC
2. Village of Islamorada Grant AHEC 24
3. Isla 24-AHEC 4



Islamorada, Village of Islands

Charitable Grant Applications – Fiscal Year 2024-2025

Organization: Florida Keys Area Health Education Center, Inc.

Amount Requested: \$15,000

Please rank the organization using the criteria below. Rank each category on a 1 to 10 scale. If you do not believe the organization should receive any funding, leave the rating boxes blank and write DNF (Do Not Fund) in the Total Score section.

Criteria	Rating (1-10)
The organization provides services that have been identified by the Village as fulfilling a needed service.	
The organization is able to provide the services cost efficiently and with a high quality of service.	
The organization is located within the boundaries of the Village or the organization's services are provided directly to, or benefit, Village residents.	
The organization has sought funding from the Village, Monroe County, or other governmental organizations in previous years and/or this current year.	
The organization has the administrative and financial stability to deliver services for which it is requesting funding from the Village.	

Total Score: _____

Resolution 23-02-13

Section 6. Limitation on use of Funds. Any funds granted to a non-profit organization shall not be used to pay salaries or administrative expenses/costs of the recipient without the express written consent of the Village.

This organization has indicated that they will be using **\$15,000** of the **\$15,000** funding request to pay salaries and/or administrative expenses/costs.

Given the above, do you give your consent to allow the organization to use grant funds for salaries and/or administrative costs/expenses?

- a. Yes
- b. No

Recommended Award Amount

Funding will be disbursed using the breakdown below:

Top 33% of applicants – funding request granted not to exceed \$10,000

Middle 33% of applicants – funding request granted not to exceed \$5,000

Bottom 33% of applicants – funding request granted not to exceed \$3,000



Islamorada Village of Islands

Charitable Donation Request Application

Organization Name:

Address:

City, State, Zip Code:

What year was this organization formed?

Qualified charitable organization? (If yes, provide IRS Exemption Letter): ☒ Yes ☐ No

Pursuant to Chapter 496, Florida Statutes, do you have a Solicitation License from the Florida Department of Consumer Affairs? ☒ Yes ☐ No

Federal Tax Identification Number:

Phone:

Email:

Contact person:

Phone:

Total agency annual operating budget:

Number of persons or businesses served in 2023:

Number of Islamorada residents or businesses served in 2023:

Please list all digital presence below:

Organization Website:

Instagram:

Facebook:

YouTube:

X (formerly Twitter):

Other:

1. Briefly describe your mission and how you measure success.

The mission of the Florida Keys AHEC is to provide direct medical, community health and educational services through community based collaborative partnerships.

Keys AHEC will measure success for the grant request and program through reporting that shows usage of clinical services, both medical and dental, by students of our two targeted sites. Over the past 12 months students from PKS and CSHS (Charter Schools included) have been provided approximately 1,339 clinical visits with over 10,200 services. These visits/services are for students of the Islamorada community as documented by zip code and school. This information is obtained with all treatment plans and care plans collected in our Electronic Health Records. Additionally Keys AHEC believes it is targeting the correct student population with its services as 72% of Medical Visits and 98% of Dental Visits are provided to students that are uninsured or have Medicaid.

2. Describe the types of services your organization provides.

3. Indicate whether you have previously competed for Village funds: ☒ Yes ☐ No

Village funding contributes to the support of direct care providers, including ARNPs, Dentists, and Dental Hygienists, within the Health program. The medical services offered encompass a wide range, including COVID, RSV, Flu, and Strep testing; school health physicals; sick and well child visits; chronic disease management for conditions like asthma and diabetes; prescription services; minor injury treatment; glucose testing; vision and hearing screenings; pregnancy testing; and referrals for comprehensive lab work, specialty services, and collaboration with school psychology services.

In addition to the medical centers, Keys AHEC runs a Mobile Dental Unit (MDU) that visits Upper Keys school sites providing treatments such as restorative care, exams, cleanings, x-rays, fillings, sealants, extractions, and other necessary dental procedures. This mobile service is complemented by an office-based Children's Dental Center in Marathon, established in January 2024 which has increased patient capacity by 40%. Students of the Islamorada community are already accessing care at this site.

Other examples of programs include:

1. Tobacco Cessation Classes and Services-No Cost Nicotine Replacement Therapies (Patches etc)
2. CPR/First Aid Training
3. Healthy Aging and Fitness Classes
4. Accredited Professional Training (CME/CE)-Live and online
5. UM/Keys AHEC Health Fair
6. Opioid Misuse Community and Professional Presentations

4. If yes to (3), please provide the amount received, original purpose of the funding, and what you accomplished with the funding.

Keys AHEC has received \$50,000 in FY 22/23 and \$10,000 through this grant process in FY 23/24.

The award from the Village supported our ability to establish a two day per week primary care medical center at Plantation Key School for students coming from low and moderate income families, as well as those who are uninsured or without a medical provider. This support was leveraged to further support medical services at Coral Shores High School as well a Dental Services that are offered at both schools on a rotating basis. Dental services are full dentistry services provided by a pediatric dentist and full dental team which includes full restorative care and treatment. This expansion of services and targeted approach provided for 1,339 clinical visits for just over 10,200 medical and dental services. Support from the Village made it possible to partially support and provide an APRN in PKS School. Other partner funding covered the additional expenses.

5. Current funding request:

15,000

6. If awarded, what will you accomplish with the current funding request?

For the past decade, Keys AHEC Health Centers has been operational at 3 Upper Keys locations (11 Countywide) providing coordinated primary medical care and comprehensive general dentistry for uninsured, Medicaid, and medically vulnerable children. Each site is staffed with licensed medical and dental professionals. All funding received is allocated entirely too partially support the medical staff who deliver direct care at these targeted locations. Other expenses are covered by partners. Keys AHEC Health Center provides unique services to medically vulnerable children from Islamorada, focusing on those from low/moderate income families without access to medical or dental care. The absence of affordable healthcare options, including Medicaid providers and low-cost insurance, creates a service gap that Keys AHEC fills. The clinics offer primary medical care and serve as a medical home for those without alternatives due to financial constraints. Increased cost of housing and other basic needs has resulted in families often forgoing medical and dental care until it becomes an emergency encounter.

The Keys AHEC dental program stands out as the sole provider in the county offering no-cost and low-cost general dentistry, addressing a critical need for affordable dental care. Care until our program did not exist for children. Services are delivered at 10 School District sites on a rotating schedule, ensuring comprehensive coverage and accessibility. As of January 2024 capacity increased by 40% for patient care by opening a new Dental Center that has appointments each Monday and Friday. Medically vulnerable children now have access to quality care and a health care home.

7. Please attach a list of all Owners/Directors/Principals/Board Members. **Board List Attached**
8. Complete the table below and attach a copy of your approved budget: **See Attached Clinic Budget**

Description	Existing Project Funding	Amount Requested
Salaries		\$15,000
Operating Expenses (i.e., phones rent)		NA
Non-Operating Expenses (i.e., consultants, etc.)		NA
Total		\$15,000

Attachments (Please check off all that apply):

- ☐ IRS exemption letter dated within the previous two years.
- ☐ Most recent tax returns.
- ☐ List of all Owners/Directors/Principals/Board Members.
- ☐ If applicable, Solicitation License from the Florida Department of Consumer Affairs.

☐ Other (please specify): A copy of our Annual Report was provided for the City Mgr and all Council Members

ATTESTATION

I hereby certify that I have read and understand the [charitable donation request guidelines](#) and that the information provided is true and correct. I understand that the approval and denial of all charitable donation requests is in the sole decision of the Village and that is the request is approved a charitable grant agreement is required to the distribution of any funds.

Michael Cunningham

Printed name -- Organization's Authorized Representative

Michael Cunningham  Digitally signed by Michael Cunningham
Date: 2024.04.30 09:49:16 -04'00'

Signature -- Organization's Authorized Representative

Date: 4/30/24

Completed applications should be sent via email to finance@islamorada.fl.us, or by delivering a hard copy to:

Islamorada, Village of Islands
ATTN: Finance Department
86800 Overseas Highway
Islamorada, FL 33036

**FLORIDA KEYS AREA HEALTH EDUCATION CENTER, INC.
BOARD MEMBERS**

NAME AND ADDRESS	OFFICER	TERM	REPRESENTATION
Britt Myers Weekly, Owner 714 Olivia St, # 10 Key West, FL 33040	Chair	Perm 5/25	Media 305-731-0087 britt@keysweekly.com
Patrick Stevens Partner Wolfe Stevens PLLC 214 Angler Dr South Marathon, FL 33050	Vice Chair	5/25	Attorney 305 393-2206 stevens@marathonlaw.com
Kate DeLoach Lobbyist Southern Strategy Group 120 Sunrise Dr. Tavernier, FL 33070	Treasurer	5/25	Political Consulting 305 240-4086 kateddeloach@gmail.com
Christina McPherson Director of Teaching and Learning Monroe County School Board 240 Trumbo Rd Key West, FL 33040	Secretary	5/26	Monroe County Schools 305-293-1400 Christina.Mcpherson@KeysSchools.com
James Cordell Director of Support Services Mariners/Fishermen's Hospital 91500 Overseas Highway Tavernier, FL. 33070		5/25	Community Hospital 305-434-3001 jamescor@baptisthealth.net
Isaac Heller Assistant CEO Lower Keys Medical Center 5900 College Rd Key West, FL 33040		5/26	Community Hospital 305-294-5535 ext 3365 isaac.heller@lkmc.com
Michelle Lincoln County Commissioner 43 Kyle Way S Marathon, FL 33050		5/26	Monroe County BOCC 305-360-7666 Lincoln-michelle@monroecounty-FL-gov
Mark Roby, DNP, MSN, RN Senior Comm. Hlth Nursing Director FL DOH-Monroe County Simonton St. Key West, FL 33040		5/26	DOH-Monroe County 305-676-3850 mark.robby@flhealth.gov
Aimee Jorgenson-Stough, DNP, ARPN, PNP-PC/AC CFK-School of Nursing-Dean College Rd Key West, FL 33040		5/26	College of the Florida Keys aimee.jorgensonstoug@cfk.edu



Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0752435463
Oct. 25, 2023 LTR 4168C 0
65-0183810 000000 00

00019057
BODC: TE

FLORIDA KEYS AREA HEALTH EDUCATION
CENTER PROGRAM INC
5800 OVERSEAS HWY STE 38
MARATHON FL 33050-2744

014258

Employer ID number: 65-0183810
Form 990 required: YES

Dear Taxpayer:

We issued you a determination letter in JULY 1990, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2022**Open to Public
Inspection**

A For the 2022 calendar year, or tax year beginning		07 - 01 , 2022, and ending		06 - 30 , 2023	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization FLORIDA KEYS AREA HEALTH EDUCATION CENTER INC			D Employer identification number 65-0183810	
	Doing business as				
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telephone number (305) 743-7111	
	5800 OVERSEAS HIGHWAY STE 38				
	City or town, state or province, country, and ZIP or foreign postal code			G Gross receipts \$ 2,956,419	
Marathon, FL 33050					
F Name and address of principal officer:			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.keysahc.org					
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other			L Year of formation: 1990		M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TRAIN, RECRUIT, AND RETAIN MEDICAL STUDENTS AND PROFESSIONALS.		
	2 Check this box ☐ 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	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	24
	6 Total number of volunteers (estimate if necessary)	6	
	7a 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)	Prior Year	Current Year 2,705,244
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		120,608
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		130,567
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,956,419
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,513,457
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)		78,520
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		976,108
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,489,565
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12		466,854
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
		3,848,003	4,288,593
		21 Total liabilities (Part X, line 26)	694,388
	22 Net assets or fund balances. Subtract line 21 from line 20	3,153,615	3,620,469

Part II 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	MICHAEL CUNNINGHAM				
	Signature of officer			Date	
	MICHAEL CUNNINGHAM, EXECUTIVE DIRECTOR				
Type or print name and title					
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	SUSAN M CORBIN	SUSAN M CORBIN	10-22-2023		P01297240
	Firm's name	SUE CORBIN PA		Firm's EIN	
	Firm's address	5409 OVERSEAS HWY 2223 Marathon FL 33050		Phone no. 305-780-7997	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2022)

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:
TRAIN, RECRUIT, AND RETAIN MEDICAL STUDENTS AND PROFESSIONALS.
- 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? ☐ Yes ☒ No
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 \$ **2,214,309** including grants of \$) (Revenue \$)
TRAINING, RECRUITMENT, AND RETENTION OF MEDICAL STUDENTS TO ENGAGE IN PRIMARY HEALTH CARE IN UNDERSERVED RURAL AREAS OF MONORE COUNTY.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **2,214,309**

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)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	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? If "Yes," complete Schedule C, Part II	4	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? If "Yes," complete Schedule C, Part III.	5	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? If "Yes," complete Schedule D, Part I	6	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? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	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? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10	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? If "Yes," complete Schedule D, Part VI	11a 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 16? If "Yes," complete Schedule D, Part VII	11b	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 16? If "Yes," complete Schedule D, Part VIII	11c	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 16? If "Yes," complete Schedule D, Part IX	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e 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)? If "Yes," complete Schedule D, Part X	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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? If "Yes," complete Schedule F, Parts I and IV	14b	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? If "Yes," complete Schedule F, Parts II and IV	15	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? If "Yes," complete Schedule F, Parts III and IV	16	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 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17	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? If "Yes," complete Schedule G, Part II	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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? If "Yes," complete Schedule I, Parts I and II	21	X

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 Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 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? <i>If "Yes," complete Schedule J.</i>	23	X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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? <i>If "Yes," complete Schedule L, Part I.</i>	25a	X
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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 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 entity or family member or any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	26	X
27 Did the organization provide a grant or 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? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	0
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

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 24		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
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)?	4a		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?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
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?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
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?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
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.			
a	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:			
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?	12a		
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? If "No," provide an explanation on 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? 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 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 line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there 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 on Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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 the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	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 names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	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
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.	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	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
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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed _____
- 18** Section 6104 requires an organization to make its Forms 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 apply.
- ☐ Own website ☐ Another's website ☒ 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.

MICHAEL CUNNINGHAM (305)743-7111, 5800 OVERSEAS HIGHWAY STE 38, Marathon, FL 33050

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

Check if Schedule O 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 **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, 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 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 dotted 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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JESSICA CRANNEY DIRECTOR		X						0	0	0
(2) MICHELLE LINCOLN DIRECTOR		X						0	0	0
(3) ISAAC HELLER DIRECTOR		X						0	0	0
(4) MARK ROBY MSN MBA HRM RN DIRECTOR		X						0	0	0
(5) JAMES CORDELL DIRECTOR		X						0	0	0
(6) KATE DeLOACH TREASURER		X		X				0	0	0
(7) PATRICK STEVENS VICE CHAIR		X		X				0	0	0
(8) BRITT MYERS CHAIR		X		X				0	0	0
(9) MICHAEL CUNNINGHAM EXECUTIVE DIRECTOR	50.00	X		X				0	0	0
(10)CHRISTINA McPHERSON SECRETARY				X				0	0	0
(11)										
(12)										
(13)										
(14)										

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 dotted 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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
(15) -----	-----										
(16) -----	-----										
(17) -----	-----										
(18) -----	-----										
(19) -----	-----										
(20) -----	-----										
(21) -----	-----										
(22) -----	-----										
(23) -----	-----										
(24) -----	-----										
(25) -----	-----										
1b Subtotal											
c Total from continuation sheets to Part VII, Section A											
d Total (add lines 1b and 1c)								0	0	0	

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 0

	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 such individual	3	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 such individual	4	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 such person	5	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

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

Part VIII Statement of Revenue

Check if Schedule O 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	1a	Federated campaigns	1a						
	b	Membership dues	1b						
	c	Fundraising events	1c						
	d	Related organizations	1d						
	e	Government grants (contributions) . .	1e	590,724					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,114,520					
	g	Noncash contributions included in lines 1a-1f	1g	\$					
	h	Total. Add lines 1a-1f			2,705,244				
Program Service Revenue				Business Code					
	2a	SPECIAL PROJECTS:MISC		611710					
	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)		120,608	120,608				
	4	Income from investment of tax-exempt bond proceeds							
	5	Royalties							
	6a	Gross rents	(i) Real	(ii) Personal					
			6a	130,567					
			6b						
	b	Less: rental expenses . .	6b						
	c	Rental income or (loss)	6c	130,567					
	d	Net rental income or (loss)		130,567	130,567				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
			7a						
			7b						
	b	Less: cost or other basis and sales expenses . .	7b						
	c	Gain or (loss)	7c						
	d	Net gain or (loss)							
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18							
								8a	
								8b	
b	Less: direct expenses	8b							
c	Net income or (loss) from fundraising events								
9a	Gross income from gaming activities, See Part IV, line 19								
							9a		
							9b		
b	Less: direct expenses	9b							
c	Net income or (loss) from gaming activities								
10a	Gross sales of inventory, less returns and allowances								
							10a		
							10b		
b	Less: cost of goods sold	10b							
c	Net income or (loss) from sales of inventory								
Miscellaneous Revenue				Business Code					
	11a								
	b								
	c								
	d	All other revenue							
	e	Total. Add lines 11a-11d							
12	Total revenue. See instructions			2,956,419	251,175	0	0		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) 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

☒**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	1,280,786	1,178,325	102,461	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .	133,610	123,057	10,553	
9 Other employee benefits				
10 Payroll taxes	99,061	98,071	990	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	9,725	6,993	2,732	
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				
13 Office expenses	355,192	279,540	75,652	
14 Information technology				
15 Royalties				
16 Occupancy	33,009	31,222	1,787	
17 Travel	46,060	45,740	320	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	7,982	7,584	398	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	78,520			78,520
23 Insurance	35,694	34,624	1,070	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a RENT EXPENSES	25,560	25,560		
b ASSOCIATION FEES	14,860	14,087	773	
c CONTINUING EDUCATION	43,290	43,290		
d CONTRACTED SERVICES	72,908	72,908		
e All other expenses	253,308	253,308		
25 Total functional expenses. Add lines 1 through 24e. .	2,489,565	2,214,309	196,736	78,520
26 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)				

Part X Balance SheetCheck 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	974,263	1	873,718
	2 Savings and temporary cash investments	1,191,032	2	2,025,932
	3 Pledges and grants receivable, net	646,329	3	366,866
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator 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 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,596,422		
	b Less: accumulated depreciation	10b 670,012	1,003,011	10c 926,410
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	33,368	15	95,667
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,848,003	16	4,288,593	
Liabilities	17 Accounts payable and accrued expenses	435,522	17	341,084
	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		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator 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	247,301	23	231,373
	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	11,565	25	95,667
	26 Total liabilities. Add lines 17 through 25	694,388	26	668,124
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,153,615	27	3,620,469
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here ☐ 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	3,153,615	32	3,620,469
	33 Total liabilities and net assets/fund balances	3,848,003	33	4,288,593

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 VIII, column (A), line 12)	1	2,956,419
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,489,565
3	Revenue less expenses. Subtract line 2 from line 1	3	466,854
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,153,615
5	Net unrealized gains (losses) on investments	5	
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	3,620,469

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: ☐ Cash ☒ Accrual ☐ 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? 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: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a	X
b	Were the organization's financial statements audited by an independent accountant? 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: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X
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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	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	3b	X

**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

Employer identification number

FLORIDA KEYS AREA HEALTH EDUCATION CENTER INC

65-0183810

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

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

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

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

Schedule A (Form 990) 2022

EEA

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

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

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 "unusual grants.")	1,595,039	1,518,828	1,988,836	2,333,395	1,893,394	9,329,492
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	1,595,039	1,518,828	1,988,836	2,333,395	1,893,394	9,329,492
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. Subtract line 5 from line 4.						9,329,492

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	1,595,039	1,518,828	1,988,836	2,333,395	1,893,394	9,329,492
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	12,812	19,826	37,599	34,135	120,608	224,980
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.)	18,258	45,692	49,898	32,147	130,567	276,562
11 Total support. Add lines 7 through 10						9,831,034
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	94.90 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	97.51 %
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 ☐		

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

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

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 "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 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

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) . . .	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2021. 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 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	☐	The organization satisfied the Activities Test. Complete line 2 below.
b	☐	The organization is the parent of each of its supported organizations. Complete line 3 below.
c	☐	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
2 Activities Test. Answer lines 2a and 2b below.		
a		Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
2a		
b		Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a		Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .
3a		
b		Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.
3b		

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

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required) - <i>provide details in Part VI</i>	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Part VI

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

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 6, 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

Employer identification number

FLORIDA KEYS AREA HEALTH EDUCATION CENTER INC

65-0183810

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 6.

	(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?		☐ Yes ☐ 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 benefit?		☐ Yes ☐ 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). ☐ Preservation of land for public use (for example, recreation or education) ☐ Protection of natural habitat ☐ Preservation of open space ☐ Preservation of a historically important land area ☐ Preservation of a certified historic structure	
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.	
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, 2006, 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 FASB 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 FASB 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 FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	\$ _____
b Assets included in Form 990, Part X	\$ _____

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

Schedule D (Form 990) 2022

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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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 9, 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:

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

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 STMD1E		1,596,422	670,012	926,410
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				926,410

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 (including name of security)	(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) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

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. (Column (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) FUNDS HELD FOR OTHERS	95,667
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	95,667

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) FUNDS HELD FOR OTHERS	95,667	
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	95,667	

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. ☐

**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 KEYS AREA HEALTH EDUCATION CENTER INC

Employer identification number

65-0183810

01. Form 990 governing body review (Part VI, line 11)

NO REVIEW WAS OR WILL BE CONDUCTED

02. CEO, executive director, top management comp (Part VI, line 15a)

THE EXECUTIVE COMMITTEE REVIEWS EXECUTIVE DIRECTORS YEARLY

03. Other officer or key employee compensation (Part VI, line 15b)

EXECUTIVE DIRECTOR REVIEWS EMPLOYEES YEARLY

04. Governing documents, etc, available to public (Part VI, line 19)

UPON REQUEST

05. List of other expenses (Part IX, line 24e)

COMMUNITY PROGRAMS \$226,492

STUDENT HOUSING \$26,816

FOR YOUR RECORDS ONLY
Federal Supporting Statements

2022 PG01

Name(s) as shown on return

Tax ID Number

FLORIDA KEYS AREA HEALTH EDUCATION CENTER INC

65-0183810

Form 990 - Schedule D - Part VI - Line 1e
Investments - Other

Statement #D1e

Description of Investment	Cost/basis (Investment)	Cost/basis (Other)	Depr	Book Value
Total	<u><u>0</u></u>	<u><u>0</u></u>	<u><u>0</u></u>	<u><u>0</u></u>



FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
COMMISSIONER WILTON SIMPSON

April 23, 2024

Refer To: CH17377

FLORIDA KEYS AREA HEALTH EDUCATION CENTER, INC.
5800 OVERSEAS HWY STE 38
MARATHON, FL 33050-2744

RE: FLORIDA KEYS AREA HEALTH EDUCATION CENTER, INC.
REGISTRATION#: CH17377
EXPIRATION DATE: May 14, 2025

Dear Sir or Madam:

The above-named organization/sponsor has complied with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to register under s. 496.405 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The Solicitation of Contributions Act requires an annual renewal statement to be filed on or before the date of expiration of the previous registration. The Department will send a renewal package approximately 30 days prior to the date of expiration as shown above.

Thank you for your cooperation. If we may be of further assistance, please contact the Solicitation of Contributions section.

Sincerely,

Tamara Conyers
Regulatory Consultant
850-410-3705
Fax: 850-410-3804
E-mail: tamara.conyers@fdacs.gov

Keys AHEC Health Centers

2022-23 Annual Report

Keys AHEC Health Centers Newsletter

July 2023

A Message from Our CEO

Michael Cunningham

The Keys AHEC Health Centers had a successful 2022-23 programmatic year. After a challenging start to the year the agency was able to address a financial shortfall. It successfully managed to raise necessary support to maintain and expand our direct primary medical care and dental programs. Keys AHEC also received its full legislative request for 2023-24.

There are angels amongst us and the Florida Keys Community rallied to support health care programs that offer services to medically vulnerable children coming from low and moderate income families.

We are incredibly proud of all the AHEC team members that truly have ownership and pride in the work that they do. All programs from Medical to Dental to Tobacco expanded services and served record numbers of patients during the year.

With the support of our dedicated Board of Directors we were able to increase our focus this past year on expanding service lines, creating critical partnerships and surrounding the agency with the best support team possible.

We could not accomplish what we do without our many partners and supporters... **Our Success is Your Success and We Thank You!**



"My daughters have been needing dental care for over a year. We just could not afford it and other offices are too far away. You all are dental angels"

- Kim A



How to Find Us!

5800 Overseas Hwy, #38
Marathon, FL 33050
T-305-743-7111

On the Web!

www.keysahec.org
www.aheceducation.com
FaceBook @keys.ahec
See Our Website for
More Information on
Programs, Sites, Services
and Patient Forms

You Can Assist Keys AHEC by Donating at www.keysahec.org

Keys AHEC Health Centers

Our Primary Care Medical Services

Celebrating of No Cost Healthcare



Keys AHEC is now entering its 10th year of providing No Cost Primary Care Medical Services for Students of all Monroe County Schools. The 10 Health Centers managed by a Team of Advance Practice Registered Nurses and a Physician Assistant provide primary care to medically vulnerable patients who often do not have access to quality and timely healthcare. Clinics are conveniently located countywide to better serve patients making medical care available each school day.

Patient Insurances:

Uninsured-36%
Medicaid-34%
Insured-30%

Medical Services and Patients Visits:

Services-59,425
Patient Visits-6,709



9 Years of Services and Patients Visits:

Services-537,477
Patient Visits-71,182
Value-Over \$12M

**Keys AHEC has Expanded Services to
Plantation Key School and within
Poinciana and Stanley Switlik Schools**

**Keys AHEC has Secured Over 23 Grants & Contracts
for a Health Center Budget of Over \$1.8 Million and a
Total Agency Budget of Over \$2.8 Million for FY 23/24**



Dental Care For Children

Started January 2022
Mobile Dental Services



Our Full Schedule w/Sites, Times and Locations: www.keysahec.org/dental

Patient Insurances:

Uninsured-41%
Medicaid-57%
Insured-2%

The Keys AHEC Dental program consists of a team of Dental Professionals that travel on a fully equipped 37' Mobile Dental Unit to provide General Dentistry, Restorative and Preventative Care at 10 School locations. Visits include Exams, X-Rays, Individualized Treatment Plan, Cleanings, Sealants, and Fluoride Treatment all for a small fee of \$10.

Dental Services and Patients Visits:

Services-13,349
Patient Visits-2,742

Keys AHEC added
2-D Panoramic
X-Rays at its Main
Office in Marathon
at No Cost



See our Pediatric Dental Video at www.keysahec.org

Keys AHEC will begin providing Dental Services at its Marathon Office (M & F) starting in the Fall of 2023.

Keys AHEC started offering State of the Art Dental Imaging Services with the use of a 2-D Panoramic X-Ray Unit. Special Thanks to the Florida Blue Foundation and the Rotary Clubs of Key West and Marathon.

Keys AHEC Tobacco Cessation Services & Tobacco Free Florida



Provided 94 Quit Smoking Now (4 Week Programs) Classes

Provided 328 Tools to Quit (2 Hour Programs) Classes

Classes are offered Countywide at varying times and locations.

Provided Tobacco Cessation Support for 1,213 Individuals

Provided Professional Education for 1,161 Health Professionals Statewide

Provided Educational Courses for 3,214 Health Students Statewide

Had a Record Number of Program Enrollments (513) -4th Quarter of the Year

No Cost NRT to over 1,100 program enrollees (Patches, Gum and Lozenges)

Youth Based Cessation Program Now Available



Opioid Program-Starting in 2023-24

- ◆ Keys AHEC will provide Community Education Events to Speak about Opioid Misuse and the Dangers of Fentanyl in our Community.
- ◆ Events will provide access to No Cost NARCAN and DeTerra Drug Disposal Bags.

Tidbits:

- ◆ Keys AHEC Welcomes the Good Health Clinic and WomanKind who will share space in the Marathon Office to provide Primary Adult and Women's Healthcare.
- ◆ Keys AHEC will be working with the University of Miami DOCS Office to hold the 52nd Annual UM Florida Keys Health Fair-Stay Tuned for Dates!
- ◆ Keys AHEC provided CPR/AED Training to over 500 Individuals.
- ◆ Keys AHEC Provides Accredited CME/CE Courses Online at www.aheceducation.com Online Programming provides over 10,000 Course Hours to Over 4,000 Professionals.



Special Thanks to Our Partners: Baptist Health South Florida, Children's Foundation, City of Key West, City of Marathon, Community Foundation of the Florida Keys, Florida Association of Free and Charitable Clinics, Florida Blue, Golden Fleece Foundation, Health Foundation of S FL, Edward B. and Joan T. Knight Foundation, Monroe County Health Dept., Monroe County HSAB, Monroe County School District, Ocean Reef Community Foundation, Rotary Club-KW/MAR, Sheriff Asset Forfeiture Fund, United Way of Collier and the Keys, Village of Islamorada



Keys AHEC Health Centers



PARTNERING IN THE COMMUNITY FOR BETTER HEALTH
Michael Cunningham, CEO



OUR REQUEST



- **FUNDING REQUEST:**

- **\$15,000 (.8%)**

- **PURPOSE:**

PARTIAL SUPPORT OF ONE APRN
SERVING PLANTATION KEY SCHOOL
TWO DAYS PER WEEK. (\$48K+)

*KEYS AHEC WILL SUPPORT THE POSITION
AND ALL CLINICAL COSTS WITH SUPPORT
FROM OTHER GRANTS AND CONTRACTS

- **KEYS AHEC SUPPORTS CHILDREN'S HEALTHCARE IN THE
UPPER KEYS: (STUDENTS CAN ACCESS ANY SITE)**

- CORAL SHORES HIGH SCHOOL CLINIC-3 DAYS
- KEY LARGO SCHOOL CLINIC-4 DAYS*
 - ONE ADDITIONAL APRN IN UPPER KEYS/NEW DAY IN FY 24/25
- MOBILE DENTAL UNIT AT EACH SCHOOL ON ROTATION
 - IN UPPER KEYS FOR 3 DAYS EVERY 3 WEEKS.
 - FULL DENTAL TEAM
- ACCESS TO CHILDREN'S DENTAL CENTER-MARATHON
 - EXPANDS CAPACITY BY 40%

**Students of the MCSD in 10th Grade that started in Kindergarten have never known
their school to be without a Primary Care Provider over the past 11 Years.**



1. FULFILLS A SERVICE NEED

LACK OF ACCESS TO QUALITY & AFFORDABLE HEALTHCARE

- **Keys AHEC Addresses:**

- Provide access to medical and dental services to Children in Monroe County

- **Benefits Families:**

- No Cost Medical (Dental-\$10)
- Onsite-Regular Schedule
- No Need to Miss Work
- No Barriers to Care



- **Focus on those who are Uninsured or on Medicaid-Medically Vulnerable**

- Dental-98% (52% Uninsured & 46% Medicaid)
 - No Pediatric Dentists in Monroe County
- Medical-72% (37% Uninsured & 35% Medicaid)
 - Lack of Medicaid Providers

United Way's ALICE report indicates that 45% of residents struggle to meet basic needs, underscoring the importance of accessible healthcare services provided by Keys AHEC.

Keys AHEC is the Sole Provider of School Based Primary Medical and General Dentistry Serving as a Medical and Dental Home



2. HIGH QUALITY & EFFECTIVE FULFILLMENT OF SERVICES



• Data-Medical

- All Schools
 - 5,988 Visits
 - 47,904 Services
- Upper Keys
 - 1,701 Visits
 - 13,608 Services
- Plantation Key School
 - 292 Visits
 - 2,336 Services

• Data-Dental

- All Schools
 - 3,431 Visits
 - 18,655 Services
- Upper Keys
 - 876 Visits
 - 4,730 Services
- Plantation Key School
 - 222 Visits
 - 1,401 Services

Keys AHEC Professional Staff Consists of:

- 7 APRNs (5.2 FTE)
- 1 Med Assist
- 1 LPN-.2 FTE
- 1 Pediatric Dentist
- 2 RDHs-1 FTE
- 2 EF Dental Assistants- 1.8 FTE
- Executive Support Team
- 1 Medical Director-.1 FTE

*KLS Expansion in 24/25

Keys AHEC Children's Dental



Keys AHEC ensures high-quality and effective service delivery through the expansion of its clinical hours and sites, increasing patient visits, and enhancing staff capacity. **Dental increased staff Full-Time Equivalents (FTE) by 40% -Doubling Visits in the 4th Quarter**

2. HIGH QUALITY & FULFILLMENT OF SERVICE

SERVICES AVAILABLE:



www.keysahec.org/dental

Keys AHEC
Health Centers

Patients Must Call
for an Appointment.
305 743 7111 ext 220

Dental Unit Schedule and Sites

August 6-8, 2024-Coral Shores HS

*Unit on Wrenn St Side of School

August 13-15, 2024-HOB School

*Unit in Back Bus Loop-Parents must report to Front Office

August 20-22, 2024-Marathon MS/HS

*Unit on Side of School near Field Entrance

August 27-29, 2024-Plantation Key School

*Unit behind School-Parents must report to Front Office

September 3-5, 2024-Poinciana School

*Unit in Front Parking Lot

September 10-12, 2024-Stanley Switlik School

*Unit in Front Parking Lot

September 17-19, 2024-Key Largo School

*Unit in North End Parking Lot near Gym

September 24-26, 2024-Key West HS

*Unit in back of School near Weight Room
Parents must report to Front Office

October 1-3, 2024-Sugarloaf School

*Unit in Front by Cafeteria

October 8-10, 2024-Coral Shores HS

*Unit on Wrenn St Side of School

October 15-17, 2024-HOB School

*Unit in Back Bus Loop-Parents must report to Front Office

October 22-24, 2024-Marathon MS/HS

*Unit on Side of School near Field Entrance

October 29-31, 2024-Gerald Adams School

*Unit on Side of School-Parents must report to Front Office

November 5-7, 2024-Plantation Key School

*Unit behind School-Parents must report to Front Office

November 12-14, 2024-Stanley Switlik School

*Unit in Front Parking Lot

November 19-21, 2024-Poinciana School

*Unit in Front Parking Lot

November 26-28, 2024-Thanksgiving Break

December 3-5, 2024-Key Largo School

*Unit in North End Parking Lot near Gym

December 10-12, 2024-Sugarloaf School

*Unit in Front by Cafeteria

December 17-19, 2024-Key West HS

*Unit in back of School near Weight Room
Parents must report to Front Office

****Christmas and New Years Break:**

December 24, 2024 to January 6, 2025.

The Marathon Dental Center is
Open Each Monday and Friday by
Appointment at 5800 Overseas Hwy,
#36 (Gulfside Village), Marathon, FL.
305 743 7111 ext 220

Keys AHEC
Health Centers



Why Pay More?

Keys AHEC
Offers All
Health Care
Visits at
No Cost!

Does Your Child
Need a School
Health or Sports
Physical (w/EKG)?

Sick or Well Visit?

Call Today...Your Provider is
Ready and Available to
Help...Walk-Ins Welcome

Keys AHEC
Children's Dental



Dental
Visits
at \$10

www.keysahec.org

305-743-7111 ext 210-Medical

305-743-7111 ext 220-Dental

Health Centers at
10 School Sites



www.keysahec.org/dental

Keys AHEC
Health Centers

Patients Must Call
for an Appointment.
305 743 7111 ext 220

Dental Unit Schedule and Sites

January 7-9, 2025-Coral Shores High School

*Unit on Wrenn St Side

January 14-16, 2025-HOB School

*Unit in Bus Loop-Parents must report to Front Office

January 21-23, 2025-Marathon MS/HS

*Unit on Side of School near Field Entrance

January 28-30, 2025-Plantation Key School

*Unit behind School-Parents must report to Front Office

February 4-6, 2025-Poinciana School

*Unit in Front Parking Lot

February 11-13, 2025-Stanley Switlik School

*Unit in Front Parking Lot

February 18-20, 2025-Key Largo School

*Unit by Cafeteria-Parents must report to Front Office

February 25-27, 2025-Gerald Adams School

*Unit on Side of School-Parents must report to Front Office

March 4-6, 2025-Sugarloaf School

*Unit in Front of Cafeteria

March 11-13, 2025-Key West High School

*Unit in back of School near Weight Room
Parents must report to Front Office

March 17-21, 2025- Closed for Spring
Break

March 25-27, 2025-Coral Shores High School

*Unit on Wrenn St Side of School

April 1-3, 2025-HOB School

*Unit in Bus Loop-Parents must report to Front Office

April 8-10, 2025-Marathon MS/HS

*Unit on Side of School near Field Entrance

April 15-17, 2025-Plantation Key School

*Unit behind School-Parents must report to Front Office

April 22-24 2025-Poinciana School

*Unit in Front Parking Lot

April 29 to May 1, 2025-Stanley Switlik School

*Unit in Front Parking Lot

May 6-8, 2025-Key Largo School

*Unit by Cafeteria-Parents must report to Front Office

May 13-15, 2025-Gerald Adams School

*Unit on Side of School-Parents must report to Front Office

May 20-22, 2025-Sugarloaf School

*Unit in Front of Cafeteria

May 27-29, 2025-Key West High School

*Unit in back of School near Weight Room
Parents must report to Front Office

****Summer Hours and Locations**
TBD...Coming Soon!

2. HIGH QUALITY & FULFILLMENT OF SERVICE

**SERVICES AVAILABLE: 11 SITES COUNTYWIDE
3 IN THE UPPER KEYS**

Keys AHEC Health Centers

Providing No Cost Primary Medical Care!

Please Call 305 743-7111 ext. 210 to
Schedule Your Student's Appointment
for a School Physical, Sport's Physical,
General Primary Care or Sick Child Visit.

Sites and Hours:

Horace O'Bryant
1105 Leon St.
Key West
M-F 8 AM to 4 PM

Key West High School
2100 Flagler Ave
Key West
M, W & F: 7:30 AM-3:30 PM

Gerald Adams
5855 Jr. College Rd
Key West
T & Th: 7:30 AM to 3:30 PM

Sugarloaf School
255 Crane Blvd
Sugarloaf Key
W & F: 7:30 AM-3:30 PM

Poinciana School
1407 Kennedy Dr.
Key West
M & W: 7:30 AM-3:30 PM

Sites and Hours:

Marathon High School
350 Sombrero Blvd
Marathon
M, T & Th: 7 AM to 3 PM

Stanley Switlik School
3409 Overseas Hwy
Marathon
W & F: 8 AM to 4 PM

Coral Shores High School
89901 Overseas Hwy
Tavernier
W & F: 8 AM to 4 PM

Key Largo School
104801 Overseas Hwy
Key Largo
M, T & Th: 8 AM to 4 PM

Plantation Key School
100 Lake Road
Tavernier, FL
T & Th: 7:30 AM-3:30 PM

www.keysahec.org

Please see website for Patient Consent Forms & Info

If You Are Sick, Be Safe & Stay Home.



**School Based Sealant Program-37% Needed Dental
Care with 11% Needing Urgent Care.**

**General Dentistry-\$10 Fee for Exam, X-rays, Cleaning, Sealants,
Fluoride Varnish. Fillings, Extractions, & other treatment.**

Keys AHEC Health Centers

Providing General Dentistry,
Preventative and Restorative Care!

Keys AHEC **Services Include:**
Children's Dental Exams
X-Rays
Cleanings
Fillings
Sealants
Fluoride
Education



305 743 7111 & much much more!
Ext. 220

**Keys AHEC may require a nominal fee for some services.*

The Keys AHEC Dental Unit will Travel to
Each School on a Weekly Rotating Basis.

**Keys AHEC Also Has a Children's
Dental Center Open in Marathon
Open Monday and Friday**

Keys AHEC
Health Centers

Children's Dental Center
305 743 7111 Ext. 220

**Patients Must Call
for an
Appointment!**

Services are Limited
to Students Only

www.keysahec.org/dental



3. SERVICES DIRECTLY BENEFIT ISLAMORADA CHILDREN AND FAMILIES-YES



- **Medical and Dental Services available to all students without any socio-economic barriers to care.**
 - The only requirement is that they are enrolled in school
 - Pre-K 3 thru High School
 - Working Families have access to no cost and low cost care everyday!
- **Keys AHEC Brings Medical and Dental Services to the Schools.**
 - Parents do not miss work
 - *Patients can be seen same day*
- **The program's expansion ensures that more children have a medical/dental home.**
 - *Regular ongoing scheduled continuous care*
- Keys AHEC will link patients to specialty care at Nicklaus Children's or a local provider

Keys AHEC Services Public, Private, Charter Schools as well as those Home Schooled



4. INFRASTRUCTURE TO DELIVER SERVICES

HEALTH SERVICES NOW ENTER 11TH YEAR



Internal

- Strong Financial Support
 - Over 23 Grants/Contracts
 - \$1,817,000 Clinical Support in FY 23/24
 - \$1,729,000 Clinic Support in FY 24/25
 - Annual total program budget over \$3M
 - Able to work in the Community to develop partnerships and support addressing need

Delivery

- Sites
 - 10 School Based Clinical Sites
 - Medical and Dental
 - Children's Dental Center-11th
 - Opened January '24
 - Program expanded from 2 providers at 4 sites-**only medical**- to today's healthcare model

Keys AHEC Professional Staff Consists of:

- 7 APRNs
- 1 Med Assist
- 1 LPN
- 1 Pediatric Dentist
- 2 RDHs
- 2 EF Dental Assistants
- Executive Support Team

Agency was Established in 1990 with a history and record of program success with detailed financial reporting and clean audits.





Council Communication

To: Mayor and Village Council
From:
Date: August 23, 2024
SUBJECT: Florida Keys Children's Shelter

Background:
N/A

Analysis:
N/A

Budget Impact:
N/A

Staff Impact:
N/A

Recommendation:
N/A

Attachments:

1. FY2425 Charitable Grant Application Scorecard Florida Keys Children Shelter
2. FL Keys Childrens Shelter Combined Application
3. Islamorada Village of Islands Presentation_08.23.24 Florida Keys Childrens Shelter



Islamorada, Village of Islands

Charitable Grant Applications – Fiscal Year 2024-2025

Organization: Florida Keys Children's Shelter

Amount Requested: \$2,500

Please rank the organization using the criteria below. Rank each category on a 1 to 10 scale. If you do not believe the organization should receive any funding, leave the rating boxes blank and write DNF (Do Not Fund) in the Total Score section.

Criteria	Rating (1-10)
The organization provides services that have been identified by the Village as fulfilling a needed service.	
The organization is able to provide the services cost efficiently and with a high quality of service.	
The organization is located within the boundaries of the Village or the organization's services are provided directly to, or benefit, Village residents.	
The organization has sought funding from the Village, Monroe County, or other governmental organizations in previous years and/or this current year.	
The organization has the administrative and financial stability to deliver services for which it is requesting funding from the Village.	

Total Score: _____

Resolution 23-02-13

Section 6. Limitation on use of Funds. Any funds granted to a non-profit organization shall not be used to pay salaries or administrative expenses/costs of the recipient without the express written consent of the Village.

This organization has indicated that they will be using **\$XX** of the **\$2,500** funding request to pay salaries and/or administrative expenses/costs.

Given the above, do you give your consent to allow the organization to use grant funds for salaries and/or administrative costs/expenses?

- Yes
- No

Recommended Award Amount

Funding will be disbursed using the breakdown below:

Top 33% of applicants – funding request granted not to exceed \$10,000

Middle 33% of applicants – funding request granted not to exceed \$5,000

Bottom 33% of applicants – funding request granted not to exceed \$3,000



Islamorada Village of Islands

Charitable Donation Request Application

Organization Name:

Address:

City, State, Zip Code:

What year was this organization formed?

Qualified charitable organization? (If yes, provide IRS Exemption Letter): ☒ Yes ☐ No

Pursuant to Chapter 496, Florida Statutes, do you have a Solicitation License from the Florida Department of Consumer Affairs? ☒ Yes ☐ No

Federal Tax Identification Number:

Phone:

Email:

Contact person:

Phone:

Total agency annual operating budget:

Number of persons or businesses served in 2023:

Number of Islamorada residents or businesses served in 2023:

Please list all digital presence below:

Organization Website:

Instagram:

Facebook:

YouTube:

X (formerly Twitter):

Other:

1. Briefly describe your mission and how you measure success.

Mission Statement: Safe Kids | Strong Families | Healthy Communities

Imagine being a child or young adult without a safe place to call home or anyone to turn to for help. It's a heartbreaking reality for far too many young people in Monroe County, but the Florida Keys Children's Shelter is working to change that.

We provide a safe and nurturing environment for those in crisis, and work to empower young people to overcome the challenges they face. At the Florida Keys Children's Shelter, we believe that every child and young adult deserves the chance to succeed.

Our success is measured

2. Describe the types of services your organization provides.

We offer a range of holistic programs and services to support children, young adults, and families who are in need, including nonresidential counseling, residential services, outreach programs, and transitional living services. We provide a safe and nurturing environment for those in crisis, and work to empower young people to overcome the challenges they face.

3. Indicate whether you have previously competed for Village funds: ☒ Yes ☐ No

4. If yes to (3), please provide the amount received, original purpose of the funding, and what you accomplished with the funding.

The Florida Keys Children's Shelter was awarded \$2,500 in 2023 to help fund free transportation services for youth client services to/from Islamorada.

5. Current funding request: \$2,500.00

6. If awarded, what will you accomplish with the current funding request?

The Florida Keys Children's Shelter is the only licensed emergency shelter for youth in Monroe County who are considered abused, abandoned, neglected, homeless, truant, ungovernable or engaging in other behaviors that show they may be at risk for substandard life outcomes. Youth going through unimaginable times depend on us for safety, housing, case management, food and counseling. The continued funding from Islamorada Village of Islands would assist in our ability to provide free transportation for youth to/from the Islamorada area to all of these critical services.

7. Please attach a list of all Owners/Directors/Principals/Board Members.

8. Complete the table below and attach a copy of your approved budget:

Description	Existing Project Funding	Amount Requested
Salaries	(Please see attached Budget file)	
Operating Expenses (i.e., phones rent)		
Non-Operating Expenses (i.e., consultants, etc.)		
Total		

Attachments (Please check off all that apply):

- ☐ IRS exemption letter dated within the previous two years.
- ☐ Most recent tax returns.
- ☐ List of all Owners/Directors/Principals/Board Members.
- ☐ If applicable, Solicitation License from the Florida Department of Consumer Affairs.

☐ Other (please specify): Annual Impact Report - 2022

ATTESTATION

I hereby certify that I have read and understand the [charitable donation request guidelines](#) and that the information provided is true and correct. I understand that the approval and denial of all charitable donation requests is in the sole decision of the Village and that is the request is approved a charitable grant agreement is required to the distribution of any funds.

Lynda Weinstein

Printed name -- Organization's Authorized Representative

Signature -- Organization's Authorized Representative

Date: 05.31.24

Completed applications should be sent via email to finance@islamorada.fl.us, or by delivering a hard copy to:

Islamorada, Village of Islands
ATTN: Finance Department
86800 Overseas Highway
Islamorada, FL 33036

FLORIDA KEYS CHILDRENS SHELTER, INC.

COMPREHENSIVE BUDGET - FISCAL YEAR 2023-2024

PROFIT & LOSS CONTRACT OR ACTIVITY	PER					HHS RHYS & Project Lighthouse	DCF	Nutrition	Monroe County	Fundraising and G&A Other Activities	TOTAL
		CINS/FINS Truancy & Ungovern...	CINS/FINS Community- Based Counselors	Residential Counselor	Title IV E Match		Abused & Neglected Jelsema				
Expected Grant income		698,305	268,894	54,000	-	548,879	360,000	12,000	175,000	465,800	2,582,878
Allocation of contributions & fundraising \$		324,874	134,446	35,198	-	60,987	122,361	(12,000)	(175,000)	(465,800)	677,866
Adjusted Income		1,023,179	403,340	89,198	-	609,866	482,361	-	-	-	2,607,943
Projected Direct Expenses		863,938	352,703	94,618		657,404	355,886	-	-		2,324,549
Overhead		178,555	33,654	10,198		60,987	-				-
Total Expenses		1,042,493	386,357	104,816	-	718,391	355,886	-	-	-	2,607,943
Profit (Loss) per Contract/Activity		(19,314)	16,983	(15,618)	-	(108,525)	126,475	-	-	-	0

G&A, FUNDRAISING & OTHER CONTRIBUTIONS

Miscellaneous Events	30,000
General Contributions	130,800
Restricted contributions	305,000
Total	<u><u>465,800</u></u>

RESTRICTED CONTRIBUTIONS

Keys Children's Foundation	115,000
Ocean Reef Foundation	65,000
Various Foundations	125,000

ALLOCATED TO ALL PROGRAMS 305,000

Board of Directors 2023-2024

Name	Title	BOD Start Date	Profession	Email	Phone	Address	FL Keys Area	Race	Gender
Brad Copeland	Chair	Sep-15	Owner - Going-Aire	brad@goingaire.com	609-495-4985	12 Grayvik Dr, Key Largo, FL 33037	Upper	White	Male
Mike Puto	Treasurer	Jun-11	Retired Public Servant & Host on Marathon Florida TV	mikeputo@aol.com	305-481-0438	770 89th St, Ocean, Marathon, FL 33050	Middle	White	Male
Jay Rourke	Vice Chair	Jun-09	Broker Associate - Russell Post Properties Inc	Jayrourke5@gmail.com	786-493-8105	16900 SW 274 St, Homestead, FL 33031	Upper	White	Male
Michele Rodriguez Staroba	Secretary	Mar-18	Retired Office Manager - Ocean Sotheby's International Realty	michelestaroba@gmail.com	215-605-5919	1614 Steven Ave, Key West, FL 33040	Lower	Hispanic	Female
Ashley Arrabal	Member	Sep-20	Accounting Supervisor - Florida Keys Electric Co-op	Ashley.arrabal@fkec.com	305-587-1693	309 Sound Dr, Key Largo, FL 33037	Upper	Hispanic	Female
Jessica Blass	Member	Nov-22	CoFounder & CEO - Southernmost Surgery	jblass@oceansir.com	305-741-7707	3414 Duck Avenue, Key West, FL 33040	Lower	White	Female
Spenser Bryan	Member	Nov-23	District Captain - Monroe County Sheriff's Office	sbryan@keysso.net	305-853-3211	50 High Point Road, Tavernier, FL 33070	Middle	White	Male
Linda Falk	Member	Nov-18	ORC Resident & Keys Children's Foundation BOD Member	lindarfalk@gmail.com	305-588-6229	7 Angelfish Cay Dr, Key Largo, FL 33037	Upper	White	Female
Dwight Hill	Member	May-22	Market President - The Florida Keys, First Horizon Bank	Dwight.Hill@firshorizon.com	305-808-2223	80900 Overseas Hwy, Islamorada, 33036	Entire	White	Male
Marie Jacobs	Member	May-19	ORC Resident & JMS Foundation BOD Member	Mariejacobs5@gmail.com	314-602-2413	31 Card Sound Rd, Key Largo, FL 33037	Upper	White	Female
Theresa Java	Member	Apr-23	Communications Consultant & Journalist	Theresa.java@gmail.com	305-304-6027	419 Collins Street, Key Largo, FL 33037	Upper	Hispanic	Female
Diana Tweedy	Member	Jan-22	ORC Resident & Retired Educator	dianatweedy@rogers.com	416-566-9620	418 S. Harbor Dr, Key Largo, FL 33037	Upper	White	Female
Vicky Pena	Student	May-23	Student	victoriapena@gmail.com	305-3608871	97652 Overseas Hwy, Key Largo, FL 33037	Upper	White	Female

OGDEN UT 84201-0038

In reply refer to: 0438111072
Sep. 28, 2023 LTR 4168C 0
59-2605356 000000 00

00037690
BODC: TE

FLORIDA KEYS CHILDRENS SHELTER INC
73 HIGH POINT RD
TAVERNIER FL 33070-2005



009189

Employer ID number: 59-2605356
Form 990 required: Yes

Dear Taxpayer:

We're responding to your request dated Sep. 19, 2023, about your tax-exempt status.

We issued you a determination letter in August 1987, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

In the heading of this letter, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

Sincerely yours,



Tracie A. Nicholas
Program Manager, AM OPS 2



FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
COMMISSIONER NICOLE "NIKKI" FRIED

May 31, 2022

Refer To: CH3774

FLORIDA KEYS CHILDREN'S SHELTER, INC.
73 HIGH POINT RD
TAVERNIER, FL 33070-2005

RE: FLORIDA KEYS CHILDREN'S SHELTER, INC.
REGISTRATION#: CH3774
EXPIRATION DATE: July 6, 2023

Dear Sir or Madam:

The above-named organization/sponsor has complied with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to register under s. 496.405 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The Solicitation of Contributions Act requires an annual renewal statement to be filed on or before the date of expiration of the previous registration. The Department will send a renewal package approximately 30 days prior to the date of expiration as shown above.

Thank you for your cooperation. If we may be of further assistance, please contact the Solicitation of Contributions section.

Sincerely,

Holly Chaires
Regulatory Consultant
850-410-3671
Fax: 850-410-3804
E-mail: holly.chaires@fdacs.gov



Florida Keys Children's Shelter

IMPACT REPORT

2022



Safe Kids | Strong Families | Healthy Community

**73 High Point Road
Tavernier, Florida 33070
305.852.4246**

**www.fkcs.org
Page 173 of 521**

ACCOMPLISHMENTS



“How wonderful it is that nobody need wait a single moment before starting to improve the world.”

– Anne Frank

Dear Friend of the Florida Keys Children's Shelter (FKCS),

As a constant sentiment, I continue to possess and emanate passion and pride for this organization. I am truly thankful for those who have committed time and (often) tireless effort to meet the goals and objectives for this special population. This year feels different.

I can feel the difference in energy from the last two years that were dominated by COVID-19. Not only does community support seem at an all-time high but the number of youth and families who receive services have increased throughout the county. Collectively, we have a real sense of optimism and future-looking perspective.

Our highly anticipated Key West TLP (transitional living program) has recently opened the doors for young adults, ages 18 to 22 years old, who may be homeless, aging out of foster care or in a variety of other situations which limit self-sufficiency. Outreach efforts directed towards community agencies also support this program substantially. This satisfies a regional need for a safe and stable living option for youth to learn or enhance their life skill abilities and potential.

The Jelsema Journey camp for at-risk Monroe County youth, ages 10-17, was extremely successful this past year. The Jelsema Journey is offered and available during school-out periods. The 'Journey' has evolved with the untiring support of the Board, community donations and key staff. This opportunity in the community is unmatched and does provide a safe haven and pro-social opportunity not otherwise available to our community youth.

I am also happy to announce the award of our Street Outreach Grant through HHS that allows us the resources to support and care for our runaway and homeless youth through Project Lighthouse.

There are countless altruistic individuals who have donated, supported, offered and given sweat equity to our programs and appreciation cannot be expressed sufficiently. As always, asking for help and receiving help will continue to be challenging and constant. Therefore, we continue to recruit and welcome community support through Board growth and through connections with individuals and groups that call this community home.

Ben

Benjamin Kemmer
Chief Executive Officer
Florida Keys Children's Shelter

**From Key Largo to Key West,
we make a difference for
over 500 youth annually.**



FKCS Leadership Team

Ben Kemmer

Chief Executive Officer

Alvin Bentley

Chief Operating Officer

Katya Andrade

Office Manager

Baldwin Davis

Grant Writer

Erin Flannery

Residential Counselor

Paivi Johnson

Chief Learning & Evaluation Officer

Michelle Monday

Financial Manager

Nathaly Milla

Residential Services Coordinator

Giordan Pinzon

TLP Program Coordinator

Katie Raskob

Counseling Program Coordinator

Jai Somers

Project Lighthouse Coordinator

Lynda Weinstein

Development Director

WHAT WE DO

Our organization is best known for its role as the **only licensed emergency shelter** for youth in Monroe County. But we're more than a shelter. Our counseling, programs and training help keep kids on track and off the streets, reducing juvenile crime in the Keys for 35 years. Over 98% of the youth we serve are from the Florida Keys. All services are **free of charge**.

The Florida Keys Children's Shelter is a 501(c)(3) nonprofit organization, Tax ID 59-260-5356.

Residential Programs



Upper Keys Jelsema Center

Our 19-bed home in Tavernier serves youth ages 10-17 and is open 24 hours a day, 365 days a year. Amenities include a gym, artist-decorated murals and bedrooms, as well as a classroom. Full time staff include a chef, counselors, and Life Skills, Education, and Recreation Coaches.

Key West Transitional Living Program (TLP)

Our two five-bed homes in Key West serve as a Transitional Living Program for young adults, ages 16-22, who may be homeless, aging out of foster care or in a variety of other situations which limit self-sufficiency. We offer individual and group counseling sessions with on-site support staff that includes case management, health and wellness, independent living skills, educational planning, and vocational training.

Non-Residential Programs



Keys-Wide Counselors

Our team of five professional counselors provide free support for youth ages 6-17 and their families, in either our offices in Monroe County schools, FKCS locations in Tavernier and Key West, as well as home visits. We help work through behavioral issues like anger, stress, and bullying. We offer preventative workshops for kids and parents on topics like substance abuse. Our trainers lead small groups countywide, including All Stars™ (proven to delay risky behaviors like alcohol, drugs, sex, and crime,) and Parenting Wise.

Project Lighthouse

Young people in Key West have a safe place to go for resources and guidance. Our drop-in center at 1102 Truman Avenue West is a "home" for those who don't have one, where you can shower, pick up toiletries and clothing, and learn how to find a job to become self-sufficient.

WHO WE HELP

"When you know better,
you do better."
- Maya Angelou



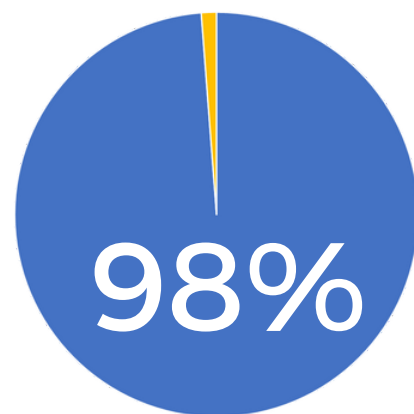
Street Outreach

(September 2019 - September 2022)

Our outreach team provided services to

400

street youth who were homeless, or at-risk
of being homeless, or of bad outcomes



Residential Programs

(June 2021 - July 2022)

Our residential team provided services to

139 (Jelsema)

49 (TLP)

unique youth who lived with us, compared to 115 from
the previous year

**Over 98% of the
youth we serve
are from the
Florida Keys.**



Keys-Wide Counselors

(August 2021 - September 2022)

Our community counselors served youth and families with
action plan programs, improving behavior and outcomes for

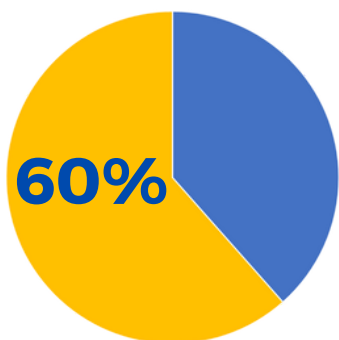
348 At-Risk Youth & Families



**All services are
free of charge.**

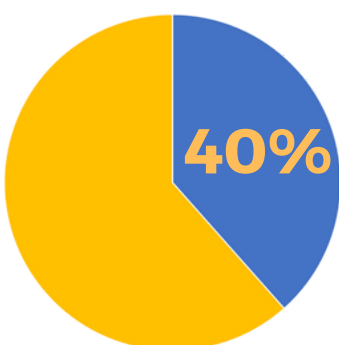
MAJOR SUPPORTERS

“What is a hero without love for mankind.”
— Doris Lessing



Government Organizations

U.S. Dept. of Health & Human Services
Florida Dept. of Juvenile Justice
Florida Dept. of Children & Families
Florida Network of Youth & Family Services
Monroe County Human Services (FL)
Monroe County Sheriff's Office (FL)



Private Funding

Baptist Health South Florida
John W. Brandenburg, Jr.
COMCAST
Community Foundation of the Florida Keys
Carl Copeland
Enterprise Holdings
First Horizon Bank
Florida Keys Electric Cooperative Association
Grossinger Foundation
Helen's Hope Foundation
JMS Foundation
Katherine Wells MacMillan Foundation
Keys Children's Foundation
Klaus Murphy Foundation
Linville Family Foundation
LKT Services & Company, LLC (Rob Benton)
L & N Andreas Foundation
Lovett-Woodsum Foundation
Ocean Reef Community Foundation
Platner Family Foundation
The Rodriguez Family
Timken Company



Our organization earned a
2021 Platinum Seal of
Transparency!
Check out our updated
info on Candid:
[https://www.guidestar.org/
profile/59-2605356](https://www.guidestar.org/profile/59-2605356).



Jay Rourke
Chair
Brad Copeland
Vice Chair
Mike Puto
Treasurer
Michele Staroba
Secretary
Mary Ryder
Youth Representative

Ashley Arrabal
Linda Falk
Dwight Hill
Marie Jacobs
Diana Tweedy



FINANCIALS

	Year ending 06.30.22	Year ending 06.30.21	Year ending 06.30.20
REVENUE IN DOLLARS			
Federal	524,088	540,745	717,566
State	749,552	815,295	815,384
County	203,932	193,208	428,989
Contributions	512,956	424,333	294,021
Special Events/Other Income	11,501	12,428	17,390
In-Kind Contributions	103,000	103,000	94,553
Interest & Investment Income	(88,329)	108,983	19,217
TOTAL REVENUE AND SUPPORT	\$2,016,700	\$2,197,992	\$2,387,121
EXPENSES IN DOLLARS			
Upper Keys Emergency Shelter	91,473	111,362	97,348
Upper Keys Temporary Shelter	771,654	1,002,740	763,425
Key West Transitional Living (Same)	231,280	*	132,783
Community Based Counselors	294,877	289,209	87,120
Residential Counselor	32,391	33,166	360,459
Project Lighthouse	50,027	106,723	68,428
Upper Keys Runaway & Homeless Shelter	228,348	323,788	145,514
TOTAL PROGRAM EXPENSES	\$1,700,050	\$1,878, 251	\$1,943,653
Management & General	171,009	283,111	288,573
Fundraising	116,211	108,293	
TOTAL EXPENSES	\$1,987,270	\$2,335,059	\$2,179,517
ASSETS			
NET ASSETS - Beginning of Year	1,849,119	1,739,275	1,762,253
NET ASSETS - End of Year	2,157,361	1,519,125	1,739,275
INCREASE IN NET ASSETS	+ \$308,242	- \$220,150	-\$22,978

*Conversion to TLP

Audited by Verdeja, De Armas & Trujillo, LLC, Certified Public Accountants and Advisors



FLORIDA KEYS CHILDREN'S SHELTER

Presented by –
Ben Kemmer, FKCS CEO

Islamorada, Village of Islands
Charitable Funding Application Presentation

Friday – 23 August 2024



WHAT WE DO

Our organization is best known for its role as the **only licensed emergency shelter** for youth in Monroe County. But we're more than a shelter. Our counseling, programs and training help keep kids on track and off the streets, reducing juvenile crime in the Keys for 35 years. Over 98% of the youth we serve are from the Florida Keys. All services are **free of charge**.

The Florida Keys Children's Shelter is a 501(c)(3) nonprofit organization, Tax ID 59-260-5356.

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Non-Residential Programs



Keys-Wide Counselors

Our team of five professional counselors provide free support for youth ages 6-17 and their families, in either our offices in Monroe County schools, FKCS locations in Tavernier and Key West, as well as home visits. We help work through behavioral issues like anger, stress, and bullying. We offer preventative workshops for kids and parents on topics like substance abuse. Our trainers lead small groups countywide, including All Stars™ (proven to delay risky behaviors like alcohol, drugs, sex, and crime,) and Parenting Wise.

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ACCOMPLISHMENTS

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– Anne Frank





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(September 2019 - September 2022)

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(June 2021 - July 2022)

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unique youth who lived with us, compared to 115 from the previous year



Keys-Wide Counselors

(August 2021 - September 2022)

Our community counselors served youth and families with action plan programs, improving behavior and outcomes for

348 At-Risk Youth & Families



Over 98% of the youth we serve are from the Florida Keys.



All services are free of charge.



We recently received a federal grant award totaling **\$600,000** from the U.S. Department of Health and Human Services Administration on Children, Youth, and Families, for the development of a **transitional living program** servicing young adults, ages 16-22, who may be homeless, aging out of foster care or in a variety of other situations which limit self-sufficiency.



FUNDING INFORMATION



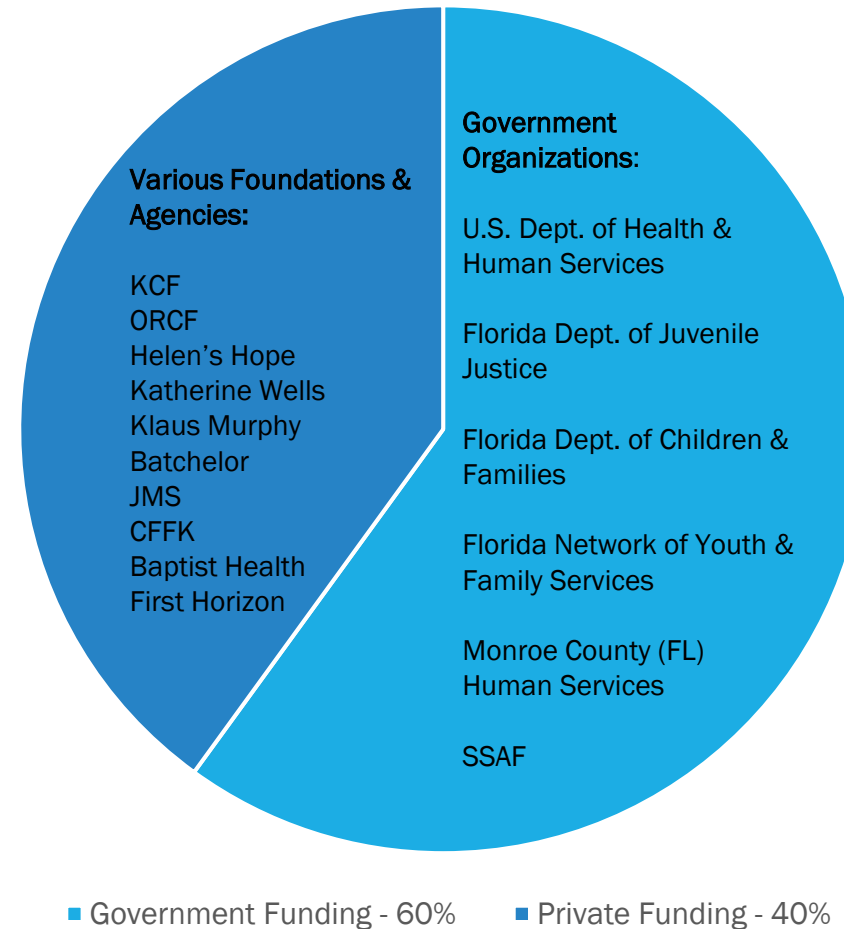
SOURCES OF FUNDING



Our services are provided at **no charge**. We receive funding from the U.S. Department of Health and Human Services, the Florida Department of Juvenile Justice, the Florida Department of Children and Families and Monroe County (FL) Human Services.

We depend largely on private donations, including the Keys Children's Foundation, Ocean Reef Community Foundation, the Community Foundation of the Florida Keys, the Fred M. Klaus and Harold L. Murphy Charitable Foundation and the Katherine Wells MacMillan Foundation.

Revenue Sources



OUR AUDITORS



The team at the Florida Keys Children's Shelter ranks its greatest progress by the hundreds of past clients who are currently living and working in the Upper Florida Keys, real-life success stories from decades of good work in our community, as well as the ongoing compliments received from those we have served, their families, friends, teachers, neighbors, and partner agencies.

For decades, our program has been evaluated by external organizations. As one of 29 agencies of The Florida Network of Youth and Family Services, we report information electronically on a **daily basis**. The Florida Network tracks occupancy rates, services provided, demographics, and follow-up reporting such as percentage of youth served in residential programs crime-free after 6 months.

FKCS is among the 38% of children's shelters nationwide reviewed by the Council on Accreditation. We consistently receive all top scores and were recently awarded a renewal of our accreditation. Our most important goal is to remain open 24 hours a day for whoever needs us, and to continually improve the quality of our services.

Federal	State	County	Private
• U.S. Dept. of Health & Human Services	• Florida Dept. of Juvenile Justice • Florida Dept. of Children & Families • Florida Network of Youth & Family Services	• Monroe County Human Services	• Council on Accreditation



Council Communication

To: Mayor and Village Council
From:
Date: August 23, 2024
SUBJECT: Florida Keys Healthy Start Coalition

Background:
N/A

Analysis:
N/A

Budget Impact:
N/A

Staff Impact:
N/A

Recommendation:
N/A

Attachments:

1. FY2425 Charitable Grant Application Scorecard FLK Healthy Start Coalition
2. FKHSC Islamorada 2024 Application
3. Villages of Islands Islamorada 2024 Grant



Islamorada, Village of Islands

Charitable Grant Applications – Fiscal Year 2024-2025

Organization: Florida Keys Healthy Start Coalition

Amount Requested: \$4,000

Please rank the organization using the criteria below. Rank each category on a 1 to 10 scale. If you do not believe the organization should receive any funding, leave the rating boxes blank and write DNF (Do Not Fund) in the Total Score section.

Criteria	Rating (1-10)
The organization provides services that have been identified by the Village as fulfilling a needed service.	
The organization is able to provide the services cost efficiently and with a high quality of service.	
The organization is located within the boundaries of the Village or the organization's services are provided directly to, or benefit, Village residents.	
The organization has sought funding from the Village, Monroe County, or other governmental organizations in previous years and/or this current year.	
The organization has the administrative and financial stability to deliver services for which it is requesting funding from the Village.	

Total Score: _____

Resolution 23-02-13

Section 6. Limitation on use of Funds. Any funds granted to a non-profit organization shall not be used to pay salaries or administrative expenses/costs of the recipient without the express written consent of the Village.

This organization has indicated that they will be using **\$3,000** of the **\$4,000** funding request to pay salaries and/or administrative expenses/costs.

Given the above, do you give your consent to allow the organization to use grant funds for salaries and/or administrative costs/expenses?

- a. Yes
- b. No

Recommended Award Amount

Funding will be disbursed using the breakdown below:

Top 33% of applicants – funding request granted not to exceed \$10,000

Middle 33% of applicants – funding request granted not to exceed \$5,000

Bottom 33% of applicants – funding request granted not to exceed \$3,000



Islamorada Village of Islands

Charitable Donation Request Application

Organization Name:

Address:

City, State, Zip Code:

What year was this organization formed?

Qualified charitable organization? (If yes, provide IRS Exemption Letter): ☒ Yes ☐ No

Pursuant to Chapter 496, Florida Statutes, do you have a Solicitation License from the Florida Department of Consumer Affairs? ☒ Yes ☐ No

Federal Tax Identification Number:

Phone:

Email:

Contact person:

Phone:

Total agency annual operating budget:

Number of persons or businesses served in 2023:

Number of Islamorada residents or businesses served in 2023:

Please list all digital presence below:

Organization Website:

Instagram:

Facebook:

YouTube:

X (formerly Twitter):

Other:

1. Briefly describe your mission and how you measure success.

The Florida Keys Healthy Start Coalition unites people and resources to improve the health and well-being of pregnant women, children, and their families in Monroe County. We measure success through a mix of qualitative and quantitative measures set for each program. We have grown our non-profit from our original Healthy Start Program established over 30 years ago to 6 core programs with over 15 initiatives serving local mothers, babies and families. We continue to grow our support services over time to fill the gaps in services and meet the changing needs of our community's families.

2. Describe the types of services your organization provides.

We are a community-based agency serving over 75% of the approximately 700 babies born in Monroe County every year. In addition to these families, we also engage with over half of the families in the County with children under age five. To meet the needs of these families as they grow, the agency has expanded from our flagship Healthy Start Program to having six core programs:
Healthy Start (our flagship program) provides help during pregnancy & baby's first year for families with high risk factors.
Healthy Babies: provides prenatal medical care, mental health support, transportation assistance, labor and postpartum doulas, and lactation support.
Keys to Kids' Safety provides education and low or no cost car seats, bicycle helmets, safe sleep pack and plays, beds and cribs
Keys to Growing Kids: Developmental play groups through Wiggles and Giggles and Tot Time.
Keys to Supporting Families: Family Support by providing essential baby care items such as diapers, formula, clothing, linens, and other case by case items. By providing these items families can utilize their limited resources to pay for rent, utilities, and transportation.
Keys to Hope is our program that supports families through the loss of child.

We work with women and families of all economic levels (with or without insurance). We are a prenatal, infant and family care Coalition of private and public agencies, community-centered providers, local businesses, and passionate individuals in Monroe County. Any individual, organization, or business with a heart for serving families in Monroe County is welcome to join.

3. Indicate whether you have previously competed for Village funds: ☒ Yes ☐ No

4. If yes to (3), please provide the amount received, original purpose of the funding, and what you accomplished with the funding.

We received \$3,000 to use for our Keys to Growing Kids programs in Islamorada. Specifically our no-cost Tot Time group hosted at Founders Park. The funding was to provide the cost of the group including healthy snacks, supplies, insurance and the staff organizing the event. We were able to cover the expense and offer the Tot Time class at no cost to the community.

5. Current funding request: \$4,000

6. If awarded, what will you accomplish with the current funding request?

We have had an increase in children and families attending our developmental play groups, Tot Time and Wiggles and Giggles throughout the Keys. Our Upper Keys groups have the largest number of attendees. Children that attend participate in crafts, snacks, games, music, field trips and more. Activities are adaptable so all children ages 0-5 are welcome to attend with their parent/caregiver, and siblings are always welcome. These play groups give children the space and ability to practice both fine and gross motor skills. The adults are given the opportunity to connect with other families in the area. Our play groups provide a space not only for children to learn and grow but for adults to meet new parent friends, ask questions and learn resources, and spend quality time playing and learning new skills with their little ones.

7. Please attach a list of all Owners/Directors/Principals/Board Members.

8. Complete the table below and attach a copy of your approved budget:

Description	Existing Project Funding	Amount Requested
Salaries	\$36,000	\$3,000 staff
Operating Expenses (i.e., phones rent)	\$5,000	\$250 healthy snacks \$250 supplies
Non-Operating Expenses (i.e., consultants, etc.)	\$5,000	\$500 insurance
Total	\$46,000	\$4,000

Attachments (Please check off all that apply):

- ☒ IRS exemption letter dated within the previous two years.
- ☒ Most recent tax returns.
- ☒ List of all Owners/Directors/Principals/Board Members.
- ☒ If applicable, Solicitation License from the Florida Department of Consumer Affairs.

☒ Other (please specify): Tot Time and Wiggles and Giggles Flyers

ATTESTATION

I hereby certify that I have read and understand the charitable donation request guidelines and that the information provided is true and correct. I understand that the approval and denial of all charitable donation requests is in the sole decision of the Village and that is the request is approved a charitable grant agreement is required to the distribution of any funds.

Arianna Nesbitt - FKHSC CEO

Printed name -- Organization's Authorized Representative



Signature -- Organization's Authorized Representative

Date: 5/13/2024

Completed applications should be sent via email to finance@islamorada.fl.us, or by delivering a hard copy to:

Islamorada, Village of Islands
ATTN: Finance Department
86800 Overseas Highway
Islamorada, FL 33036



Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 01/18

85-8012702148C-8	05/31/2024	05/31/2029	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

FLORIDA KEYS HEALTHY START COALITION
INC
1100 SIMONTON ST
KEY WEST FL 33040-3110

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR-14
R. 01/18

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.



Department of the Treasury
Internal Revenue Service

P.O. Box 2508, Room 4010
Cincinnati OH 45201

In reply refer to: 4077556534
Apr. 02, 2009 LTR 4168C 0
65-0051482 000000 00 000
00029020
BODC: TE

FLORIDA KEYS HEALTHY START
COALITION INC
1100 SIMONTON ST
KEY WEST FL 33040-3110



015418

Employer Identification Number: 65-0051482
Person to Contact: SHARON LENARD
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of Dec. 02, 2008, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in July 1993, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Cindy Westcott
Manager, EO Determinations

Department of The Treasury

Internal Revenue Service
EO Group 7404
Suite 1109, Stop 520
401 West Peachtree St.
Atlanta, GA 30365

MONROE COUNTY PERINATAL NETWORK INC
PO BOX 9107
KEY WEST, FL 33041

Person To Contact:
Kim Artis
Telephone Number:
(404)331-4967
Refer Reply To:
FO:7404:AM
EIN: 65-0051482

Date: MAR 17 1994

Dear Sir or Madam:

We have received and reviewed the amended organizing documents that you submitted on behalf of your organization, in which the organizing documents were approved and/or adopted on 11/19/93. This information has been made a part of your file.

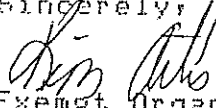
Your organization shall continue to be recognized as exempt under Section 501(C)(3) of the Internal Revenue Code, effective as of 04/93. You may continue to rely on this exemption until it is modified, terminated or revoked by the Internal Revenue Service.

Please continue to let us know of any changes in the purpose, character, method of operation, name or address of your organization. This is a requirement for retaining your exempt status.

A copy of this letter should remain in your permanent records, as it may help resolve any question about your exempt status.

Thank you for your cooperation.

Sincerely,


Exempt Organizations
Coordinator

FOR TAX YEAR 2022

FLORIDA KEYS HEALTHY START COALITION

Williamson Advisors PC

1107 FM 1431 Ste 145

Marble Falls, TX 78654

(512) 430-4777

Williamson Advisors PC

1107 FM 1431 Ste 145
Marble Falls, TX 78654
Nancy@WilliamsonAdvisors.com
Phone: (512)430-4777 | Fax: (866)388-7177

April 25, 2024

Florida Keys Healthy Start Coalition
PO Box 6166, STE 1
Key West, FL 33041

Enclosed is the 2022 federal return for a tax-exempt organization, prepared for Florida Keys Healthy Start Coalition from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

The federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (512)430-4777.

Sincerely,

Nancy J Williamson
Williamson Advisors PC

**Acknowledgement and General Information for
Entities That File Returns Electronically**

2022

Name(s) as shown on return

Florida Keys Healthy Start Coalition

Employer Identification Number

****-***1482**

Entity address

PO Box 6166

Key West, FL 33041

Thank you for participating in IRS e-file.

1. ☒ 2022 **8868-01** income tax return for **Federal** was filed electronically.
The electronic filing services were provided by **Williamson Advisors PC**.
2. ☒ **8868-01** income tax return was accepted on **11-10-2023** using a Personal Identification Number (PIN) as an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN signature.
The submission ID assigned to this return is **7023362023314i0ibnxf**.

**PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE
IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

2022

Open to Public
Inspection

A For the 2022 calendar year, or tax year beginning 07-01, 2022, and ending 06-30, 2023	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization Florida Keys Healthy Start Coalition Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO Box 6166 1 City or town, state or province, country, and ZIP or foreign postal code Key West, FL 33041 F Name and address of principal officer: 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
D Employer identification number 65-0051482	E Telephone number (305) 293-8424
G Gross receipts \$ 1,089,895	
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527	
J Website: www.keyshealthystart.org	
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other	L Year of formation: 1987 M State of legal domicile: FL

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: Unite people and resources to improve the health and well-being of pregnant women, children and their families through care coordination, pregnancy and labor support and mental health counseling.
	2	Check this box ☐ 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
	4	Number of independent voting members of the governing body (Part VI, line 1b) 9
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a) 17
	6	Total number of volunteers (estimate if necessary) 0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 0	
Revenue	8	Contributions and grants (Part VIII, line 1h) 1,021,685
	9	Program service revenue (Part VIII, line 2g) 0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) (442)
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,021,243
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0
	14	Benefits paid to or for members (Part IX, column (A), line 4) 414,255
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 511,593
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0
	16b	Total fundraising expenses (Part IX, column (D), line 25) 0
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 129,723
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,055,571
19	Revenue less expenses. Subtract line 18 from line 12 (34,328)	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 966,622
	21	Total liabilities (Part X, line 26) 678,668
	22	Net assets or fund balances. Subtract line 21 from line 20 287,954

Part II 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	Arianna Nesbitt				
	Signature of officer	Date			
	Arianna Nesbitt, Executive Director				
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if PTIN self-employed	PTIN
	Nancy J Williamson	Nancy J Williamson	04-25-2024	☐	P00639591
	Firm's name	Williamson Advisors PC			Firm's EIN
	Firm's address	1107 FM 1431 Ste 145			Phone no.
	Marble Falls TX 78654			512-430-4777	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2022)

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:
- Unite people and resources to improve the health and well-being of pregnant women, children and their families through care coordination, pregnancy and labor support and mental health counseling.
- 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?
-
- ☐ Yes ☒ No
- 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 \$ 571,850 including grants of \$) (Revenue \$)

The Healthy Start program continued to provide services to over 75% of all new and growing families in Monroe County who welcomed children this year. Individual services are tailored to a family's needs and include care coordination, referrals, and interconceptional care. Healthy Start serves as our overall assessment resource and referral system. Access to services begins with a prenatal screen completed at a woman's first obstetrical doctor's appointment. Infants are also screened at birth to identify possible factors that could impact a baby's health or development in the first year of life.

4b

(Code:) (Expenses \$ 136,994 including grants of \$) (Revenue \$)

Healthy Babies addresses the health and well-being of parents and babies during pregnancy and the first few months of life. It provides support to families and loved ones navigating the loss of a child. This program provides access to prenatal medical care, mental health support, transportation assistance, breastfeeding support and access to labor doulas for Keys families.

4c

(Code:) (Expenses \$ 53,618 including grants of \$) (Revenue \$)

Keys to Supporting Families addresses economic challenges, food security, and social determinants of health by providing essential baby care supplies such as diapers, strollers, formula, baby food, clothing, and much more. Through the provision of costly yet vital baby supplies, families utilize finite resources to cover other costs and basic needs, especially housing, utilities, and food. During this fiscal year of 2021-2022, we supplied over 800 struggling families with 100,000+ diapers and 80,000+ wipes. In partnership with local food pantries and distribution sites, FKHSC is the go-to agency for formula and baby food, providing nutritional support to families in the Keys.

4d

Other program services (Describe on Schedule O.)

(Expenses \$ 68,206 including grants of \$) (Revenue \$)

4e

Total program service expenses

830,668

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)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	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? If "Yes," complete Schedule C, Part II	4	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? If "Yes," complete Schedule C, Part III	5	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? If "Yes," complete Schedule D, Part I	6	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? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	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? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10 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? If "Yes," complete Schedule D, Part VI	11a 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 16? If "Yes," complete Schedule D, Part VII	11b	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 16? If "Yes," complete Schedule D, Part VIII	11c	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 16? If "Yes," complete Schedule D, Part IX	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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)? If "Yes," complete Schedule D, Part X	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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? If "Yes," complete Schedule F, Parts I and IV	14b	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? If "Yes," complete Schedule F, Parts II and IV	15	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? If "Yes," complete Schedule F, Parts III and IV	16	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 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17	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? If "Yes," complete Schedule G, Part II	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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? If "Yes," complete Schedule I, Parts I and II	21	X

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 Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 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? <i>If "Yes," complete Schedule J</i>		X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding 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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 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 entity or family member or any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or 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? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	3
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

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	17
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
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)?	4a	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?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
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?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
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?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	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?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
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.		
a	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:		
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?	12a	
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? If "No," provide an explanation on 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? 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 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 line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒**Section A. Governing Body and Management**

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 9		
If there 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 on Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 9		
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?	2		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?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		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?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	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 names and addresses on Schedule O	9		X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b 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?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
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	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	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?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	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?	16a	X
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?	16b	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 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 apply.
☒ Own website ☒ Another's website ☒ 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.
Arianna Nesbitt (305)293-8424, PO Box 6166, Key West, FL 33041

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O 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 **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, 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 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 dotted 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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <u>Arianna Nesbitt</u> <u>Executive Director</u>	<u>40.00</u>				X			<u>98,133</u>	<u>0</u>	<u>19,564</u>
(2) <u>Nicole Manning</u> <u>Director</u>	<u>1.00</u>	X						<u>0</u>	<u>0</u>	<u>0</u>
(3) <u>Laurie Dunn</u> <u>Director</u>	<u>1.00</u>	X						<u>0</u>	<u>0</u>	<u>0</u>
(4) <u>Holly Merrill Raschein</u> <u>Director</u>	<u>1.00</u>	X						<u>0</u>	<u>0</u>	<u>0</u>
(5) <u>Stanley Sack</u> <u>Director</u>	<u>1.00</u>	X						<u>0</u>	<u>0</u>	<u>0</u>
(6) <u>Christine Helms</u> <u>Vice Chair</u>	<u>5.00</u>			X				<u>0</u>	<u>0</u>	<u>0</u>
(7) <u>Sharon Ward</u> <u>Treasurer</u>	<u>5.00</u>			X				<u>0</u>	<u>0</u>	<u>0</u>
(8) <u>Erin Muir</u> <u>Chair</u>	<u>5.00</u>			X				<u>0</u>	<u>0</u>	<u>0</u>
(9) <u>Cheryl Cottrell</u> <u>Director</u>	<u>5.00</u>			X				<u>0</u>	<u>0</u>	<u>0</u>
(10) <u>Melanie Youschak</u> <u>Secretary</u>	<u>5.00</u>			X				<u>0</u>	<u>0</u>	<u>0</u>
(11) _____	_____									
(12) _____	_____									
(13) _____	_____									
(14) _____	_____									

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 dotted 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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							98,133	0	19,564	

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

0

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 such individual*

	Yes	No
3		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 such individual*

4		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 such person*

5		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
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		

Part VIII Statement of RevenueCheck if Schedule O 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	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e	736,017					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	348,100					
	g Noncash contributions included in lines 1a-1f	1g	\$					
	h Total. Add lines 1a-1f							1,084,117
Program Service Revenue	Business Code							
	2a							
	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)				5,778	5,778		
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
		(i) Real	(ii) Personal					
	6a Gross rents	6a						
	b Less: rental expenses	6b						
	c Rental income or (loss)	6c						
	d Net rental income or (loss)							
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
	b Less: cost or other basis and sales expenses	7b						
	c Gain or (loss)	7c						
	d Net gain or (loss)							
	8a 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							
	9a Gross income from gaming activities. See Part IV, line 19	9a						
	b Less: direct expenses	9b						
	c Net income or (loss) from gaming activities							
	10a 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								
Miscellaneous Revenue	Business Code							
	11a							
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d							
12 Total revenue. See instructions				1,089,895	5,778	0	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) 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 ☐**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	457,024	457,024		
5 Compensation of current officers, directors, trustees, and key employees	98,133	8,800	89,333	
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	441,898	282,986	158,912	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .	20,012	6,860	13,152	
9 Other employee benefits	24,538	6,799	17,739	
10 Payroll taxes	41,196	21,664	19,532	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	14,394		14,394	
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.) . .	8,000		8,000	
12 Advertising and promotion				
13 Office expenses	10,534	2,651	7,883	
14 Information technology	14,541		14,541	
15 Royalties				
16 Occupancy	68,100	26,100	42,000	
17 Travel	8,032	5,584	2,448	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	32,598	1,369	31,229	
20 Interest	4,174		4,174	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,139		5,139	
23 Insurance	4,708	150	4,558	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a Education	3,563	3,563		
b Telephone	11,036	1,913	9,123	
c Licenses	1,245	149	1,096	
d Misc	6,090	5,056	1,034	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e . .	1,274,955	830,668	444,287	0
26 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)				

Part X Balance SheetCheck 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	738,503	1	485,629
	2 Savings and temporary cash investments	36,592	2	51,610
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	176,436	4	173,735
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator 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 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	150,501
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 58,359		
	b Less: accumulated depreciation	10b 49,407	14,091	10c 8,952
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,000	15	1,000
16 Total assets. Add lines 1 through 15 (must equal line 33)	966,622	16	871,427	
Liabilities	17 Accounts payable and accrued expenses	110,543	17	100,016
	18 Grants payable		18	
	19 Deferred revenue	418,526	19	61,444
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator 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	149,599	23	146,613
	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	678,668	26	308,073
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	273,863	27	501,910
	28 Net assets with donor restrictions	14,091	28	61,444
	Organizations that do not follow FASB ASC 958, check here ☐ 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	287,954	32	563,354
	33 Total liabilities and net assets/fund balances	966,622	33	871,427

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,089,895
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,274,955
3	Revenue less expenses. Subtract line 2 from line 1	3	(185,060)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	287,954
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	460,460
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	563,354

Part XII Financial Statements and ReportingCheck 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: ☐ Cash ☒ Accrual ☐ 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? _____ 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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ 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: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	X	
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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 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

Employer identification number

Florida Keys Healthy Start Coalition

65-0051482

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990) 2022

EEA

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

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

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 "unusual grants.")	818,091	887,349	878,931	1,021,686	1,084,117	4,690,174
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	92,644	70,144	8,000			170,788
4 Total. Add lines 1 through 3	910,735	957,493	886,931	1,021,686	1,084,117	4,860,962
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)						341,604
6 Public support. Subtract line 5 from line 4						4,519,358

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	910,735	957,493	886,931	1,021,686	1,084,117	4,860,962
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,405	(266)	14,376	(442)	5,778	20,851
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						4,881,813
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	92.58 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	99.59 %
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 ☐		

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

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

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 "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 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

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) . . .	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2022. 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 more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ☐		
b 33 1/3% support tests - 2021. 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 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ☐		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . ☐		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No	
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Prior Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required) - <i>provide details in Part VI</i>	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Part VI

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

Client Copy

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

Florida Keys Healthy Start Coalition

Employer identification number

65-0051482

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

EEA

Name of organization

Employer identification number

Florida Keys Healthy Start Coalition**65-0051482****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Healthy Start Mom Care Network 1311 N. Paul Russell Rd Ste A204 Tallahassee FL 32301	\$ 313,723	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2	Florida Department of Health 4052 Bald Cypress Way Tallahassee FL 32399	\$ 422,294	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3	Robertson Foundation 101 Park Avenue New York NY 10178	\$ 60,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4	Monroe County HSAB 500 Whitehead Street Key West FL 33040	\$ 86,836	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

**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 6, 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

Employer identification number

Florida Keys Healthy Start Coalition

65-0051482

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 6.

	(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?		☐ Yes ☐ 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 benefit?		☐ Yes ☐ 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). ☐ Preservation of land for public use (for example, recreation or education) ☐ Protection of natural habitat ☐ Preservation of open space ☐ Preservation of a historically important land area ☐ Preservation of a certified historic structure	
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.	Held at 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, 2006, 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 FASB 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 FASB 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X \$	

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 **d** ☐ Loan or exchange program
- b** ☐ Scholarly research **e** ☐ Other _____
- c** ☐ Preservation for future generations
- 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 9, 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 | 40,000 | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | 578 | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | 241 | | | | |
| g End of year balance | 40,337 | | | | |
- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 100.00 %
- 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) X | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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	23,489	34,870	49,407	8,952
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				8,952

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 (including name of security)	(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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

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. (Column (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	1,095,349
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	5,454	
e	Add lines 2a through 2d		2e	5,454
3	Subtract line 2e from line 1		3	1,089,895
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	1,089,895

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	1,275,763
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	808	
e	Add lines 2a through 2d		2e	808
3	Subtract line 2e from line 1		3	1,274,955
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	1,274,955

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 1b 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.

01. Endowment funds intended uses (Part V, line 4)

To further the mission of the Florida Keys Healthy Start Coalition.

Part XIII Supplemental Information *(continued)***02. Other revenues not included on Form 990 (Part XI, line 2d)**

There was a correction made to Accounts Receivable in the books after the audit was complete in the amount of \$5,454.

03. Other expenses not included on Form 990 (Part XII, line 2d)

The auditors chose to not recognize the ERTC receivable. The bank fees associated with ERTC receivable recognized on the books but not the audit are \$808.

**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 Keys Healthy Start Coalition

Employer identification number

65-0051482

01. Form 990 governing body review (Part VI, line 11)

The Executive Director reviews the Form 990 and provides it to the Board of Directors for
their review and approval before filing.

02. Conflict of interest policy compliance (Part VI, line 12c)

The conflict of interest disclosures are reviewed and addressed by the Board annually to
determine the action that needs to be taken.

03. Governing documents, etc, available to public (Part VI, line 19)

All documents are available at our administrative office located at 3132 Northside Drive
Suite 102, Key West, FL 33040 during normal working hours.

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.**2022**Attachment
Sequence No. **179**

Name(s) shown on return

Florida Keys Healthy Start Coali

Business or activity to which this form relates

FORM 990 - 1

Identifying number

65-0051482

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions.	14	
15	Property subject to section 168(f)(1) election.	15	
16	Other depreciation (including ACRS)	16	5,139

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

20a Class life						
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	5,139
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **8879-TE****IRS e-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue ServiceFor calendar year 2022, or fiscal year beginning **07-01**, 2022, and ending **06-30**, 2023**Do not send to the IRS. Keep for your records.**Go to **www.irs.gov/Form8879TE** for the latest information.**2022**

Name of filer

EIN or SSN

Florida Keys Healthy Start Coalition**65-0051482**

Name and title of officer or person subject to tax

Arianna Nesbitt, Executive Director**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ☒	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 1,089,895
2a Form 990-EZ check here ☐	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here ☐	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here ☐	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a Form 8868 check here ☐	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here ☐	b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here ☐	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here ☐	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here ☐	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here ☐	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☐ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the

2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize **Williamson Advisors PC** to enter my PIN **43047** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date **04-24-2024****Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

702336 78323**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date **04-25-2024**

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

Form **8879-TE** (2022)

Statement of Program Service Accomplishments**2022** PG01

Name(s) as shown on return

Your Social Security Number

Florida Keys Healthy Start Coalition**65-0051482****Form 990-Part III(a)**
Statement of Service Accomplishment

Statement #4

Program Service Code

Program Service Expenses

\$42666

Grants and allocations included in above expense

\$0

Program Services Revenue

\$0

Explanation

Keys to Kids' Safety helps parents and caregivers to provide a safe environment to raise their children through the provision of education, support, and safety supplies. We address vehicle and bike safety, safe sleep practices, home environment and poison safety. Our 19 volunteer technicians and instructor properly installed over 250 car seats throughout the Florida Keys. In addition, to meet the needs of families who use public transportation, we provided over 120 stroller car seat combos. Over 100 families were able to provide their baby with a safe sleeping environment with a pack n' play.

Statement of Program Service Accomplishments**2022** PG01

Name(s) as shown on return

Your Social Security Number

Florida Keys Healthy Start Coalition**65-0051482****Form 990-Part III(b)**
Statement of Service Accomplishment

Statement #4

Program Service Code

Program Service Expenses

\$23276

Grants and allocations included in above expense

\$0

Program Services Revenue

\$0

Explanation

Our Keys to Growing Kids program facilitates family health, well-being, and education for parents and our tiniest citizens during their first few years of life. Tot Time and Wiggles & Giggles groups address early childhood development and support parents/caregivers with the goal of children being ready and thriving by the time they enter kindergarten. We facilitated over 120 early childhood education groups, helping ensure that 1,300+ children throughout the Keys achieved or exceeded developmental milestones.

Statement of Program Service Accomplishments**2022** PG01

Name(s) as shown on return

Your Social Security Number

Florida Keys Healthy Start Coalition**65-0051482****Form 990-Part III(c)**
Statement of Service Accomplishment

Statement #4

Program Service Code

Program Service Expenses

\$2264

Grants and allocations included in above expense

\$0

Program Services Revenue

\$0

Explanation

Our Keys To Hope program is our newest program and currently provides bereavement support to parents, parents and medical professionals that have experienced loss of a pregnancy, baby, or child. It provides education and support to medical professionals that work with the families along with support groups for mothers and families that experienced loss.

Client Copy

**Form 990
Worksheet**

Schedule A, Line 5 - Excess 2% Limitation Contributors

(This page is not filed with the return. It is for your records only.)

2022

Name(s) as shown on return

Tax ID Number

Florida Keys Healthy Start Coalition

65-0051482

2% of the amount on Schedule A, Part II, line 11, column (f) **97,636**

Name	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	(g) Excess contributions (col. (f) minus the 2% limitation)
Robertson Foundation	80,616	30,000	60,000	50,000	60,000	280,616	182,980
Baniam Family Foundation	55,075	55,555	35,000	25,000		170,630	72,994
Ocean Reef Community Foundation	81,766	47,000	32,000	22,500		183,266	85,630

Total **341,604**

* Item is included in UBIA
for Section 199A calculations.
See "UBIA" in lower right corner.
Name(s) as shown on return

Depreciation Detail Listing

Management & General

2022

PAGE 1

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return															
Florida Keys Healthy Start Coalition															
Social security number/EIN 65-0051482															
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	2 Monitors	01012005	514		100.00			514	5		0	514		514	
2	Printer OKI	02012006	425		100.00			425	5		0	425		425	
3	Computer Dem E310	06012006	972		100.00			972	5		0	972		972	
4	Injoy DVDs	05012007	10,978		100.00			10,978	10		0	10,978		10,978	
5	Desks -2	01012005	760		100.00			760	7		0	760		760	
6	Shelving	05012006	126		100.00			126	7		0	126		126	
7	Toshiba Overhead	06012004	1,318		100.00			1,318	5		0	1,318		1,318	
8	3M Overhead	06012004	230		100.00			230	5		0	230		230	
9	Printer	06012008	399		100.00			399	5		0	399		399	
10	Computer	06012008	2,008		100.00			2,008	5		0	2,008		2,008	
11	Computer	06012008	2,008		100.00			2,008	5		0	2,008		2,008	
12	Computer	06012008	2,007		100.00			2,007	5		0	2,005		2,005	
13	Computer	06012008	2,007		100.00			2,007	5		0	2,005		2,005	
14	Cell Phone	06012008	376		100.00			376	7		0	376		376	
15	Camera	06012008	187		100.00			187	5		0	185		185	
16	Printer	06012008	109		100.00			109	5		0	109		109	
17	Frames	07012009	31		100.00			31	7		0	30		30	
18	Office Name Plate	10012009	78		100.00			78	7		0	78		78	
19	Desk	12012009	348		100.00			348	7		0	348		348	
20	Desk Chair	12012009	189		100.00			189	7		0	189		189	
21	5*8 Trailer	11012010	3,200		100.00			3,200	7		0	3,200		3,200	
22	Microwave	01012011	42		100.00			42	5		0	42		42	
23	CEO Computer	12182014	861		100.00			861	5		0	861		861	
24	COO Computer	12182014	795		100.00			795	5		0	795		795	
25	Program Director Comp	12282014	782		100.00			782	5		0	782		782	
26	Computer for new hire	02272017	748		100.00			748	5		0	748		748	
27	Computer for new hire	03292017	649		100.00			649	5		0	649		649	
28	Program Office furnit	04072017	608		100.00			608	7	SL	MQ	446	87	533	87
29	New office furniture	06122017	555		100.00			555	7	SL	MQ	405	79	484	79
30	Computer	04252018	1,562		100.00			1,562	5	SL	MQ	1,287	275	1,562	275

Depreciation Detail Listing
Management & General

* Item is included in UBIA
for Section 199A calculations.
See "UBIA" in lower right corner.

(This page is not filed with the return. It is for your records only.)

Florida Keys Healthy Start Coalition													Social security number/EIN 65-0051482		
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
31	Van: 2016 Honda Odyssey	04/16/2020	23,489		100.00			23,489	5	SL	20	9,983	4,698	14,681	4,698
Totals															
Land Amount			58,361					58,361				44,261	5,139	49,400	5,139
Net Depreciable Cost			58,361									CY 179 and CY Bonus TOTAL CY Depr including 179/bonus			ST ADJ: 5,139

Florida Keys Healthy Start Coalition FY 23-24 List of Board Members

Chair: Erin Muir

Vice Chair: Christine Helms, R.N.

Secretary: Melanie Youschak, M.D.

Treasurer: Sharon Ward, M.D.

At Large: Nancy Amsterdam

Cheryl Cottrell, R.N., B.S.N., M.S.-H.S.A.

Geraldine Darius

Laurie Dunn

Holly Merrill Raschein

Liz Morin, D.C.

Ashley N. Sybesma, Esq.



FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
COMMISSIONER WILTON SIMPSON

April 17, 2024

Refer To: CH20119

FLORIDA KEYS HEALTHY START COALITION, INC.
PO BOX 6166
KEY WEST, FL 33041-6166

RE: FLORIDA KEYS HEALTHY START COALITION, INC.
REGISTRATION#: CH20119
EXPIRATION DATE: April 11, 2025

Dear Sir or Madam:

The above-named organization/sponsor has complied with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to register under s. 496.405 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The Solicitation of Contributions Act requires an annual renewal statement to be filed on or before the date of expiration of the previous registration. The Department will send a renewal package approximately 30 days prior to the date of expiration as shown above.

Thank you for your cooperation. If we may be of further assistance, please contact the Solicitation of Contributions section.

Sincerely,

Tianna Payne
Regulatory Consultant
850-410-3770
Fax: 850-410-3804
E-mail: tianna.payne@fdacs.gov

Florida Keys Healthy Start Coalition
FY 2023-2024 Organizational Budget

Income	
Government Contracts	1,015,591.00
Grants	828,103.00
Donatins	30,000.00
Coalition Operational Funds	127,557.00
Total	2,001,251.00
Expenses	
Programs	
Healthy Start	351,000.00
Healthy Babies Including Prenatal Care Program	414,385.00
Keys to Kids Safety	33,700.00
Keys to Growing Kids	21,000.00
Keys to Supporting Families	37,750.00
Keys to Hope	12,600.00
Program Staff	495,901.00
Program Logistics	125,778.00
Program Subtotal	1,492,114.00
Administration	
Administrative Staff	385,287.00
Coalition Operations	113,850.00
Fundraising	5,000.00
Contracts	5,000.00
Administrative Subtotal	509,137.00
Total	2,001,251.00
Over/Under	0.00

Tot Time

Tot Time is a no-cost program that includes age appropriate crafts, book reading, educational activities, games, stories, music, guest speakers, field trips, social interactions, and more! Bring your little ones ages 0-5 to engage and interact with other kids and families. Healthy snacks provided!



Events held throughout the Keys!

Key Largo
Islamorada
Marathon
Big Pine Key
Key West

For more information about our playgroups and a full schedule please scan the QR code below.

305-293-8424

Scan the QR code to
fill out our waiver
before you arrive!



Times and locations subject to change, please check the schedule & events tab on our Facebook page!

Page 239 of 521



Wiggles and Giggles

Wiggles and Giggles includes a variety of activities that keep the kids moving, dancing, developing their gross motor skills, and excited to learn, all while inside protected from the elements. Bring your little ones for a fun time playing with friends and getting their wiggles out. Donation based and geared towards ages 1-4.



Events held throughout the Keys!

**Tavernier
Marathon
Big Pine Key
Key West**

**For more information about our
playgroups and a full schedule
please contact us:
305-293-8424**

Scan the QR code
to fill out our waiver
before you arrive!

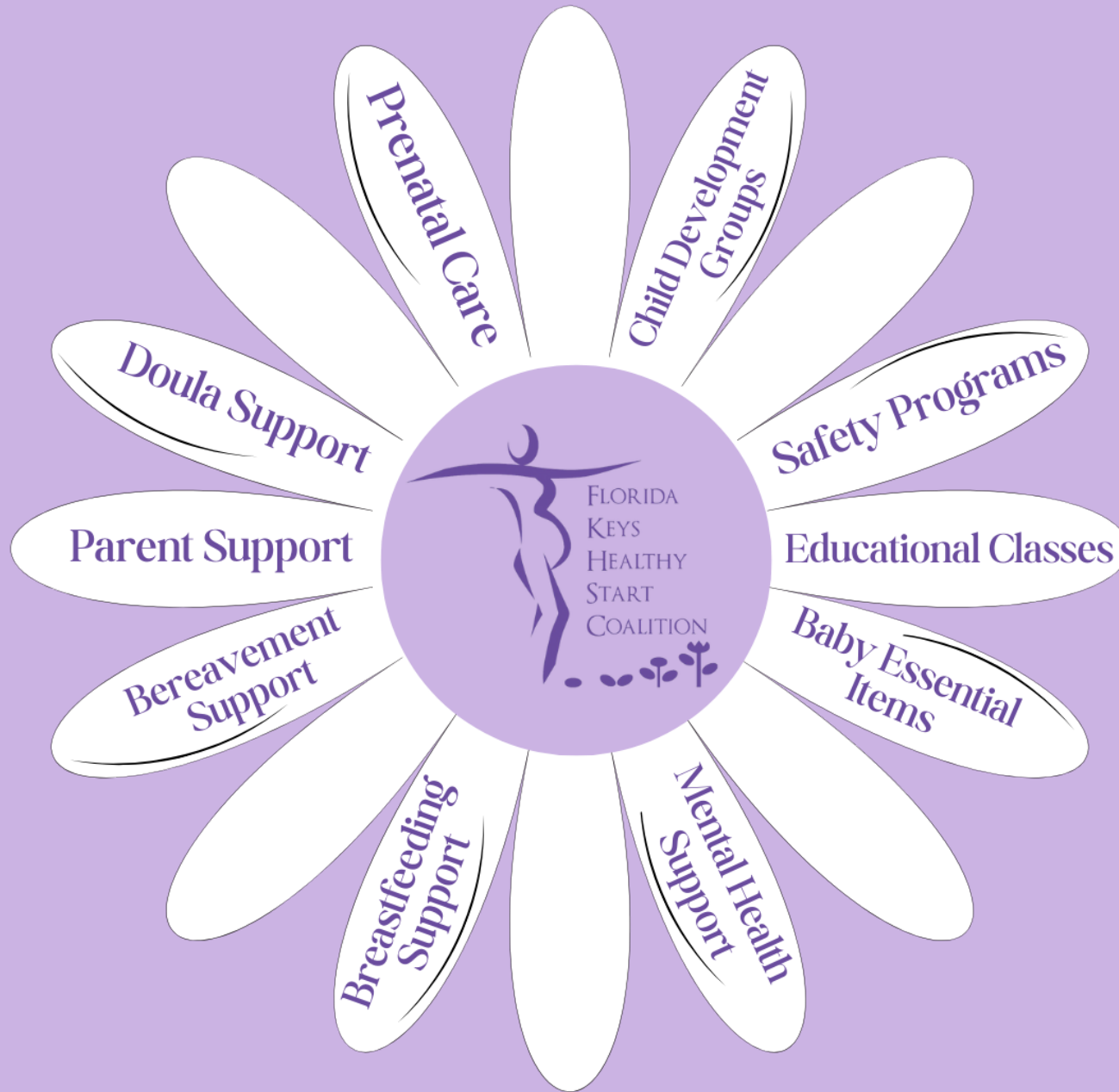


**Times and locations subject to change, please
check the schedule & events tab on our
Facebook page!**



Page 240 of 521





Florida Key Health Start Coalition was founded in 1992, previously known as Monroe County Perinatal Network (est 1987).

Services are provided throughout the Florida Keys covering the 120 miles from Key Largo to Key West.

The Florida Keys Healthy Start Coalition unites people and resources to improve the health and well-being of pregnant women, children, and their families in Monroe County.

Six Core Programs

- ❖ **Healthy Start**
- ❖ **Healthy Babies**
- ❖ **Keys to Kids Safety**
- ❖ **Keys to Growing Kids**
- ❖ **Keys to Supporting Families**
- ❖ **Keys to Hope**



Islamorada Play Groups

- ❖ These provide an air-conditioned space for children to practice gross and fine motor skills.
 - ❖ Parents are provided education on development, healthy nutrition and resources available in the community through the Coalition and other partnering organizations. In addition, they make connections with other parents and grow their family's support network.
- ❖ Participating in the playgroups helps children better prepare developmentally, socially, and physically for Pre-K/Kindergarten.
- ❖ FY 24-25 Goal is to maintain an average growth of 15-20% for each age group.

July 1- June 30	FY 22-23	FY 23- 24	% of Growth
Birth to 12 months	53	67	26%
Age 1-3	299	397	32%
Age 3-5	140	161	15%
Ages 5+ (siblings)	5	11	120%
Total Adults	389	519	33%

Budget Breakdown

	Existing Project 2024	2023 Grant Funds	Requesting 2024 Grant Funds
Salaries	\$36,000	\$2,450 Staff	\$3,000 Staff
Operating Expenses	\$5,000	\$125 healthy snacks \$125 supplies	\$250 healthy snacks \$250 supplies
Non-Operating Expenses	\$5,000	\$300 insurance	\$500 insurance
Total	\$46,000	\$3,000	\$4,000

- ❖ 2023 funded a portion of the cost for Islamorada play groups
- ❖ 2024 requesting \$4,000 to use for continued support of play groups in Islamorada



Trained staff provide education and oversight of these groups.

During COVID they provided these groups virtually for families throughout the Keys, All residents with young children are welcome to join one of our groups.

Staff adapt and adjust the activities and program to meet the needs of the community and families that attend.

The groups have helped to build community and a support network for families while encouraging development and parent education.

Our monthly calendar is posted on our website and our social media.



FLORIDA KEYS HEALTHY START COALITION

HOW TO GET INVOLVED WITH THE COALITION

Join our amazing team helping mothers, children and families in the Keys!



Fundraising and Outreach

- Host a "Brunchin' for Babies" Event
- Sponsor a Lunch for Childbirth Classes
- Host a Drive (Carseat, Diaper, etc.)
- Volunteer at Fundraising Events

Working Directly with Families

- Support Families as a Labor Doula*
- Support Breastfeeding Families*
- Deliver Baby Essential Items
- Become a Playgroup Assistant
- Sort/Organize Donations
- Pick Up Items Local Families Wish to Donate

Make a Difference -
Get Involved with the Coalition!
Scan the QR code below to apply!



 www.keyshealthystart.org

 Keys Healthy-Start

 flkeyshealthystart



How to get in touch



www.keyshealthystart.org



305-293-8424



flkeyshealthystart



Keys Healthy-Start



**Florida Keys Healthy Start
Coalition**

The Florida Keys Healthy Start Coalition unites people and resources to improve the health and well-being of pregnant women, children, and their families in Monroe County.

***Additional training/certification required and provided by the Coalition.**





Council Communication

To: Mayor and Village Council
From:
Date: August 23, 2024
SUBJECT: Florida Keys History and Discovery Foundation

Background:
N/A

Analysis:
N/A

Budget Impact:
N/A

Staff Impact:
N/A

Recommendation:
N/A

Attachments:

1. FY2425 Charitable Grant Application Scorecard FLK History and Discovery
2. FL Keys History and Discovery Foundation
3. Village Presentation FKHDC



Islamorada, Village of Islands

Charitable Grant Applications – Fiscal Year 2024-2025

Organization: Florida Keys History and Discovery Foundation

Amount Requested: \$20,000

Please rank the organization using the criteria below. Rank each category on a 1 to 10 scale. If you do not believe the organization should receive any funding, leave the rating boxes blank and write DNF (Do Not Fund) in the Total Score section.

Criteria	Rating (1-10)
The organization provides services that have been identified by the Village as fulfilling a needed service.	
The organization is able to provide the services cost efficiently and with a high quality of service.	
The organization is located within the boundaries of the Village or the organization's services are provided directly to, or benefit, Village residents.	
The organization has sought funding from the Village, Monroe County, or other governmental organizations in previous years and/or this current year.	
The organization has the administrative and financial stability to deliver services for which it is requesting funding from the Village.	

Total Score: _____

Resolution 23-02-13

Section 6. Limitation on use of Funds. Any funds granted to a non-profit organization shall not be used to pay salaries or administrative expenses/costs of the recipient without the express written consent of the Village.

This organization has indicated that they will be using **\$10,000** of the **\$20,000** funding request to pay salaries and/or administrative expenses/costs.

Given the above, do you give your consent to allow the organization to use grant funds for salaries and/or administrative costs/expenses?

- Yes
- No

Recommended Award Amount

Funding will be disbursed using the breakdown below:

Top 33% of applicants – funding request granted not to exceed \$10,000

Middle 33% of applicants – funding request granted not to exceed \$5,000

Bottom 33% of applicants – funding request granted not to exceed \$3,000



Islamorada Village of Islands

Charitable Donation Request Application

Organization Name:

Address:

City, State, Zip Code:

What year was this organization formed?

Qualified charitable organization? (If yes, provide IRS Exemption Letter): ☒ Yes ☐ No

Pursuant to Chapter 496, Florida Statutes, do you have a Solicitation License from the Florida Department of Consumer Affairs? ☒ Yes ☐ No

Federal Tax Identification Number:

Phone:

Email:

Contact person:

Phone:

Total agency annual operating budget:

Number of persons or businesses served in 2023:

Number of Islamorada residents or businesses served in 2023:

Please list all digital presence below:

Organization Website:

Instagram:

Facebook:

YouTube:

X (formerly Twitter):

Other:

1. Briefly describe your mission and how you measure success.

The mission of the Florida Keys History and Discovery Foundation is to support a world-class history and discovery center that accurately reflects our Florida Keys in a multi-faceted and interactive environment.

2. Describe the types of services your organization provides.

The Florida Keys History and Discovery Center offers a multifaceted range of services aimed at promoting historical understanding and exploration in the Florida Keys.

Exhibitions: FKHDF curates and presents dynamic exhibitions that showcase the rich history, culture, and natural environment of the Florida Keys. These exhibits often feature artifacts, interactive displays, Mote aquariums and multimedia presentations to engage visitors of all ages.

Educational Programs: FKHDF develops and implements educational programs tailored to various age groups, from schoolchildren to adults. These programs may include guided tours, lectures, workshops, and hands-on activities designed to deepen participants' understanding of local history and ecology.

Outreach Initiatives: FKHDF actively engages with the community through outreach initiatives such as public events, partnerships with local schools and organizations, and participation in cultural festivals and celebrations. These efforts aim to raise awareness of the center's mission and foster a sense of pride and connection to the region's heritage.

Research Resources: FKHDF serves as a valuable resource for researchers, historians, and students interested in the history of the Florida Keys. The center may provide access to archival materials, oral histories, and other primary sources, as well as assistance from knowledgeable staff members.

FKHDF offers a range of visitor services to enhance the guest experience, including guided tours, informational materials, and a gift shop featuring locally sourced merchandise. The Discovery Center is a key cultural attraction which helps elevate the experience of visitors to Islamorada and is a great attraction for drawing in local and out of town visitors.

3. Indicate whether you have previously competed for Village funds: ☐ Yes ☒ No

4. If yes to (3), please provide the amount received, original purpose of the funding, and what you accomplished with the funding.

5. Current funding request: **\$20,000.00**

6. If awarded, what will you accomplish with the current funding request?

FKHDF is committed to enhancing and broadening our Youth Educational initiatives. Presently, our organization host a diverse array of programs tailored to youth development, including engaging Story Time sessions, hands-on STEM activities, movie events, a interactive K-12 homeschool curriculum, and an enriching summer camp experience. Through this expansion, we aim to develop and deepen our impact to reach more young minds in our community, fostering a lifelong love for learning and discovery here in the Florida Keys.

7. Please attach a list of all Owners/Directors/Principals/Board Members.

8. Complete the table below and attach a copy of your approved budget:

Description	Existing Project Funding	Amount Requested
Salaries	247,288.61	10,000.00
Operating Expenses (i.e., phones rent)	32,260.00	5,000.00
Non-Operating Expenses (i.e., consultants, etc.)	80,635.00	5,000.00
Total	360,183.61	20,000.00

Attachments (Please check off all that apply):

- ☒ IRS exemption letter dated within the previous two years.
- ☒ Most recent tax returns.
- ☒ List of all Owners/Directors/Principals/Board Members.
- ☒ If applicable, Solicitation License from the Florida Department of Consumer Affairs.

☐ Other (please specify):

ATTESTATION

I hereby certify that I have read and understand the [charitable donation request guidelines](#) and that the information provided is true and correct. I understand that the approval and denial of all charitable donation requests is in the sole decision of the Village and that is the request is approved a charitable grant agreement is required to the distribution of any funds.

Hannah Brumbalow

Printed name -- Organization's Authorized Representative

Hannah Brumbalow

Signature -- Organization's Authorized Representative

Date: 06/03/2024

Completed applications should be sent via email to finance@islamorada.fl.us, or by delivering a hard copy to:

Islamorada, Village of Islands
ATTN: Finance Department
86800 Overseas Highway
Islamorada, FL 33036

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2022Department 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.Open to Public
Inspection**A** For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**FLORIDA KEYS HISTORY AND DISCOVERY FOUNDATION INC**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

PO BOX 1124

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

ISLAMORADA, FL 33036**F** Name and address of principal officer: **RICH RUSSELL****SAME AS C ABOVE****D** Employer identification number**46-1936911****E** Telephone number**305-922-2237****G** Gross receipts \$ **490,056.****H(a)** Is this a group returnfor 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: **N/A****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **2013** **M** State of legal domicile: **FL****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: MISSION IS TO SUPPORT A WORLD CLASS HISTORY AND DISCOVERY CENTER THAT ACCURATELY REFLECTS OUR		
	2	Check this box ☐ 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	13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	10
	6	Total number of volunteers (estimate if necessary)	6	10
	Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
b		Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
8		Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9		Program service revenue (Part VIII, line 2g)	212,024.	190,931.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	199,394.	244,392.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	28,276.	33,179.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	127,344.	7,134.
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	567,038.	475,636.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
Expenses		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	290,091.	175,868.
	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	25,279.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	254,875.	405,076.
	19	Revenue less expenses. Subtract line 18 from line 12	544,966.	580,944.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	22,072.	-105,308.
	21	Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22	Net assets or fund balances. Subtract line 21 from line 20	1,146,834.	670,469.
			492,640.	492,324.
		654,194.	178,145.	

Part II 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		Date	
	RICHARD RUSSELL, EXECUTIVE DIRECTOR Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed PTIN
	MANUEL ALVAREZ		05/15/24	P01404480
Firm's name	VERDEJA & ALVAREZ, LLP		Firm's EIN 20-4989621	
	Firm's address 255 ALHAMBRA CIR STE 630 CORAL GABLES, FL 33134-7417		Phone no. 305-446-3177	

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



Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 01/18

85-8016392566C-1	03/13/2024	03/31/2029	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

FLORIDA KEYS HISTORY AND DISCOVERY
FOUNDATION INC
82100 OVERSEAS HWY
ISLAMORADA FL 33036-3673

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR-14
R. 01/18

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

2024 Florida Keys History and Discovery Foundation

Foundation Mission

To support a world-class history and discovery center that accurately reflects our Florida Keys in a multi-faceted and interactive environment.

Board of Directors

Rich Russell, Chair

Bob Lodge, Vice Chair

George Hertel, Treasurer

Michael Crosby, PhD

Judy Layne

Kate DeLoach

Shand Luce

Phyllis Mitchell

Erin Muir

Whitney Trentine

Lauren Solis

Staff

Hannah Brumbalow, Operations Manager

Tara Khan, Membership and Administrative Coordinator

Kayla Dougherty, Programs and Marketing Coordinator

Blake Terry, Aquarium Biologist, MOTE Marine Lab & Aquarium

YOUTH PROGRAM

INITIATIVE

STORY TIME



STORY TIME GOALS

ENGAGEMENT

Increase participation

Incorporate engaging activities like crafts, sing-alongs, and interactive storytelling.

COMMUNITY BUILDING

Create a welcoming environment where children and parents feel comfortable and excited to return. Continue to build a network of regular attendees and foster relationships among families.

PROMOTION

Increase awareness of Story Time

Engage with the community to encourage attendance.



Story Time is a fun and engaging hour where children can listen to a captivating story, enjoy interactive STEM play and activities, and receive snacks and a goodie bag.



OVER 100 PARENTS ON OUR EMAIL LIST



AVERAGE OF 20 KIDS PER STORY TIME



KID FRIENDLY EXHIBIT OVERLAYS



WE ARE DEVELOPING NEW OVERLAYS TO ENHANCE OUR EXISTING EXHIBITS FOR THE YOUTH OF OUR COMMUNITY



Our community's youth deserve engaging experiences while learning our local history.

We're seeking funds to create interactive exhibits and expand field trip opportunities.



Council Communication

To: Mayor and Village Council
From:
Date: August 23, 2024
SUBJECT: Good Health Clinic

Background:

Analysis:

Budget Impact:

Staff Impact:

Recommendation:

Attachments:

1. FY2425 Charitable Grant Application Scorecard Good Health Clinic
2. Good Health Clinic Combined Application
3. 2024 Good Health Clinic - Village of Islamorada



Islamorada, Village of Islands

Charitable Grant Applications – Fiscal Year 2024-2025

Organization: Good Health Clinic

Amount Requested: \$25,000

Please rank the organization using the criteria below. Rank each category on a 1 to 10 scale. If you do not believe the organization should receive any funding, leave the rating boxes blank and write DNF (Do Not Fund) in the Total Score section.

Criteria	Rating (1-10)
The organization provides services that have been identified by the Village as fulfilling a needed service.	
The organization is able to provide the services cost efficiently and with a high quality of service.	
The organization is located within the boundaries of the Village or the organization's services are provided directly to, or benefit, Village residents.	
The organization has sought funding from the Village, Monroe County, or other governmental organizations in previous years and/or this current year.	
The organization has the administrative and financial stability to deliver services for which it is requesting funding from the Village.	

Total Score: _____

Resolution 23-02-13

Section 6. Limitation on use of Funds. Any funds granted to a non-profit organization shall not be used to pay salaries or administrative expenses/costs of the recipient without the express written consent of the Village.

This organization has indicated that they will be using **\$25,000** of the **\$25,000** funding request to pay salaries and/or administrative expenses/costs.

Given the above, do you give your consent to allow the organization to use grant funds for salaries and/or administrative costs/expenses?

- a. Yes
- b. No

Recommended Award Amount

Funding will be disbursed using the breakdown below:

Top 33% of applicants – funding request granted not to exceed \$10,000

Middle 33% of applicants – funding request granted not to exceed \$5,000

Bottom 33% of applicants – funding request granted not to exceed \$3,000



Islamorada Village of Islands

Charitable Donation Request Application

Organization Name:

Address:

City, State, Zip Code:

What year was this organization formed?

Qualified charitable organization? (If yes, provide IRS Exemption Letter): ☒ Yes ☐ No

Pursuant to Chapter 496, Florida Statutes, do you have a Solicitation License from the Florida Department of Consumer Affairs? ☒ Yes ☐ No

Federal Tax Identification Number:

Phone:

Email:

Contact person:

Phone:

Total agency annual operating budget:

Number of persons or businesses served in 2023:

Number of Islamorada residents or businesses served in 2023:

Please list all digital presence below:

Organization Website:

Instagram:

Facebook:

YouTube:

X (formerly Twitter):

Other:

1. Briefly describe your mission and how you measure success.

Good Health Clinic exists to serve as a healthcare home for uninsured, low-income adult and child residents of the Florida Keys.

We are the only comprehensive free clinic in the Florida Keys and the only organization providing this demographic with a comprehensive health care.

Good Health Clinic measures our success by the number of patients served and medical visits provided to those in need. We also track the value of and impact of our services to Keys residents.

Please see the attached Annual Report and Statistic Summary sheet.

2. Describe the types of services your organization provides.

- primary medical care
(preventative screenings, chronic illness management, sick/injury, etc)
- diagnostic labs, imaging, and testing
(bloodwork, x-rays, MRIs, CTs, sleep studies, etc.)
- advanced medical care
(hospitalizations, cancer treatment, surgeries, etc)
- access to specialists
(dermatology, cardiologists, etc)
- prescription assistance
(every medication is provided free or at deep discount)
- mental health care
(in-person counseling and medication support)
- basic dental care access
(cleanings, extractions, x-rays, assessments/plans)

3. Indicate whether you have previously competed for Village funds: ☒ Yes ☐ No

4. If yes to (3), please provide the amount received, original purpose of the funding, and what you accomplished with the funding.

Good Health Clinic received \$10k (1.5% of our total operating budget) last funding cycle to support staff costs, specifically for our Nurse Practitioner and a Patient Care Coordinator.

These staff members helped provide 125 low-income, uninsured Islamorada residents comprehensive health care (18% of our total patient load for that year). Of our total 2842 appointments our clinic provided or arranged, 615 were for Islamorada residents (20% of our services provided). Access to medical specialists outside of our clinic were arranged for 52 residents and included such advanced care as orthopedic surgery, cataract removal, and cancer treatment.

5. Current funding request: **\$25,000**

6. If awarded, what will you accomplish with the current funding request?

If awarded, Good Health Clinic will continue to provide low-income, uninsured individuals and families with comprehensive health care that not only saves lives, but helps keep our communities working class functional.

As the numbers have continued to be steady for many years, we except approximately 20% of our patients and services to continue to be received by Islamorada residents.

We humbly request an increase in funding support to help our organization keep up with rising costs of operations. If fully funded, Islamorada will be providing 4% of our operating expenses.

7. Please attach a list of all Owners/Directors/Principals/Board Members.

8. Complete the table below and attach a copy of your approved budget:

Description	Existing Project Funding	Amount Requested
Salaries annual costs - \$538k	\$ 111,500	\$ 25,000
Operating Expenses (i.e., phones rent) annual costs - \$74k	\$ 4,000	\$ 0
Non-Operating Expenses (i.e., consultants, etc.) annual costs - \$44k	\$ 0	\$ 0
Total annual costs - \$656k	\$115,000	\$ 25,000

Attachments (Please check off all that apply):

- ☒ IRS exemption letter dated within the previous two years.
- ☒ Most recent tax returns.
- ☒ List of all Owners/Directors/Principals/Board Members.
- ☒ If applicable, Solicitation License from the Florida Department of Consumer Affairs.

☒ Other (please specify): Relevant numbers & stats Summary sheet, and GHC FY2023 Annual Report

ATTESTATION

I hereby certify that I have read and understand the [charitable donation request guidelines](#) and that the information provided is true and correct. I understand that the approval and denial of all charitable donation requests is in the sole decision of the Village and that is the request is approved a charitable grant agreement is required to the distribution of any funds.

Kate Banick

Printed name -- Organization's Authorized Representative



Signature -- Organization's Authorized Representative

Date: 5/29/24

Completed applications should be sent via email to finance@islamorada.fl.us, or by delivering a hard copy to:

Islamorada, Village of Islands
ATTN: Finance Department
86800 Overseas Highway
Islamorada, FL 33036

Relevant Numbers to Consider

Who we serve in Islamorada (according to US Census Bureau)

There are ~ **7000 residents in Islamorada**. 30%, or 2,100 are over 65 years of age and have access to Medicare. That leaves about **4,900 residents looking for another source of health care or insurance**. Many are lucky and can afford an individual plan or have an option through the federal marketplace or employers. But most small businesses cannot afford the cost of health insurance for their employees and in many cases the marketplace does not have viable options. Estimates vary between 15-21% of Monroe County residents are uninsured – even if Islamorada is on the low end of **15%, approximately 700 residents (10% of total constituents) are uninsured and eligible for services at Good Health Clinic.**

Islamorada FY2023-2024 per capita budgeted spending

\$285 per resident
for enjoyable outdoor spaces & recreation

\$2mil in net expenses was budgeted so the 7000 Islamorada residents (& visitors) have a better quality of life through the Parks and Recreational program.

\$15 per resident
to enjoy holiday lights and decorations

Annually, \$105,000 is included for the Village Council to spend on holiday festivities.

~ \$13,000 per village employee
for health insurance plan

~ \$1.3m in health insurance premiums was budgeted in order to provide the 110 FTEs access to health insurance and needed health care.

\$35 per uninsured constituent
for comprehensive, life changing, lifesaving healthcare via Good Health Clinic

If request is fully funded at \$25,000, you will be ensuring the estimated ~10% of / 700 individual constituents have health care they have no access to without Good Health Clinic.

Value of Services to Islamorada:

In FY23 GHC arranged for the donation of nearly \$6,000,000 in donated medical services and medications. 18% of patients and 20% of our medical visits were Islamorada residents.

\$1,200,000

Value of donated medical services and medications provided to Islamorada Residents by Good Health Clinic.

If next year continues on this trend, and you fully fund this request at \$25,000, you will be providing an invaluable, needed service for 10% of your constituents at a bargain price.

\$48 for every \$1 invested

Return on Investment (ROI) for services provided to Islamorada Residents is 4,700%

THANK YOU for your support and helping ensure Islamorada residents will have the health care they want when they need it!



Contact us at (305) 853-1788
Info@TheGoodHealthClinic.org
www.TheGoodHealthClinic.org

Good Health Clinic

Celebrating 20 Years

Serving the Florida Keys

Total Community Impact

Good Health Clinic serves low-income, uninsured Florida Keys residents.



4,240
Patients
Served



\$14,190,622
Medications
Donated & Distributed



\$82,918,626
Medical Services
Donated



38,467
Free Visits
Provided

COMPASSION, INTEGRITY

A History of Changing Lives

Twenty years ago, community leaders and medical professionals came together with a simple, but profound idea — everyone in our community deserves health care. Through these individuals' hard work and dedication to compassion, Good Health Clinic opened its doors to uninsured, low-income patients in January 2004. What started with one part-time doctor and a single volunteer helping a few dozen patients has grown to a full-time clinic with 2 locations, 7 staff, over 100+ medical volunteers, and is a comprehensive health solution for those in need.

Lifting the Community

Good Health Clinic is vital in ensuring healthcare access for Florida Key's underserved communities.

Health Equity:

We bridge gaps in healthcare access, serving those who go without essential medical services due to financial constraints.

Preventive Care:

We focus on addressing health issues early, reducing the overall burden on individuals and the healthcare system.

Community Well-Being:

We enhance community health, contributing to a healthier and more productive Florida Keys community as a whole.

Supporting Good Health Clinic aligns with the principles of social responsibility, community building, and the promotion of health equity.

“Access to a clinic like this has been an incredible blessing for myself and many others in our community. Having this option is the difference between getting health care or suffering in silence and feeling helpless.”

— Kara Jaeger, GHC Patient

Our 2023 Partners, Supporters, Sponsors



Dennis & Kathy Calhoun

& COLLABORATION

Join Us

Your support helps provide compassionate care for individuals overlooked by health care systems. **95% of resources are allocated to patient care.** To make a one-time or recurring donation, visit www.thegoodhealthclinic.org/donation or scan the QR code.

Good Health Clinic also accepts donations of publicly traded securities, real estate, bequests, and life insurance beneficiary designations. For more information, please contact Kate Banick at kate@goodhealthclinic.org or 305-619-0154.



SCAN HERE
TO DONATE

Caring for Community is a Team Effort

Our generous community finds creative ways to raise funds for the clinic throughout the year. We appreciate every organization and individual who takes time to support our mission.



Keila Paulino and Scott Williams of Keys Mobile Medical Services hosted a birthday fundraiser.



Whitney MacEachern and Dete Israel held the Sixth Annual Shop, Jingle & Mingle to benefit the clinic.



Greg Bianchini presented the Key Largo Civic Club's annual donation.



Dr. Michael & Marie Parker
George Fernandez
Adrienne & Ryan Isreal



Everyone Loves a Gentle Dentist
Travis W. Bennett D.M.D.
Sandy Brito D.M.D.



Yvette Doherty
William Gilbert
Barbara Bernstein
Pierre Bellion
Tricia & Jeff Hynes
Chris Trentine
Michael Bileca
Mary Woods, MD
Tom Woods, PA
Jan & Art Crelan

Board of Directors

Roberto Alonso, Chairman
Borland and Associates

Bonnie Sorensen, Vice Chair
Tradeshow Logic

Kate DeLoach, Secretary
The Southern Group

Terry Abel
Village of Islamorada
Fire Department

Lori Bailey
First State Bank

Beth Kaminstein
Artist

Rosie Sanchez, MSN, RN, CNRN
Mariners and Fishermen's
Hospitals

Mary Woods, MD
Mariners and Fishermen's
Hospitals

Mel Montagne
IOA Florida Keys

Leadership

Kate Banick
Executive Director

Steven Lawyer, MD
Medical Director

*He who has health,
has hope. He who has
hope, has everything.*

Our Deepest Appreciation to our Kahunas — past, present & future



Emily Strain & Heather Pabotoy
Realtors, Coldwell Banker Schmitt Real Estate Co.
The Duo Raised \$40,631!



Casey Watkins
Manager,
Key Largo Starbucks



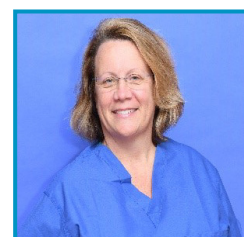
Michael Rojewski
Realtor,
Century 21 Circle



Sam Steele
Monroe County
Tax Collector



Kathy Calhoun
Dental Hygienist, Miami
Southridge Senior High School



Sharon Detweiler
Director of Surgery for Mariners
and Fishermen's Hospital

Save the Date:
Luau for Health on October 12, 2024

Interested in becoming the next Big Kahuna?
Contact Brittany at brittany@thegoodhealthclinic.org



Board of Directors

Roberto Alonso	Borland & Associates Owner	Key Largo, FL
Terry Abel	Fire Chief, Village of Islamorada	Islamorada, FL
Lori Bailey	VP of Marketing/ Lending First State Bank	Key Largo, FL
Kate DeLoach	Government Relations The Southern Group	Tavernier, FL
Beth Kaminstein	Artist	Islamorada, FL
Mel Montagne	VP of Sales, Insurance Offices of America Director, FIRM	Islamorada, FL
Rosie Sanchez, RN	Director of Oncology and Nursing Mariners and Fishermen's Hospitals	Key Largo, FL
Bonnie Sorenson	Retired Executive	Key Largo, FL
Mary Woods, MD	Hospitalist Mariners and Fishermen's Hospitals	Key Largo, FL

OGDEN UT 84201-0038

In reply refer to: 0150517276
Feb. 22, 2023 LTR 4168C 0
04-3745805 000000 00
00012682
BODC: TE


GOOD HEALTH CLINIC INC
% SANFORD L YANKOW MD
91555 OVERSEAS HIGHWAY
TAVERNIER FL 33070-2505

017261

Employer ID number: 04-3745805
Form 990 required: Yes

Dear Taxpayer:

We're responding to your request dated Feb. 10, 2023, about your tax-exempt status.

We issued you a determination letter in March 2003, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also show you're a private non-operating foundation as defined under IRC 509(a).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific

0150517276
Feb. 22, 2023 LTR 4168C 0
04-3745805 000000 00
00012683

GOOD HEALTH CLINIC INC
% SANFORD L YANKOW MD
91555 OVERSEAS HIGHWAY
TAVERNIER FL 33070-2505

time).

Thank you for your cooperation.

Sincerely yours,



Cathy M. Snider, Operations Mgr.
Accounts Management Op 3



FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
COMMISSIONER WILTON SIMPSON

October 2, 2023

Refer To: CH16323

GOOD HEALTH CLINIC, INC.
91555 OVERSEAS HWY STE 2
TAVERNIER, FL 33070-2505

RE: GOOD HEALTH CLINIC, INC.
REGISTRATION#: CH16323
EXPIRATION DATE: October 16, 2024

Dear Sir or Madam:

The above-named organization/sponsor has complied with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to register under s. 496.405 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The Solicitation of Contributions Act requires an annual renewal statement to be filed on or before the date of expiration of the previous registration. The Department will send a renewal package approximately 30 days prior to the date of expiration as shown above.

Thank you for your cooperation. If we may be of further assistance, please contact the Solicitation of Contributions section.

Sincerely,

Gloria Meadows
Regulatory Consultant
850-410-3851
Fax: 850-410-3804
E-mail: gloria.meadows@fdacs.gov



Verdeja • Alvarez
Certified Public Accountants & Advisors

APRIL 24, 2024

GOOD HEALTH CLINIC INC
91555 OVERSEAS HIGHWAY
TAVERNIER, FL 33070

GOOD HEALTH CLINIC INC:

ENCLOSED IS THE ORGANIZATION'S 2022 EXEMPT ORGANIZATION
RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN
HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER
ACTION IS REQUIRED.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST
THAT YOU RETAIN THIS COPY INDEFINITELY.

SINCERELY,

VERDEJA & ALVAREZ, LLP

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
SEPTEMBER 30, 2023

Prepared for	GOOD HEALTH CLINIC INC 91555 OVERSEAS HIGHWAY TAVERNIER, FL 33070
Prepared by	VERDEJA & ALVAREZ, LLP 255 ALHAMBRA CIR STE 630 CORAL GABLES, FL 33134-7417
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

Form **8879-TE****IRS e-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning OCT 1, 2022, and ending SEP 30, 2023**2022**Department of the Treasury
Internal Revenue Service**Do not send to the IRS. Keep for your records.****Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer

GOOD HEALTH CLINIC INC

EIN or SSN

04-3745805Name and title of officer or person subject to tax **ROBERTO ALONSO
CHAIRMAN****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	☒	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>3,403,481.</u>
2a Form 990-EZ check here	☐	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	☐	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	☐	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	☐	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	☐	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	☐	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	☐	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	☐	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	☐	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the

2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize VERDEJA & ALVAREZ, LLP to enter my PIN 45805
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

60118801188**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date

04/24/24

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. GOOD HEALTH CLINIC INC	Taxpayer identification number (TIN) 04-3745805
	Number, street, and room or suite no. If a P.O. box, see instructions. 91555 OVERSEAS HIGHWAY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TAVERNIER, FL 33070	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

KATHRYN BANICK

- The books are in the care of ► **91555 OVERSEAS HIGHWAY - TAVERNIER, FL 33070**

Telephone No. ► **305-853-1788**

Fax No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐ _____
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **AUGUST 15, 2024**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year _____ or
► ☒ tax year beginning **OCT 1, 2022**, and ending **SEP 30, 2023**.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

EXTENDED TO AUGUST 15, 2024

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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.**2022**Open to Public
Inspection**A** For the 2022 calendar year, or tax year beginning **OCT 1, 2022** and ending **SEP 30, 2023**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization GOOD HEALTH CLINIC INC		D Employer identification number 04-3745805
	Doing business as		E Telephone number 305-853-1788
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	91555 OVERSEAS HIGHWAY		
	City or town, state or province, country, and ZIP or foreign postal code TAVERNIER, FL 33070		G Gross receipts \$ 3,425,749.
F Name and address of principal officer: ROBERTO ALONSO 91555 OVERSEAS HIGHWAY, TAVERNIER, FL 33070		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.THEGOODHEALTHCLINIC.ORG			
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other			L Year of formation: 2003
			M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE GOOD HEALTH CLINIC SERVES AS A PRIMARY HEALTHCARE HOME FOR LOW-INCOME, UNINSURED RESIDENTS OF THE
	2 Check this box ☐ 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
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 10
	6 Total number of volunteers (estimate if necessary) 100
	7a Total unrelated business revenue from Part VIII, column (C), line 12 0.
7b Net unrelated business taxable income from Form 990-T, Part I, line 11 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 2,072,826.
	9 Program service revenue (Part VIII, line 2g) 0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 883.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 139,653.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,213,362.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4) 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 459,035.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0.
	b Total fundraising expenses (Part IX, column (D), line 25) 6,806.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,621,156.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,080,191.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12 133,171.
	20 Total assets (Part X, line 16) 984,868.
	21 Total liabilities (Part X, line 26) 160.
	22 Net assets or fund balances. Subtract line 21 from line 20 984,708.

Part II 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 ROBERTO ALONSO, CHAIRMAN		Date	
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name OCTAVIO A. VERDEJA	Preparer's signature	Date 04/24/24	Check if self-employed ☐ PTIN P00640853
	Firm's name VERDEJA & ALVAREZ, LLP	Firm's EIN 20-4989621	Phone no. 305-446-3177	
	Firm's address 255 ALHAMBRA CIR STE 630 CORAL GABLES, FL 33134-7417			

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

THE GOOD HEALTH CLINIC SERVES AS A PRIMARY HEALTHCARE HOME FOR
LOW-INCOME, UNINSURED RESIDENTS OF THE FLORIDA KEYS; PROVIDING AND
COORDINATING FREE HEALTH SERVICES FOR THOSE IN NEED.

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? ☐ Yes ☒ No

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 \$ 3,217,217. including grants of \$) (Revenue \$ 2,209.)

GOOD HEALTH CLINIC PROVIDED COMPREHENSIVE HEALTH CARE FOR 698
LOW-INCOME, UNINSURED RESIDENTS FOR THE FLORIDA KEYS, INCLUDING 37
CHILDREN. 2265 IN-CLINIC VISITS WERE PROVIDED FREE OF CHARGE, AND
OVER 500 MEDICAL SPECIALIST SERVICES WERE DONATED INCLUDING MAJOR
SURGERIES AND COMPLETE CANCER CARE AND TREATMENT.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 3,217,217.

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 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>	3	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>	4	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>	5	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>	6	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>	7	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>	8	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>	9	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>	10	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>	11a 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 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	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 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	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 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	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>	11e	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>	11f 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>	12a 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>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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>	14b	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>	15	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>	16	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 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	17	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>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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>	21	X

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 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 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," complete Schedule J		X
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 and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding 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		X
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 "Yes," complete Schedule L, Part I		X
26 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 entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or 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? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
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		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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 10		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
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)?	4a		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?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
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?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		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?	7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
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.			
a 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:			
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?	12a		
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? If "No," provide an explanation on 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? 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 line 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

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	9			
If there 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 on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent	9			
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?	2			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?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			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?	7a			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		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 names and addresses on Schedule O	9			X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b 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	
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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c 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?		
a The organization's CEO, Executive Director, or top management official	X	
b 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
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?		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 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 apply.
☐ Own website ☐ Another's website ☒ 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
KATHRYN BANICK - 305-853-1788
91555 OVERSEAS HIGHWAY, TAVERNIER, FL 33070

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

7

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

Page 286 of 521

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

[illegible]

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	0
---	---	---

		Yes	No
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	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? <i>If "Yes," complete Schedule J for such individual</i>	4	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? <i>If "Yes," complete Schedule J for such person</i>	5	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 RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	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				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	215,600.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,049,989.			
	g	Noncash contributions included in lines 1a-1f	1g	\$2,717,314.			
	h	Total. Add lines 1a-1f		3,265,589.			
Program Service Revenue				Business Code			
	2 a						
	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)			13,201.		13,201.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real	(ii) Personal		
	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	(i) Securities	(ii) Other		
	b	Less: cost or other basis 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	144,750.			
	b	Less: direct expenses	8b	22,268.			
	c	Net income or (loss) from fundraising events			122,482.		122,482.
	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						
Miscellaneous Revenue	11 a	MISCELLANEOUS INCOME		Business Code	900099	2,209.	2,209.
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d			2,209.		
	12	Total revenue. See instructions			3,403,481.	2,209.	0.
						135,683.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) 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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
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	421,774.	387,616.	34,158.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,955.	6,392.	563.	
9 Other employee benefits	23,642.	21,727.	1,915.	
10 Payroll taxes	35,188.	32,338.	2,850.	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
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 Sch O.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	55,461.	23,066.	32,395.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,037.	8,037.		
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a INKIND MEDICAL SUPPLIES	2,717,315.	2,717,315.		
b MEDICAL EXPENSES	11,837.	11,837.		
c GOVERNANCE COSTS	9,939.		9,939.	
d INDIRECT STAFFING COSTS	9,672.	8,889.	783.	
e All other expenses	15,415.		8,609.	6,806.
25 Total functional expenses. Add lines 1 through 24e	3,315,235.	3,217,217.	91,212.	6,806.
26 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)				

Part X Balance SheetCheck 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		1	
	2 Savings and temporary cash investments	628,182.	2	719,459.
	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, creator 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 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	936.	9	954.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 69,288.		
	b Less: accumulated depreciation	10b 65,582.		
	11 Investments - publicly traded securities	8,459.	10c 3,706.	
	12 Investments - other securities. See Part IV, line 11	347,291.	11 378,394.	
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	984,868.	15		
17 Accounts payable and accrued expenses	160.	16 1,102,513.		
18 Grants payable		17 9,605.		
19 Deferred revenue		18		
20 Tax-exempt bond liabilities		19		
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21		
23 Secured mortgages and notes payable to unrelated third parties		22		
24 Unsecured notes and loans payable to unrelated third parties		23		
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		24		
26 Total liabilities. Add lines 17 through 25	160.	25		
27 Net assets without donor restrictions	612,454.	26 9,605.		
28 Net assets with donor restrictions	372,254.	27 214,514.		
29 Capital stock or trust principal, or current funds		28 878,394.		
30 Paid-in or capital surplus, or land, building, or equipment fund		29		
31 Retained earnings, endowment, accumulated income, or other funds		30		
32 Total net assets or fund balances	984,708.	31		
33 Total liabilities and net assets/fund balances	984,868.	32 1,092,908.		
33 Total liabilities and net assets/fund balances		33 1,102,513.		

Form 990 (2022)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,403,481.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,315,235.
3	Revenue less expenses. Subtract line 2 from line 1	3	88,246.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	984,708.
5	Net unrealized gains (losses) on investments	5	19,954.
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	1,092,908.

Part XII Financial Statements and ReportingCheck 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: ☐ Cash ☒ Accrual ☐ 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? _____ 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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ 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: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X
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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a	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 _____	3b	

Form 990 (2022)

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

GOOD HEALTH CLINIC INC

Employer identification number

04-3745805

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary 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)(vi)

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

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 "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

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						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related 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	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	%
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 A (Form 990) 2022

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

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

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 "unusual grants.")	2504963.	1771759.	1859595.	2072826.	3264125.	11473268.
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			69,903.	163,153.	146,214.	379,270.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	2504963.	1771759.	1929498.	2235979.	3410339.	11852538.
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.)						11852538.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	2504963.	1771759.	1929498.	2235979.	3410339.	11852538.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	10,082.	10,257.	3,204.	883.	13,201.	37,627.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	10,082.	10,257.	3,204.	883.	13,201.	37,627.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	58,436.					58,436.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			126,397.	2,062.	2,209.	130,668.
13 Total support. (Add lines 9, 10c, 11, and 12.)	2573481.	1782016.	2059099.	2238924.	3425749.	12079269.

14 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

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	98.12 %
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	98.06 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	.31 %
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	.26 %

19a 33 1/3% support tests - 2022. 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 more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

b 33 1/3% support tests - 2021. 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 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	☐	The organization satisfied the Activities Test. Complete line 2 below.
b	☐	The organization is the parent of each of its supported organizations. Complete line 3 below.
c	☐	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
2 Activities Test. Answer lines 2a and 2b below.		
a		Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
2a		
b		Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a		Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .
3a		
b		Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.
3b		

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

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990) 2022

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2022 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

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

SCHEDULE 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 6, 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

GOOD HEALTH CLINIC INC

Employer identification number

04-3745805

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 6.

	(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?	☐ Yes	☐ 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 benefit?	☐ Yes	☐ 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).

☐ Preservation of land for public use (for example, recreation or education)	☐ Preservation of a historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ 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.

	Held at 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, 2006, 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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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 9, 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:

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

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		69,288.	65,582.	3,706.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,706.

Schedule D (Form 990) 2022

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 (including name of security)	(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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

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	6,700,498.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	19,954.
b	Donated services and use of facilities	2b	3,254,795.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	22,268.
e	Add lines 2a through 2d	2e	3,297,017.
3	Subtract line 2e from line 1	3	3,403,481.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	3,403,481.

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	6,592,298.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	3,254,795.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	22,268.
e	Add lines 2a through 2d	2e	3,277,063.
3	Subtract line 2e from line 1	3	3,315,235.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	3,315,235.

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 1b 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 X, LINE 2:

THE ORGANIZATION HAS ADOPTED THE PROVISIONS OF ASC NO 740, "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES" ("ASC NO 740"). ASC 740 REQUIRED THAT THE IMPACT OF TAX POSITIONS TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THEY ARE MORE LIKELY THAN NOT OF BEING SUSTAINED UPON EXAMINATION. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS MADE IN THE FINANCIAL STATEMENTS. AT 9/30/23, THERE WERE NO UNCERTAIN TAX POSITIONS. THE ORGANIZATION FILES TAX RETURNS WITH US FEDERAL AND OTHER TAX AUTHORITIES FOR WHICH STATUE LIMITATIONS MAY GO BACK TO THE YEAR ENDED 2020.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES

22,268.

Part XIII Supplemental Information *(continued)*

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 22,268.

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

GOOD HEALTH CLINIC INC

Employer identification number

04-3745805

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ **No**

- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		LUAU (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	144,750.			144,750.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	144,750.			144,750.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	22,268.			22,268.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				22,268.
	11 Net income summary. Subtract line 10 from line 3, column (d)				122,482.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter name and address of the third party:

Name _____

Address _____

- 16** Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

[illegible]

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
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

GOOD HEALTH CLINIC INC

Employer identification number

04-3745805

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X			FAIR MARKET VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (.....)				
26 Other (.....)				
27 Other (.....)				
28 Other (.....)				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2022

Supplemental Information.

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**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

GOOD HEALTH CLINIC INC

Employer identification number
04-3745805

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FLORIDA KEYS; PROVIDING AND COORDINATING FREE HEALTH SERVICES FOR THOSE
IN NEED.

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

A DRAFT COPY OF THE RETURN IS SUBMITTED TO MEMBERS OF THE GOVERNING BODY
AND EXECUTIVE DIRECTOR FOR THEIR REVIEW AND APPROVAL. ONCE APPROVED, A
FINAL COPY IS SUBMITTED TO THE IRS. A FINAL COPY OF THE AUDIT REPORT AND
990 TAX RETURN IS REVIEWED AND APPROVED BY THE FULL BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15A:

YES, THE BOARD DID GO THROUGH A SPECIFIC PROCESS TO ARRIVE AT THE EXECUTIVE
DIRECTOR'S COMPENSATION PACKAGE.

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

AVAILABLE FOR REVIEW BY REQUEST OF THE EXECUTIVE DIRECTOR.



Good Health Clinic

Kate Banick
Executive Director
Cell 305.619.0154
kate@thegoodhealthclinic.org

Board of Directors

Roberto Alonso
Borland & Associates
Chairman

Bonnie Sorensen
retired
Vice Chair

Kate DeLoach
The Southern Group

Mel Montagne
FIRM/IOA

Mary Woods, MD
Mariners/Fishermen's Hospital

Rosie Sanchez
Mariners/Fishermen's Hospital

Terry Abel
Village of Islamorada

Lori Bailey
First State Bank

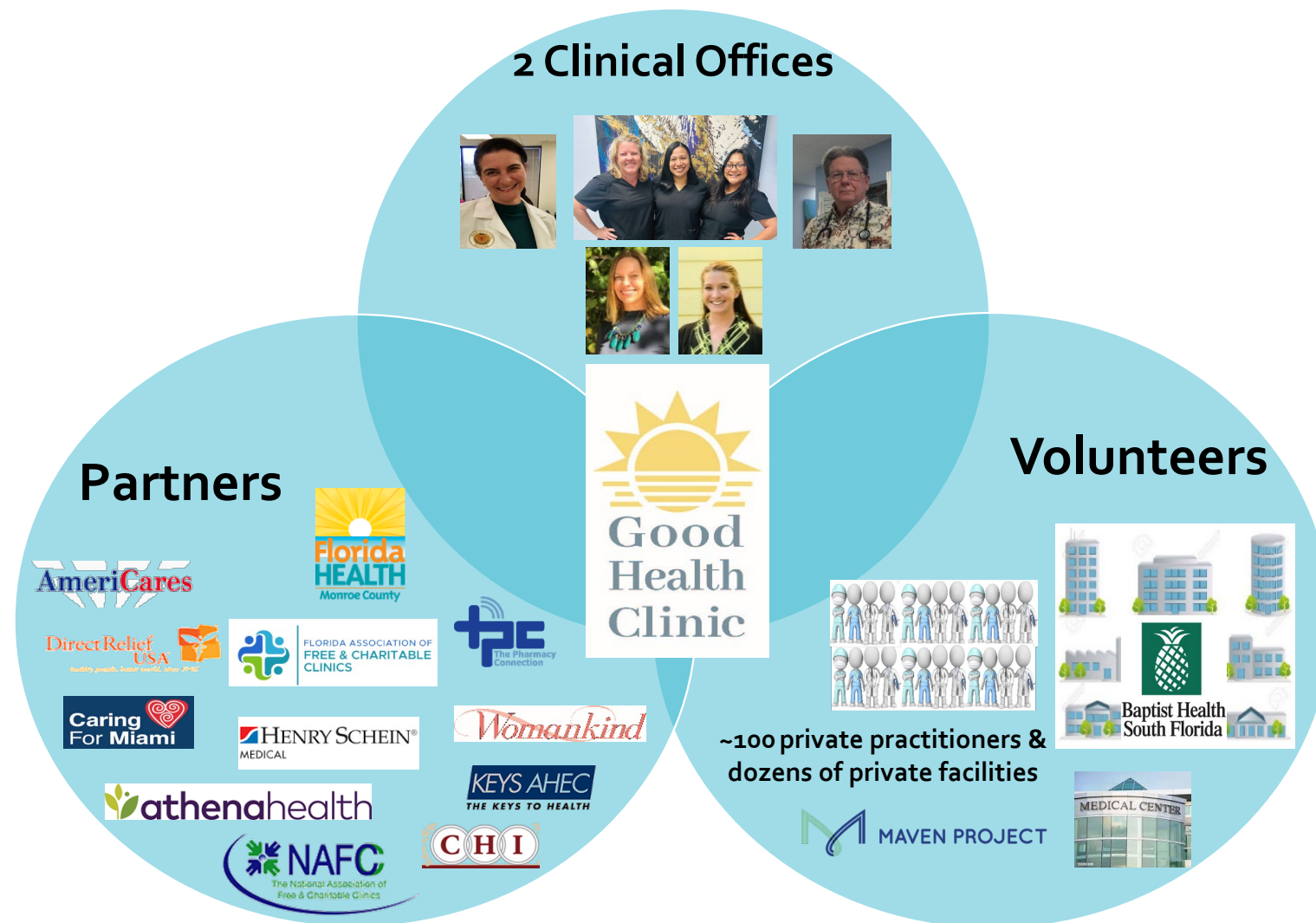
Beth Kaminstein
Artist



Designed for
Successful
Outcomes

Compassion. Integrity.
Collaboration.

Only organization providing comprehensive healthcare to the in need



Serving those
in need

Compassion. Integrity.
Collaboration.

Patient Eligibility Criteria

Residents of the Keys

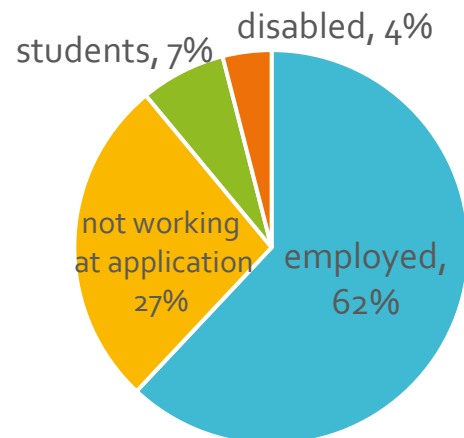
No health insurance

Income <300% FPL

1 person making \$45k
a couple: each @ \$15/hr, FT

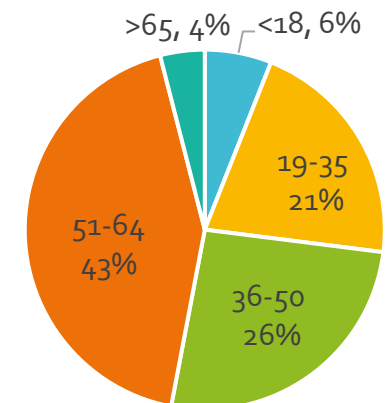
~ 700+
Islamorada Residents
meet **GHC criteria**
(10% of constituents)

Patient Demographics



Patient Work Industries

restaurant/food industry	23%
lodging & cleaning workers	21%
trades/landscaping labor	15%
customer service/retail	15%
fishing/dive/boating	10%



A High Quality,
Effective
Solution

Compassion. Integrity.
Collaboration.

A FULL HEALTH SOLUTION TO THOSE IN NEED!

Primary Care (adult & child)	Prescription Assistant
Dx imaging, labs & testing	Mental Health
Advanced medical care (Hospital procedures, Cancer tx, surgeries)	Limited Dental
Specialty Care (Cardiology, Dermatology, Ortho, PT, etc)	NPO Referrals
	Care Coordination

GHC Women Breast Cancer Screening Outcomes



Providing Benefits for Islamorada Residents

Compassion. Integrity.
Collaboration.

FY23: \$1.2 MILLION in medical services & medications for Islamorada Residents

610 clinic medical visits - 21 surgeries - 46 specialist/advanced care services

mammograms - colonoscopies - annual labs - removal of skin and cervical cancer cells - cataract surgery - a knee replacement - x-rays and casting of broken bones - pap smears - insulin for diabetics - medications for high blood pressure and cholesterol - birth control - hernia repair - breast reconstruction post cancer treatment - COVID testing & meds

132 Islamorada Residents currently receiving medical care

Patients Perspective

“ I needed a bridge to get back on my feet and back to work, which I did, thanks to Good Health Clinic. Once again, I have my health insurance and my work-life back. Good Health Clinic truly saved my life and dignity. I can never thank the team enough. ”

— Captain Bobby, GHC Patient

58%

Had no access to health care or relied on the ER prior to becoming patients

98%

Are very likely to recommend our services.

72%

Reported being more productive and missing less days at work

Effective Use of Funds

Compassion. Integrity.
Collaboration.

Requested Funding: \$25,000

Overall Good Health Clinic delivers \$10 in services for every \$1 donated.

If request is funded, Islamorada residents will get:

~\$48 in services per \$1 granted

**life changing, potentially life-saving healthcare access
for ~10% of your constituents (~700 individuals)**



THANK YOU!



Council Communication

To: Mayor and Village Council
From:
Date: August 23, 2024
SUBJECT: History of Diving Museum

Background:
N/A

Analysis:
N/A

Budget Impact:
N/A

Staff Impact:
N/A

Recommendation:
N/A

Attachments:

1. FY2425 Charitable Grant Application Scorecard History of Diving Museum
2. FL Keys History of Diving Combined Application
3. 2024 08 Isla Charitable Giving Request Museum presentation



Islamorada, Village of Islands

Charitable Grant Applications – Fiscal Year 2024-2025

Organization: Florida Keys History of Diving Museum, Inc.

Amount Requested: \$18,250

Please rank the organization using the criteria below. Rank each category on a 1 to 10 scale. If you do not believe the organization should receive any funding, leave the rating boxes blank and write DNF (Do Not Fund) in the Total Score section.

Criteria	Rating (1-10)
The organization provides services that have been identified by the Village as fulfilling a needed service.	
The organization is able to provide the services cost efficiently and with a high quality of service.	
The organization is located within the boundaries of the Village or the organization's services are provided directly to, or benefit, Village residents.	
The organization has sought funding from the Village, Monroe County, or other governmental organizations in previous years and/or this current year.	
The organization has the administrative and financial stability to deliver services for which it is requesting funding from the Village.	

Total Score: _____

Resolution 23-02-13

Section 6. Limitation on use of Funds. Any funds granted to a non-profit organization shall not be used to pay salaries or administrative expenses/costs of the recipient without the express written consent of the Village.

This organization has indicated that they will be using **\$6,400** of the **\$18,250** funding request to pay salaries and/or administrative expenses/costs.

Given the above, do you give your consent to allow the organization to use grant funds for salaries and/or administrative costs/expenses?

- Yes
- No

Recommended Award Amount

Funding will be disbursed using the breakdown below:

Top 33% of applicants – funding request granted not to exceed \$10,000

Middle 33% of applicants – funding request granted not to exceed \$5,000

Bottom 33% of applicants – funding request granted not to exceed \$3,000



Islamorada Village of Islands

Charitable Donation Request Application

Organization Name:

Address:

City, State, Zip Code:

What year was this organization formed?

Qualified charitable organization? (If yes, provide IRS Exemption Letter): ☒ Yes ☐ No

Pursuant to Chapter 496, Florida Statutes, do you have a Solicitation License from the Florida Department of Consumer Affairs? ☒ Yes ☐ No

Federal Tax Identification Number:

Phone:

Email:

Contact person:

Phone:

Total agency annual operating budget:

Number of persons or businesses served in 2023:

Number of Islamorada residents or businesses served in 2023:

Please list all digital presence below:

Organization Website:

Instagram:

Facebook:

YouTube:

X (formerly Twitter):

Other:

1. Briefly describe your mission and how you measure success.

The Florida Keys History of Diving Museum (HDM) is dedicated to collecting, preserving, displaying and interpreting artifacts, antiques, books, documents, photographs and oral history relative to the History of Diving. We tell the international story of the attempts to explore, understand and venture under the sea. We also celebrate the special role that South Florida and the Florida Keys played in this untold story. HDM's objectives are to preserve and share diving history in fun interactive ways by continually improving core exhibits as well as developing two limited-time annual featured exhibits with new educational outreach programming and events. Success is measured by engagement that is tracked through tickets in our Point of Sale system, event registrations and social media interactions. We also measure success from feedback, reviews and the number of people served in the community, schools, students and military, in addition to travelers to the Keys.

2. Describe the types of services your organization provides.

From opening the doors in 2005, HDM has hosted a free "Immerse Yourself" series on the third Wednesday of every month. Topics are of interest to divers and land-lovers alike on subjects ranging on History, Military, Science and Environmental issues given by a wide range of experts locally and from all over the world. For schools and groups, staff develop unique "Museum In Motion" presentations to be done on-site or given by staff or volunteers, in their classroom. "Dive Into Reading" is a program available to the Monroe County School System Reading Coach's. It provides books, worksheets and has included the students attending a "Meet and Greet" with the author. "Dive Into Art" (DIA) is now in its seventh season with participating schools from Key Largo to Key West. It brings art, science and history together, creating a featured exhibit with student work on display from January to April. For several years, the student component of DIA has traveled to other locations like various library branches, Crane Point Museum in Marathon and Eco Discovery Center in Key West. All programs directly benefit Islamorada schools: CSHS, PKS and TVM annually.

HDM is a non-profit that serves the community by promoting cultural heritage and experiences. We are open daily from 10AM-5PM, 362 days a year with free admission for members and active duty military. Discounts are available for veterans, seniors, college students and Monroe County residents. To increase accessibility, HDM is a member of "Museums for All" offering free admission to families on "free or reduced" meal programs which is 43% at CSHS, 36% at PKS and 34% at TVM. Since the launch of the Blue Star Museum program in 2010, HDM has participated in collaboration with the Department of Defense, National Endowments of the Arts and Blue Star Families. This allows active duty to bring up to five family members to HDM for free from Armed Forces Day to Labor Day (May-Sept). All personnel serving on Coast Guard base Islamorada benefit.

Aside from the educational outreach mentioned HDM services as an economic benefit to the community by attracting travelers that plan a trip specifically to Islamorada to visit the Museum or attend events. HDM also adds value by giving tourists options as an excursion and/or reason to stay longer, thus boosting tourism in Islamorada.

3. Indicate whether you have previously competed for Village funds: ☐ Yes ☒ No

4. If yes to (3), please provide the amount received, original purpose of the funding, and what you accomplished with the funding.

5. Current funding request: **18,250**

6. If awarded, what will you accomplish with the current funding request?

HDM will be celebrating our 20th anniversary in 2025. We continue to evolve and improve over time, and voted #1 as a Cultural Experience by Sport Diving Magazine. Last year over 22,000 people came through the exhibits. That said, only 6.4% were from Monroe County, which included even fewer from Islamorada. While it is rare to meet anyone who does not recommend HDM, it is disturbing the number of local residents who have not been to the facility. Often referred to as a hidden gem in plain sight, this treasure wants to be found! If awarded funds, HDM would expand opportunities and cultural events for those living in Islamorada allowing them free admission to participate thus boosting their local knowledge. We will offer expanded activities tied to learning about the Keys, which will foster pride in our rich history and stewardship of our area and environment. For example, local treasure diver, Art McKee, helped salvage the HMS Looe during a project for the Smithsonian in the 1930s. Some of those artifacts are currently on loan and are included to enhance programming. Building on previous events, HDM will schedule unique guided tours and prepare activity guides for: Love Our Locals/Valentine's Day, Mother's Day, Father's Day, and Veterans Day. During Blue Star we will schedule monthly guided tours (May-Sept). We anticipate these special events will mostly serve the adult population (84%) in Islamorada with a median age of 55.6 and includes 9% veterans, and have some family units attend. To engage younger/school students we will host Treasure Treats and Merry Divemass again with new programming, costume contest, pictures with Santa, and activities that have a local history connection. We will take "Museum In Motion" to CSHS, PKS and TVM and offer 2 field trips to each school elementary school geared to different age groups and 3 to CSHS targeted to school subjects (Art, History, Science). Students will receive a family pass so they can return to the Museum and share what they learned with their families.

HDM project funding: press releases, marketing and advertising (34 x 2 hrs @ \$25=\$1,700), event staff 34 x 4 hrs x 2 staff=\$6,800), provide family passes to anticipated 340 students (2 adults @ \$12, 2 kids @ \$6 = \$3,230) cover additional free Islamorada residents if more participate than budgeted. HDM will continue to track attendees by location and if awarded funds, will record Islamorada attendees out of the in-county category as well.

7. Please attach a list of all Owners/Directors/Principals/Board Members.

8. Complete the table below and attach a copy of your approved budget:

Description	Existing Project Funding	Amount Requested
Salaries Requested: staff time to develop unique programming, give guided tours, 34 events x 7.5 hrs @ \$25	\$8,500	\$6,400
Operating Expenses (i.e., phones rent) Requested: activity guides, handouts, activity supplies (840 @ \$4.61pp avg)	\$0	\$3,870
Non-Operating Expenses (i.e., consultants, etc.) Requested: 840 tickets (415 adults @ \$12/locals rate; 415 students @ \$6/group rate)	\$3,230	\$7,980
Total	\$11,730	\$18,250

Attachments (Please check off all that apply):

- ☒ IRS exemption letter dated within the previous two years.
- ☒ Most recent tax returns.
- ☒ List of all Owners/Directors/Principals/Board Members.
- ☒ If applicable, Solicitation License from the Florida Department of Consumer Affairs.

☐ Other (please specify):

ATTESTATION

I hereby certify that I have read and understand the charitable donation request guidelines and that the information provided is true and correct. I understand that the approval and denial of all charitable donation requests is in the sole decision of the Village and that is the request is approved a charitable grant agreement is required to the distribution of any funds.

Lisa Mongelia, Executive Director

Printed name -- Organization's Authorized Representative



Signature -- Organization's Authorized Representative

Date: May 31, 2024

Completed applications should be sent via email to finance@islamorada.fl.us, or by delivering a hard copy to:

Islamorada, Village of Islands
ATTN: Finance Department
86800 Overseas Highway
Islamorada, FL 33036

2024 Isla Charitable Giving		#	Est #	Amount	Staff	Expense		
IY Free Series	Monthly	12	240	\$ 96	\$ 300	\$ 170	12 hrs mark	Promote to locals, misc printing, flyers
Love Our Locals	February	3	100	\$ 1,200	\$ 1,250	\$ 500	35 hrs dev, 3 hrs mark, 4 hrs x3 event	Free admission, guided tours
Mother's Day	May	2	25	\$ 300	\$ 750	\$ 125	15 hrs dev, 3 hrs mark, 4 hrs x2 event	Free admission, guided tours
Father's Day	June	2	25	\$ 300	\$ 750	\$ 125	15 hrs dev, 3 hrs mark, 4 hrs x2 event	Free admission, guided tours
Treasure Treats	October	1	100	\$ 750	\$ 575	\$ 500	15 hrs dev, 3 hrs mark, 4 hrs x1 event	Free admission, activities, costume contest (25 adults, 75 kids)
Merry Divemass	December	1	50	\$ 540	\$ 850	\$ 250	16 hrs dev, 3 hrs mark, 4 hrs x1 event	Free admission, activities, Scuba Santa pictures
CSHS Outreach	Field Trip 3x30	3	90	\$ 990	\$ 525	\$ 450	6 hrs rev prog, 3 hrs coord, 4 hrs x3 tour	Free admission, guided tours, presenation, activities, family pass
PKS Outreach	Field Trip 2x75	2	150	\$ 900	\$ 425	\$ 750	6 hrs rev prog, 3 hrs coord, 4 hrs x2 tour	Free admission, guided tours, presenation, activities, family pass
TVM Outreach	Field Trip 2x50	2	100	\$ 600	\$ 425	\$ 500	6 hrs rev prog, 3 hrs coord, 4 hrs x2 tour	Free admission, guided tours, presenation, activities, family pass
Blue Star - Coast Guard (107 days)	May-Labor	4	50	\$ 600	\$ 425	\$ 250	5 hrs mark, 3 hrs x 4 events	Free adm/+5 family, guided tours Jun, July, Aug, Sept
Veterans Day Wkend	November	2	150	\$ 1,800	\$ 425	\$ 250	5 hrs mark, 3 hrs x 4 events	Free admission, guided tours Jun, July, Aug, Sept

Opportunities 34 840 \$ 7,980 \$ 6,400 \$ 3,870 \$ 18,250

425 kids 256 \$ 4.61 PP exp

415 adults

7.5 Avg Hrs

Isla Population <20 = 1,136 / students 16%

Isla homes 5,038
Single Family 3,662

Population 7,044

Veterans 9% 634

Family pass/2 Adults & 2 Kids: 1,360 (340x4 - 170@\$12, 170@\$6 =\$3,230

Event staffing 34 x 4hrs x 2 staff @ \$25 hr = \$6,800

Staff marketing: 34 x 2 hrs @ \$25 = \$1,700

HDM Total: \$ 11,730

FY 22-23 Total tickets 22,085
6.4% In-county 1,423

History, Science, Art, Military
Learn local cultural heritage: San Pedro, HMS Looe, Art McKee

School Year

2023-2024

Active students only

Schools

1

Students

571



Student Demographics Dashboard

School Year

2023-2024

▼

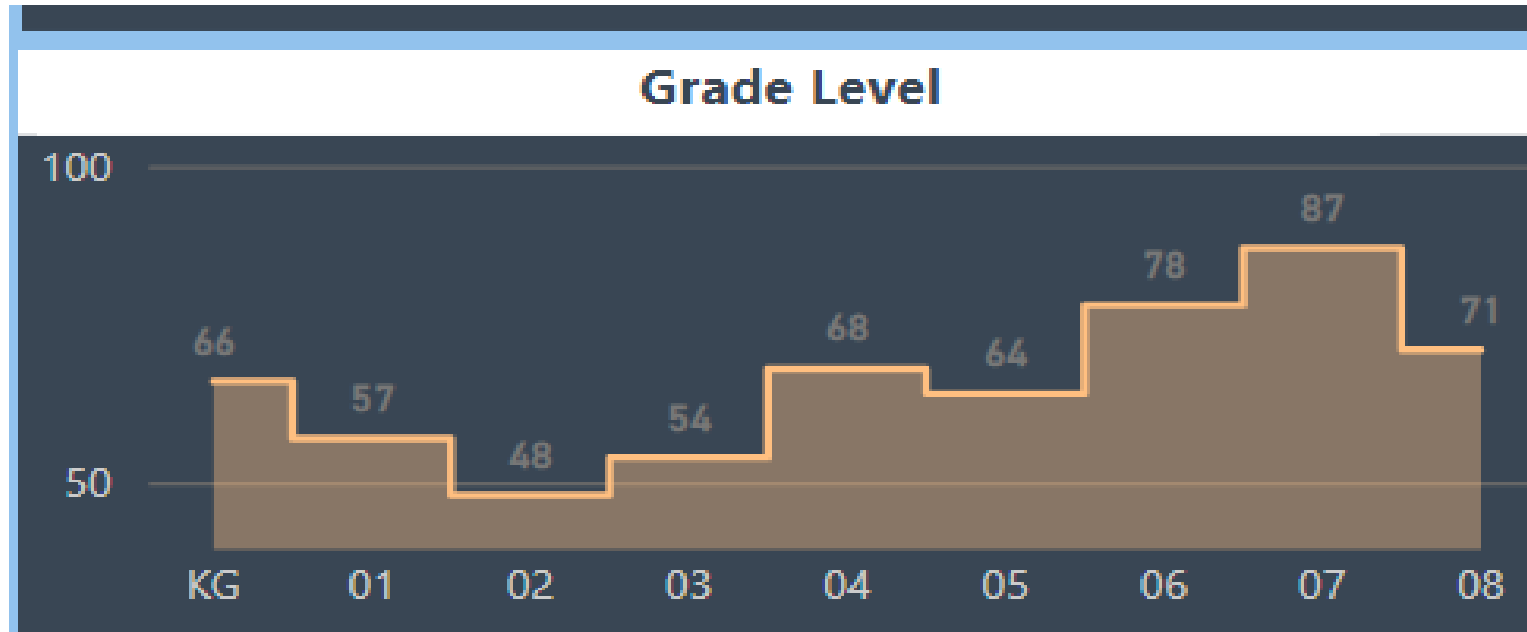
☐ Active students only

Schools

1

Students

592



Free or Reduced Lunch

36%

64%

D • Direct Cer...

124

F • Eligible for...

65

3 • Eligible for...

20

Gender

M 50%

F 50%

Hispanic/Latino

35%

65%

Race

WHT • White

555

2+ • Multi-r...

24

AFA • Black ...

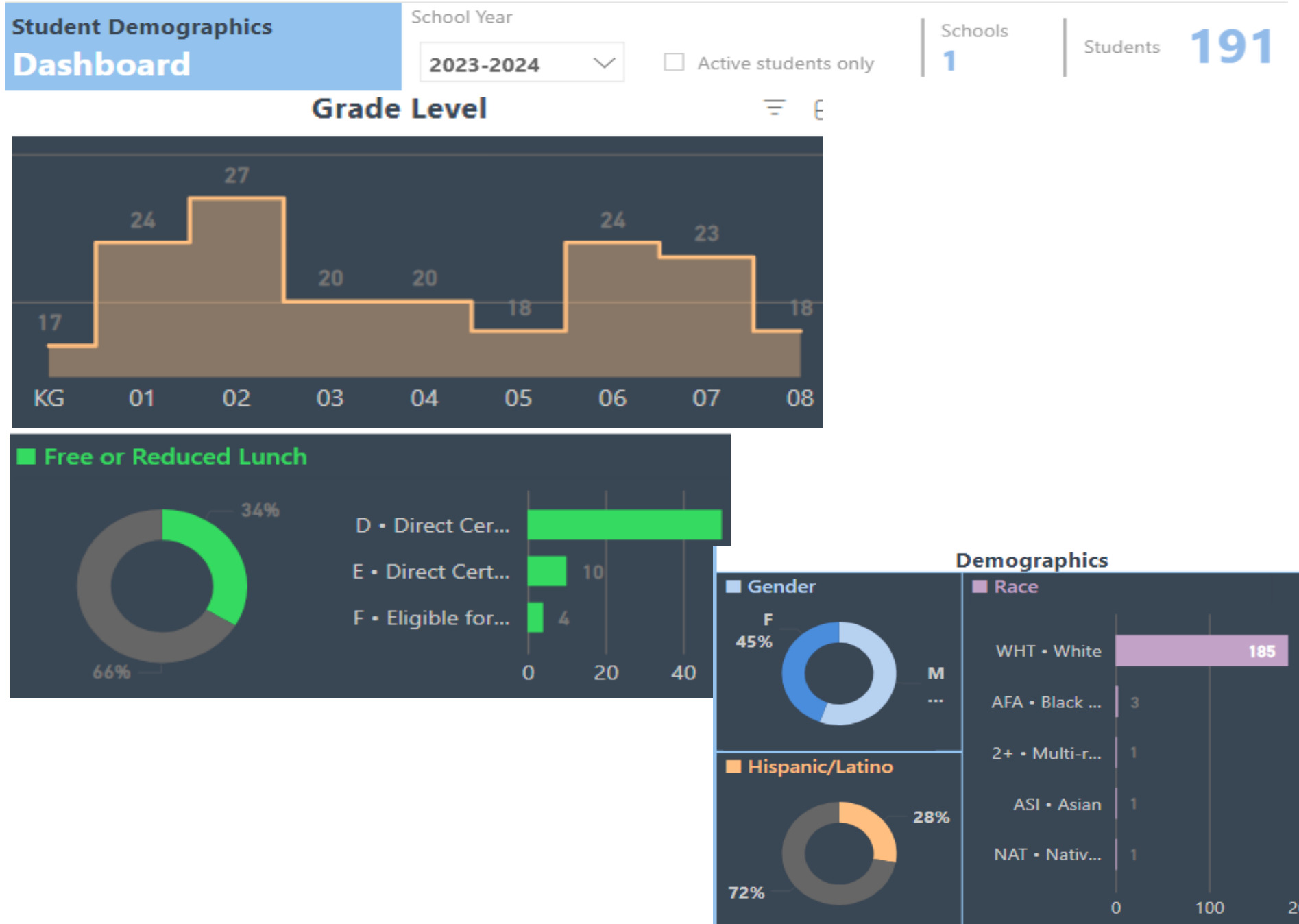
9

AMI • Ameri...

2

ASI • Asian

2



Islamorada, Village of Islands, FL

Place in: [Monroe County, FL](#), [Key West, FL Micro Area](#), [Florida](#), [United States](#)

7,044

Population

6.4 square miles

1,092.2 people per square mile

Census data: ACS 2022 5-year unless noted

Age

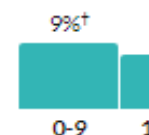
55.6

Median age

about 20 percent higher than the figure in the Key West, FL Micro Area: 48.3

about 1.3 times the figure in Florida: 42.4

Population 1



Population by age range (Table B01001) [View table](#)

Column	Islamorada, Village of Islands		
0-9	8.8% [†]	±2.1%	619
10-19	7.3% [†]	±2.4%	517
20-29	7.2% [†]	±2.3%	509
30-39	8.1% [†]	±2.2%	571
40-49	7.2% [†]	±2%	510
50-59	21.6% [†]	±4.2%	1,522
60-69	20% [†]	±3.6%	1,409
70-79	15.4% [†]	±3.9%	1,083
80+	4.3% [†]	±1.5%	304

Veteran status

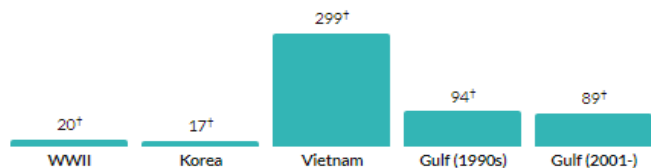
9%

Population with veteran status

a little higher than the rate in the Key West, FL Micro Area: 8.6%

about 10 percent higher than the rate in Florida: 7.9%

Veterans by wartime service



* Civilian veterans who served during wartime only

[Show data](#) / [Embed](#)

539 Total veterans

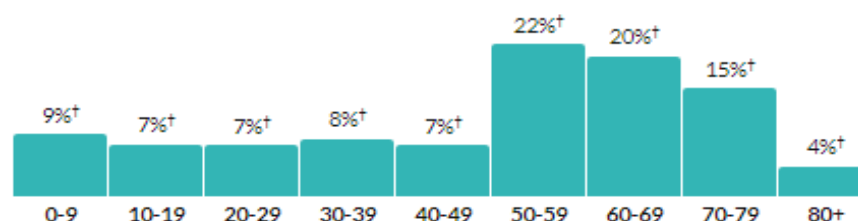
462 Male

77 Female

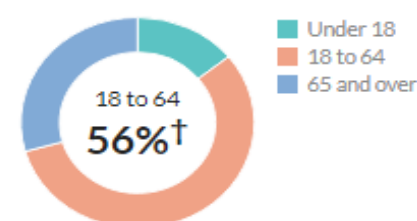
By the Numbers

- » 18 miles long
- » ½ mile wide
- » 11,748 total acres (land and water)
- » 51 miles of public roadway
- » 34 miles of paved bike lanes
- » 105 acres of parks
- » 65.3 acres of protected habitat
- » 102.9 miles of water lines
- » 91 miles of wastewater lines
- » 5,038 total homes (3,662 single family, 150 multi-family)

Population by age range



Population by age category



Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022**Open to Public
Inspection****A** For the **2022** calendar year, or tax year beginning **10/01/2022** and ending **09/30/2023****B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization**FLORIDA KEYS HISTORY OF DIVING MUSEUM, INC.**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

82990 OVERSEAS HIGHWAY

City or town, state or province, country, and ZIP or foreign postal code

ISLAMORADA, FL 33036**F** Name and address of principal officer:**DR. SALLY E. BAUER****82990 OVERSEAS HIGHWAY, ISLAMORADA, FL 33036****D** Employer identification number**65-1037158****E** Telephone number**(305) 664-9737****G** Gross receipts \$ **1,068,640.****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.DIVINGMUSEUM.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **2000** **M** State of legal domicile: **FL****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>THE MUSEUM IS DEDICATED TO THE PRESERVATION, EDUCATION, AND EXHIBITION OF THE WORLDWIDE STORY OF THE QUEST TO EXPLORE UNDER THE SEA.</u>	
	2	Check this box ☐ 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)	10
	4	Number of independent voting members of the governing body (Part VI, line 1b)	10
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	9
	6	Total number of volunteers (estimate if necessary)	65
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	
7b	Net unrelated business taxable income from Form 990-T, line 34		
Revenue	8	Contributions and grants (Part VIII, line 1h)	280,064.
	9	Program service revenue (Part VIII, line 2g)	287,450.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	184,471.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	59,712.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	811,697.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	NONE
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	247,444.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	NONE
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ NONE	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	156,596.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	404,040.
19		Revenue less expenses. Subtract line 18 from line 12	407,657.
Net Assets or Fund Balances		20	Total assets (Part X, line 16)
	21	Total liabilities (Part X, line 26)	522.
	22	Net assets or fund balances. Subtract line 21 from line 20	4,314,975.

Part II 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 _____ Date _____

▶ Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name **MARY EILEEN VITALE, CPA** Preparer's signature _____ Date _____ Check ☐ if self-employed PTIN **P00069066**

Firm's name ▶ **HW&CO** Firm's EIN ▶ **34-1663157**

Firm's address ▶ **28601 CHAGRIN BLVD. #210 CLEVELAND, OH 44122** Phone no. **216-831-1200**

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

SEE SCHEDULE O

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? ☐ Yes ☒ No
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 \$ 249,943. including grants of \$) (Revenue \$ 329,278.)

MUSEUM EXHIBITS - WELCOMED 21,887 VISITORS FROM 76 COUNTRIES AND ALL 50 STATES TO EXPERIENCE MUSEUM EXHIBITS SHOWCASING MORE THAN 4,000 YEARS OF DIVING HISTORY, INCLUDING INTERACTIVE AND HANDS-ON EXHIBITS, AUDIO/VISUAL PRESENTATIONS, A SALT WATER AQUARIUM, THE WORLD'S LARGEST DISPLAY OF DIVING EQUIPMENT, AND SHIPWRECK TREASURE WITH A SPECIAL TRIBUTE TO THE UNIQUE CONTRIBUTIONS SOUTH FLORIDA MADE TO DIVING HISTORY. THE DIVING HISTORY RESEARCH LIBRARY, OPENED IN FEBRUARY 2012, IS USED AS A COMPLIMENTARY MEETING ROOM VENUE FOR NONPROFIT ORGANIZATIONS WITH SIMILAR MISSIONS.

4b (Code:) (Expenses \$ 129,471. including grants of \$) (Revenue \$)

EDUCATION - PROVIDED MONTHLY LECTURES AND SPECIAL EVENTS BY AUTHORITIES ON SUBJECTS RELATED TO MAN'S ATTEMPTS TO EXPLORE, UNDERSTAND AND VENTURE UNDER THE SEA. OVER 1,950 PEOPLE BENEFITED FROM THESE FREE PRESENTATIONS, IN-PERSON OR VIRTUALLY. PROVIDED EDUCATIONAL PROGRAMS FOR SEVERAL COMMUNITY AND DIVING-RELATED GROUPS AND FOR SCHOOL CHILDREN. SERVED AS AN INTERNATIONAL RESOURCE FOR INFORMATION ON DIVING HISTORY AND VINTAGE EQUIPMENT.

4c (Code:) (Expenses \$ 20,669. including grants of \$) (Revenue \$)

MUSEUM SERVICES - GAVE FREE ADMISSION TO ACTIVE MILITARY AND INJURED VETERANS' GROUPS YEAR ROUND. IN ADDITION THE MUSEUM PARTICIPATED IN THE BLUE STAR PROGRAM FROM ARMED FORCES DAY TO LABOR DAY TO PROVIDE FREE ADMISSION TO ACTIVE MILITARY AND THEIR FAMILIES BENEFITING CLOSE TO 500 INDIVIDUALS. ANOTHER 1,000 VETERANS BENEFITED BY RECEIVING A REDUCED ADMISSION PRICE.

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 400,083.

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)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	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? If "Yes," complete Schedule C, Part II	4	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? If "Yes," complete Schedule C, Part III	5	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? If "Yes," complete Schedule D, Part I	6	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? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 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? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10 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? If "Yes," complete Schedule D, Part VI	11a 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 16? If "Yes," complete Schedule D, Part VII	11b	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 16? If "Yes," complete Schedule D, Part VIII	11c	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 16? If "Yes," complete Schedule D, Part IX	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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)? If "Yes," complete Schedule D, Part X	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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? If "Yes," complete Schedule F, Parts I and IV	14b	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? If "Yes," complete Schedule F, Parts II and IV	15	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? If "Yes," complete Schedule F, Parts III and IV	16	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 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	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? If "Yes," complete Schedule G, Part II	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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? If "Yes," complete Schedule I, Parts I and II	21	X

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 Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 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? <i>If "Yes," complete Schedule J.</i>		X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding 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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 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 entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or 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? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
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.		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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 9		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
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)?	4a	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?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
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?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
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?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	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?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
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.		
a 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:		
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?	12a	
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?	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 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? If "No," provide an explanation on 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	X
If "Yes," see the instructions and file Form 4720, Schedule N.		
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?	17	
If "Yes," complete Form 6069.		

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	10
If there 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 on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent.	1b	10
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?	2	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?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	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?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	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 names and addresses on Schedule O.	9	X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b 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? . . .	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X
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	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	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?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	
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?	16a	X
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?	16b	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 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 apply.
☐ Own website ☐ Another's website ☒ 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
DR. SALLY E. BAUER 82990 OVERSEAS HIGHWAY ISLAMORADA, FL 33036
305-664-9737

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O 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 **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, 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 dotted 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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LISA MONGELIA EXECUTIVE DIRECTOR	40.00 NONE			X				81,830.	NONE	NONE
(2) KRISTIN MISSO DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(3) SALLY BAUER PRESIDENT	21.00 NONE	X		X				NONE	NONE	NONE
(4) BARB DRAVES DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(5) ROBERT W. MURRAY SECRETARY	2.40 NONE	X		X				NONE	NONE	NONE
(6) CHRISTOPHER DUTTON CHAIR	4.00 NONE	X		X				NONE	NONE	NONE
(7) JON HAZELBAKER DIRECTOR	5.76 NONE	X						NONE	NONE	NONE
(8) PATTI GROSS DIRECTOR	2.50 NONE	X						NONE	NONE	NONE
(9) MARY EILEEN VITALE TREASURER	5.00 NONE	X		X				NONE	NONE	NONE
(10) ERIK DENSON DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(11) MARK ALEXANDER DIRECTOR	1.80 NONE	X						NONE	NONE	NONE
(12)										
(13)										
(14)										

Part VIII Statement of RevenueCheck if Schedule O 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	1a	Federated campaigns	1a				
	b	Membership dues	1b	23,996.			
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e	67,251.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	171,939.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		263,186.			
	Program Service Revenue				Business Code		
2a		ADMISSION TICKETS		712110	265,486.	265,486.	
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f			265,486.		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			146,428.		146,428.
	4	Income from investment of tax-exempt bond proceeds .			NONE		
	5	Royalties			NONE		
			(i) Real	(ii) Personal			
	6a	Gross rents	6a				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c	NONE	NONE		
	d	Net rental income or (loss)			NONE		
	7a	Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other		
				234,587.			
	b	Less: cost or other basis and sales expenses . .	7b	228,137.			
	c	Gain or (loss)	7c	6,450.			
	d	Net gain or (loss)			6,450.		6,450.
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a	NONE			
	b	Less: direct expenses	8b	NONE			
	c	Net income or (loss) from fundraising events			NONE		
	9a	Gross income from gaming activities. See Part IV, line 19	9a	NONE			
b	Less: direct expenses	9b	NONE				
c	Net income or (loss) from gaming activities			NONE			
10a	Gross sales of inventory, less returns and allowances	10a	116,498.				
b	Less: cost of goods sold	10b	95,161.				
c	Net income or (loss) from sales of inventory			63,577.	63,577.		
Miscellaneous Revenue				Business Code			
	11a	MISCELLANEOUS REVENUE		900099	215.	215.	
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d			215.		
12	Total revenue. See instructions				745,342.	329,278.	152,878.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) 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 ☐**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	NONE			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	NONE			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	93,136.	83,822.	9,314.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	173,794.	173,794.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	NONE			
9 Other employee benefits	223.	223.		
10 Payroll taxes	20,401.	18,361.	2,040.	
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	NONE			
c Accounting	NONE			
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	17,940.		17,940.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	2,846.		2,846.	
12 Advertising and promotion	36,070.	36,070.		
13 Office expenses	24,693.	9,478.	15,215.	
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	NONE			
17 Travel	NONE			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	813.	813.		
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	12,029.	12,029.		
23 Insurance	2,728.	2,728.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a EXHIBIT SUPPLIES	37,740.	37,740.		
b EDUCATIONAL EXPENSES	12,320.	12,320.		
c EXHIBIT LABOR	5,100.	5,100.		
d REPAIRS AND MAINTENANCE	3,678.	3,678.		
e All other expenses	3,927.	3,927.		
25 Total functional expenses. Add lines 1 through 24e	447,438.	400,083.	47,355.	NONE
26 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)				

Part X Balance SheetCheck 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	57,858.	1	81,485.
	2 Savings and temporary cash investments.	531,396.	2	270,288.
	3 Pledges and grants receivable, net	31,621.	3	40,173.
	4 Accounts receivable, net	2,121.	4	585.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	5	NONE
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE	6	NONE
	7 Notes and loans receivable, net	NONE	7	NONE
	8 Inventories for sale or use	42,239.	8	39,361.
	9 Prepaid expenses and deferred charges	NONE	9	NONE
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 959,139.		
	b Less: accumulated depreciation.	10b 676,069.		
	11 Investments - publicly traded securities.	295,099.	10c	283,070.
	12 Investments - other securities. See Part IV, line 11.	3,154,083.	11	3,705,342.
	13 Investments - program-related. See Part IV, line 11.	NONE	12	NONE
	14 Intangible assets	NONE	13	NONE
	15 Other assets. See Part IV, line 11	NONE	14	NONE
16 Total assets. Add lines 1 through 15 (must equal line 33)	201,080.	15	201,080.	
	4,315,497.	16	4,621,384.	
Liabilities	17 Accounts payable and accrued expenses.	522.	17	8,505.
	18 Grants payable	NONE	18	NONE
	19 Deferred revenue	NONE	19	NONE
	20 Tax-exempt bond liabilities	NONE	20	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
	24 Unsecured notes and loans payable to unrelated third parties.	NONE	24	NONE
	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	NONE	25	NONE
	26 Total liabilities. Add lines 17 through 25.	522.	26	8,505.
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. ☒		
27 Net assets without donor restrictions		1,141,129.	27	896,798.
28 Net assets with donor restrictions.		3,173,846.	28	3,716,081.
Organizations that do not follow FASB ASC 958, check here 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		4,314,975.	32	4,612,879.
33 Total liabilities and net assets/fund balances.		4,315,497.	33	4,621,384.

Form **990** (2022)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	745,342.
2	Total expenses (must equal Part IX, column (A), line 25)	2	447,438.
3	Revenue less expenses. Subtract line 2 from line 1	3	297,904.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,314,975.
5	Net unrealized gains (losses) on investments	5	
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,612,879.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ 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?
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:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
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:
☐ Separate basis ☐ Consolidated basis ☐ 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?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- 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 . . .

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

Form **990** (2022)

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 KEYS HISTORY OF DIVING MUSEUM, INC.

Employer identification number

65-1037158

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990) 2022

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

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 "unusual grants.")	211,139.	159,881.	196,917.	248,444.	263,186.	1,079,567.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3 The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4 Total. Add lines 1 through 3.	211,139.	159,881.	196,917.	248,444.	263,186.	1,079,567.
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).						250,828.
6 Public support. Subtract line 5 from line 4						828,739.

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	211,139.	159,881.	196,917.	248,444.	263,186.	1,079,567.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	64,563.	58,743.	49,768.	69,362.	146,428.	388,864.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	665.	123.	197.	225.	215.	1,425.
11 Total support. Add lines 7 through 10						1,469,856.
12 Gross receipts from related activities, etc. (see instructions)					12	1,097,614.
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	56.38 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	57.96 %
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		☐

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

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

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 "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 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

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . ☐

b 33 1/3% support tests - 2021. 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 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

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

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990) 2022

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
c	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			

Schedule A (Form 990) 2022

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

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2018	2019	2020	2021	2022	TOTAL
MISCELLANEOUS INCOME	665.	123.	197.	225.	215.	1,425.
TOTALS	665.	123.	197.	225.	215.	1,425.

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

Employer identification number

FLORIDA KEYS HISTORY OF DIVING MUSEUM, INC.

65-1037158

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

FLORIDA KEYS HISTORY OF DIVING MUSEUM, INC.

Employer identification number

65-1037158

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 47,870.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2	N/A 82990 OVERSEAS HIGHWAY	\$ 75,107.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3	N/A	\$ 30,050.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4	N/A	\$ 11,381.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5	N/A	\$ 6,843.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6	N/A	\$ 6,500.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

FLORIDA KEYS HISTORY OF DIVING MUSEUM, INC.

Employer identification number

65-1037158

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 	 	\$ 	
 	 	\$ 	
 	 	\$ 	
 	 	\$ 	
 	 	\$ 	
 	 	\$ 	
 	 	\$ 	

Name of organization

FLORIDA KEYS HISTORY OF DIVING MUSEUM, INC.

Employer identification number

65-1037158

Part III **Exclusively** religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

FLORIDA KEYS HISTORY OF DIVING MUSEUM, INC.

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 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

Employer identification number

65-1037158

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 6.

	(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?		☐ Yes ☐ 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 benefit?		☐ Yes ☐ 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).

☐ Preservation of land for public use (for example, recreation or education)	☐ Preservation of a historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ 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.

	Held at 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, 2006, 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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1. \$ _____

b Assets included in Form 990, Part X. \$ _____

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

Schedule D (Form 990) 2022

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 EDUCATION

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 9, 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	3,136,535.	2,934,898.	2,749,929.	2,629,410.	2,474,468.
b Contributions					
c Net investment earnings, gains, and losses	194,066.	220,087.	199,730.	135,376.	169,388.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	17,588.	18,450.	14,761.	14,857.	14,446.
g End of year balance	3,313,013.	3,136,535.	2,934,898.	2,749,929.	2,629,410.

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 100.0000 %

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:

(i) Unrelated organizations **3a(i)** ☐ Yes ☒ No

(ii) Related organizations **3a(ii)** ☐ Yes ☒ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? **3b** ☐ 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		804,400.	557,498.	246,902.
c Leasehold improvements		65,466.	29,298.	36,168.
d Equipment		46,939.	46,939.	NONE
e Other		42,334.	42,334.	NONE
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				283,070.

Schedule D (Form 990) 2022

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 (including name of security)	(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) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . .		

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. (Column (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	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
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	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

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	
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	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

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 1b 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.

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information *(continued)*

DESCRIPTION OF ORGANIZATION'S COLLECTION

THE ORGANIZATION'S COLLECTIONS CONSIST OF ARTIFACTS AND ANTIQUES THAT EXPLAIN THE EVOLUTION OF DIVING TECHNOLOGY AND PRESERVES DIVING HISTORY. THE COLLECTION IS ESSENTIAL IN EDUCATING VISITORS ON THE DEVELOPMENT OF TECHNOLOGY TO EXPLORE UNDER THE SEA.

INTENDED USES OF ENDOWMENT FUNDS

THE ORGANIZATION INTENDS TO USE THE INCOME FROM THE ENDOWMENT TO MEET THE OBJECTIVES OF ITS EXEMPT PURPOSE WHILE PRESERVING THE PRINCIPAL PORTION OF THE ENDOWMENT FOR FURTHER DEVELOPMENT AND EXPANSION OF THE MUSEUM.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

PAGE 6, PART VI, SECTION A, #2

BARBARA DRAVES AND SALLY BAUER - BUSINESS RELATIONSHIP

KRISTIN MISSO AND SALLY BAUER - FAMILY RELATIONSHIP

PAGE 6, PART VI, SECTION B, #11B

A COPY OF THE FORM 990 IS PROVIDED TO GOVERNING BOARD MEMBERS. IT WAS
DISCUSSED AND APPROVED PRIOR TO FILING.

PAGE 6, PART VI, SECTION C, #19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.

PAGE 6, PART VI, SECTION B, #15A

THE GOVERNING MEMBERS OF THE BOARD REVIEW AND DOCUMENT, AT THE TIME THE
DECISION IS MADE, THE AMOUNT OF COMPENSATION PAID FOR THE DIRECTOR.

PAGE 6, PART VI, SECTION B, #12C

ALL OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE REQUIRED TO READ AND SIGN
THE WRITTEN CONFLICT OF INTEREST POLICY ANNUALLY.

Name of the organization

FLORIDA KEYS HISTORY OF DIVING MUSEUM, INC.

Employer identification number

65-1037158

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

=====

THE FLORIDA KEYS HISTORY OF DIVING MUSEUM IS DEDICATED TO COLLECTING, PRESERVING, DISPLAYING AND INTERPRETING ARTIFACTS, ANTIQUES, BOOKS, DOCUMENTS, PHOTOGRAPHS AND ORAL HISTORY RELATIVE TO THE HISTORY OF DIVING. WE TELL THE INTERNATIONAL STORY OF THE ATTEMPTS TO EXPLORE, UNDERSTAND AND VENTURE UNDER THE SEA. WE ALSO CELEBRATE THE SPECIAL ROLE THAT SOUTH FLORIDA AND THE FLORIDA KEYS PLAYED IN THIS UNTOLD STORY.

Name of the organization

FLORIDA KEYS HISTORY OF DIVING MUSEUM, INC.

Employer identification number

65-1037158

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

DESCRIPTION -----	ENDING BOOK VALUE -----	COST OR FMV -----
INVESTMENTS	3,705,342.	COST

TOTALS	3,705,342.	
	=====	



History of Diving Museum
The Quest to Explore Under the Sea

82990 Overseas Hwy – MM 83
Islamorada, FL 33036
Phone 305-664-9737

Director@DivingMuseum.org |
www.DivingMuseum.org

May 31, 2024

Islamorada Charitable Giving Attachement:

HISTORY OF DIVING MUSEUM BOARD OF DIRECTORS

Dr. Sally E. Bauer, President

Chris Dutton, Esq., Chair

Robert Murray, Esq., Corporate Secretary

Mary Eileen Vitale, CPA, CFP, AEP, Treasurer

Mark "Sharky" Alexander

Erik Denson

Barbara Draves

Patti Gross

Jon Hazelbaker

Kristin Misso, Esq.

Florida Department of Agriculture and Consumer Services
Division of Consumer Services



**WILTON SIMPSON
COMMISSIONER**

**CHARITABLE ORGANIZATIONS/SPONSORS REGISTRATION
APPLICATION**

**Solicitation of Contributions Act
Chapter 496, Florida Statutes
Rule 5J-7.004, Florida Administrative Code**

1-800-HELP-FLA (435-7352)
850-410-3800 *Calling Outside Florida*
<https://www.fdacs.gov/ConsumerServices> • 850-410-3804 *Fax*

*Make check or money
order payable and remit
application to:*

FDACS
P.O. Box 6700
Tallahassee, FL 32314-6700

All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

Application Information

License Number: CH32796

Business Information

Legal Name: FLORIDA KEYS HISTORY OF DIVING MUSEUM, INC
Business Phone: 305-664-9737
Business Fax: 305-664-9736
Business Address: 82990 OVERSEAS HWY
ISLAMORADA Florida 33036-3600
Mailing Address: 82990 OVERSEAS HWY
ISLAMORADA Florida 33036-3600
Email Address: director@divingmuseum.org
Website Address: www.divingmuseum.org
Fictitious Names** HISTORY OF DIVING MUSUEM

**All fictitious names must be registered with the Division of Corporations. If business is a corporation then 'Name' is the legal name of the business as listed with the Division of Corporations. You must list all names under which you intend to do business.

Organization Information

Form of Organization: Corporation
FEIN: 65-1037158
Established In: Florida **Legally Established:** 7/6/2000

Business Details

Month/Day fiscal year ends: 09/30

**Organization's Internal Revenue Service
Status:** 501(c)(3)

Purpose of the Organization:

The Museum is dedicated to the preservation, education and the history of "mans quest to explore under the sea", with emphasis on the contributions of South Florida and the Florida Keys.

Purpose for which the contributions are used:

Contributions are used to fund the short and long term operations and exhibits of the Museum along with educational outreach programs to accomplish our mission and purpose.

Major Program activities:

Educational Outreach, Programming, Exhibit Upkeep and Displays,
Community Events.

License History

Is this charitable organization/sponsor authorized by any other state to solicit contributions?[s. 496.405(2)(d)1, F.S.] No

Has the charitable organization/sponsor entered into an assurance of voluntary compliance(AVC) or agreement similiar to that set forth in s.496.420, F.S., in any jurisdiction?[s. 496.405(2)(d)4, F.S.] No

Has the charitable organization/sponsor or any of its officers, directors, trustees, or employees, regardless of adjudication, been convicted of, found guilty of, pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? [s. 496.405(2)(d)5, F.S.] No

Has the charitable organization/sponsor or any of its officers, directors, trustees,or employees, regardless of adjudication, been convicted of, found guilty of, pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, misappropriation of property, or any crime enumerated in this chapter or resulted from acts committed while involved in the solicitation of contributions within the last 10 years? [s. 496.405(2)(d)6, F.S.] No

Has the charitable organization/sponsor or any of its officers, directors, trustees, or principal salaried executive personnel been enjoined in any jurisdiction from soliciting contributions or been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from violating any law relating to a charitable solicitation? [s. 496.405(2)(d)7, F.S.] No

Has the charitable organization/sponsor had its registration or authority denied,suspended,or revoked by any governmental agency? [s. 496.405(2)(d)3, F.S.] No

Conflict of Interest

Have all directors, officers and trustees read and complied with the conflict of interest statement for the organization? Yes

Owner/Management Information

Name: SALLY E BAUER

Title: President

Phone: 305-664-2784
Address: 82990 Overseas Highway
Islamorada Florida 33036

Additional Information

1. Is this person exempt from Public Records? [s. 119.071(4), F.S.] **No**
2. Is this person compensated? **No**
3. Has this person, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? **No**
4. Has this person regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, misappropriation of property, or any crime enumerated in this chapter or resulting from acts committed while involved in the solicitation of contributions within the last 10 years? **No**
5. Has this person been enjoined from violating any law relating to a charitable solicitation? **No**

Name: BARBARA P DRAVES
Title: Director
Phone: 305-664-9737
Address: 82990 Overseas Highway
Islamorada Florida 33036

Additional Information

1. Is this person exempt from Public Records? [s. 119.071(4), F.S.] **No**
2. Is this person compensated? **No**
3. Has this person, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? **No**
4. Has this person regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, misappropriation of property, or any crime enumerated in this chapter or resulting from acts committed while involved in the solicitation of contributions within the last 10 years? **No**
5. Has this person been enjoined from violating any law relating to a charitable solicitation? **No**

Name: LISA J MONGELIA
Title: Custody of Records
Director
In Charge of Solicitation
Phone: 305-664-9737

Address: 82990 Overseas Highway
Islamorada Florida 33036

Additional Information

1. Is this person exempt from Public Records? [s. 119.071(4), F.S.] **No**
2. Is this person compensated? **No**
3. Has this person, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? **No**
4. Has this person regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, misappropriation of property, or any crime enumerated in this chapter or resulting from acts committed while involved in the solicitation of contributions within the last 10 years? **No**
5. Has this person been enjoined from violating any law relating to a charitable solicitation? **No**

Name: KRISTIN MISSO
Title: Director
Phone: 305-664-9737
Address: 82990 Overseas Highway
Islamorada Florida 33036

Additional Information

1. Is this person exempt from Public Records? [s. 119.071(4), F.S.] **No**
2. Is this person compensated? **No**
3. Has this person, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? **No**
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5. Has this person been enjoined from violating any law relating to a charitable solicitation? **No**

Name: JON HAZELBAKER
Title: Director
Phone: 305-664-9737
Address: 82990 Overseas Highway
Islamorada Florida 33036

Additional Information

1. Is this person exempt from Public Records? [s. 119.071(4), F.S.] **No**
2. Is this person compensated? **No**
3. Has this person, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? **No**
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5. Has this person been enjoined from violating any law relating to a charitable solicitation? **No**

Name: PATTI A GROSS
Title: Director
Phone: 305-664-9737
Address: 82990 Overseas Highway
Islamorada Florida 33036

Additional Information

1. Is this person exempt from Public Records? [s. 119.071(4), F.S.] **No**
2. Is this person compensated? **No**
3. Has this person, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? **No**
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5. Has this person been enjoined from violating any law relating to a charitable solicitation? **No**

Name: MARY EILEEN VITALE
Title: In Charge of Distribution
Treasurer
Phone: 305-664-9737
Address: 82990 Overseas Highway
Islamorada Florida 33036

Additional Information

1. Is this person exempt from Public Records? [s. 119.071(4), F.S.] **No**

2. | Is this person compensated? **No**
3. | Has this person, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? **No**
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5. | Has this person been enjoined from violating any law relating to a charitable solicitation? **No**

Name: CHRISTOPHER DUTTON
Officer
Title: Trustee
Vice President
Phone: 305-664-9737
Address: 82990 Overseas Highway
Islamorada Florida 33036

Additional Information

1. | Is this person exempt from Public Records? [s. 119.071(4), F.S.] **No**
2. | Is this person compensated? **No**
3. | Has this person, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? **No**
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5. | Has this person been enjoined from violating any law relating to a charitable solicitation? **No**

Name: ROBERT W MURRAY
Title: Secretary
Phone: 305-664-9737
Address: 82990 Overseas Highway
Islamorada Florida 33036

Additional Information

1. | Is this person exempt from Public Records? [s. 119.071(4), F.S.] **No**
2. | Is this person compensated? **No**

3. Has this person, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? **No**
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5. Has this person been enjoined from violating any law relating to a charitable solicitation? **No**

Name: ERIK DENSON
Title: Director
Phone: 305-664-9737
Address: 82990 Overseas Highway
Islamorada Florida 33036

Additional Information

1. Is this person exempt from Public Records? [s. 119.071(4), F.S.] **No**
2. Is this person compensated? **No**
3. Has this person, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? **No**
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5. Has this person been enjoined from violating any law relating to a charitable solicitation? **No**

Name: Mark Alexander
Title: Director
Phone: 305-664-9737
Address: 82990 Overseas Highway
Islamorada Florida 33036

Additional Information

1. Is this person exempt from Public Records? [s. 119.071(4), F.S.] **No**
2. Is this person compensated? **No**
3. Has this person, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? **No**

4. Has this person regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, misappropriation of property, or any crime enumerated in this chapter or resulting from acts committed while involved in the solicitation of contributions within the last 10 years? **No**
5. Has this person been enjoined from violating any law relating to a charitable solicitation? **No**

Branch offices, Chapters or Affiliates

Other Locations: Not Applicable

Professional Solicitors

Other Locations: Not Applicable

Fundraising Consultants

Other Locations: Not Applicable

Commercial Co-venturers

Other Locations: Not Applicable

Financial Statement

Fiscal year ending: 09/30/2022

Financial statement source: 990 w/all attached Schedules

Total Revenue: \$811,697

Total Expense: \$404,040

Program Service Expense: \$247,444

Management & General Expense: \$156,596

Fundraising Expense: \$0

Attached Documents

1. **Name:** 2022 990 Public Inspection HDM.pdf

Type: Financial Information

Desc: 2022 990 Public Inspection HDM

Supporting Documents(List of Sources and Amounts)

1. **Name:** Signed 2023 HDM COI certification letter.pdf

Type: Conflict of interest annual certification

Desc: 2023 HDM signed COI letter

Application Questionnaire

Did the charitable organization or sponsor receive \$50,000 or more in total revenue during the immediately preceding fiscal year? Yes

Are the fundraising activities of the charitable organization or sponsor carried on by any compensated volunteers, members, or officers ? No

Are any part of the assets or income of the organization or sponsor inured to the benefit of or paid to any officer or member? No

Does the charitable organization or sponsor utilize a professional fundraising consultant, professional solicitor, or commercial co-venture? No

Registration application Type

Registration Application Type: Charitable
Contributions received in the immediately preceding fiscal year: \$280,064
Registration Fee: \$200

Preparer Information

First Name: Lisa
Last Name: Mongelia
Company Name: History of Diving Museum
Title: Executive Director
Phone Number: 305-664-9737
Email Address: director@divingmuseum.org

Signature Information

* ☒ I declare under penalty of perjury that all of the information provided in this application and in any exhibits attached hereto, is true and correct.

and further state as follows:

* ☒ The information furnished in this application and all supplemental forms, reports, documents and attachments are true and correct to the best of my knowledge. [s. 496.405(2) F.S.]

Signature Name: Lisa Mongelia
Signature Date: 7/12/2023

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date:

OCT 18 2000

THE FLORIDA KEYS HISTORY AND DIVING
MUSEUM INCORPORATED
75995 OVERSEAS HWY
ISLAMORADA, FL 33036-4019

Employer Identification Number:
65-1037158
DLN:
17053265016000
Contact Person:
JEFFREY D SPROUL ID# 31182
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
September 30
Foundation Status Classification:
509(a)(2)
Advance Ruling Period Begins:
July 6, 2000
Advance Ruling Period Ends:
September 30, 2004
Addendum Applies:
No

Dear Applicant:

Based on information you supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably expect to be a publicly supported organization described in section 509(a)(2).

Accordingly, during an advance ruling period you will be treated as a publicly supported organization, and not as a private foundation. This advance ruling period begins and ends on the dates shown above.

Within 90 days after the end of your advance ruling period, you must send us the information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, we will classify you as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, we will classify you as a private foundation for future periods. Also, if we classify you as a private foundation, we will treat you as a private foundation from your beginning date for purposes of section 507(d) and 4940.

Grantors and contributors may rely on our determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you send us the required information within the 90 days, grantors and contributors may continue to rely on the advance determination until we make

Letter 1045 (DO/CG)



Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 01/18

85-8012933988C-8	10/31/2023	10/31/2028	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

THE FLORIDA KEYS HISTORY OF DIVING
MUSEUM INC
82990 OVERSEAS HWY MM83
ISLAMORADA FL 33036-3600

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR-14
R. 01/18

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

HISTORY OF DIVING MUSEUM INVITES YOU TO HELP GROW CULTURAL ENGAGEMENT IN THE COMMUNITY



**Lisa Mongelia,
Executive Director**





About us:



Islamorada, MM 83

We've come a long way in 20 years and so have our residents.



David Gross
Photography

About us:



HDM Fiscal Year 2023 Overview:
Open 362 Days a year from 10AM-5PM
4 Full-time staff, 2 part-time staff

Thankful for 66 volunteers donating 2,304 Hours!

About us:

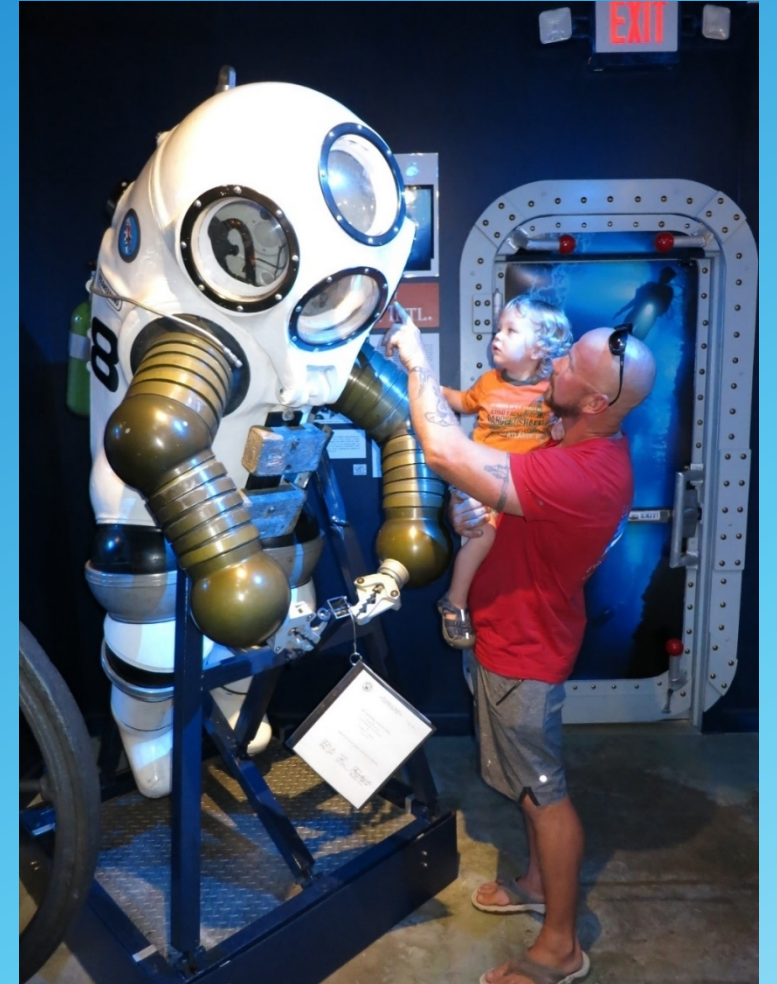


Interacted with
22,085 Visitors

93% Out-of-County
Visitors from all 50 states
Visitors from 76 countries

7% In-County

(if awarded ICG funding, we will track Islamorada as well)



About us:

Longstanding Community Collaboration History

Recent Examples Fiscal Year 2023:

Art Guild of the Purple Isles

Jerry Garcia Foundation

NASA

NOAA | FKNMS

NAUI Worldwide



About us:



Community Collaboration Fiscal Year 2024:

Art Guild of the Purple Isles

Jerry Garcia Foundation

Mission Iconic Reefs | Coral organizations

Crane Point Hammock (DIA 2023, HMS Looe)

Eco Discovery Center (DIA 2024)

Harbor Brach Oceanographic Institute

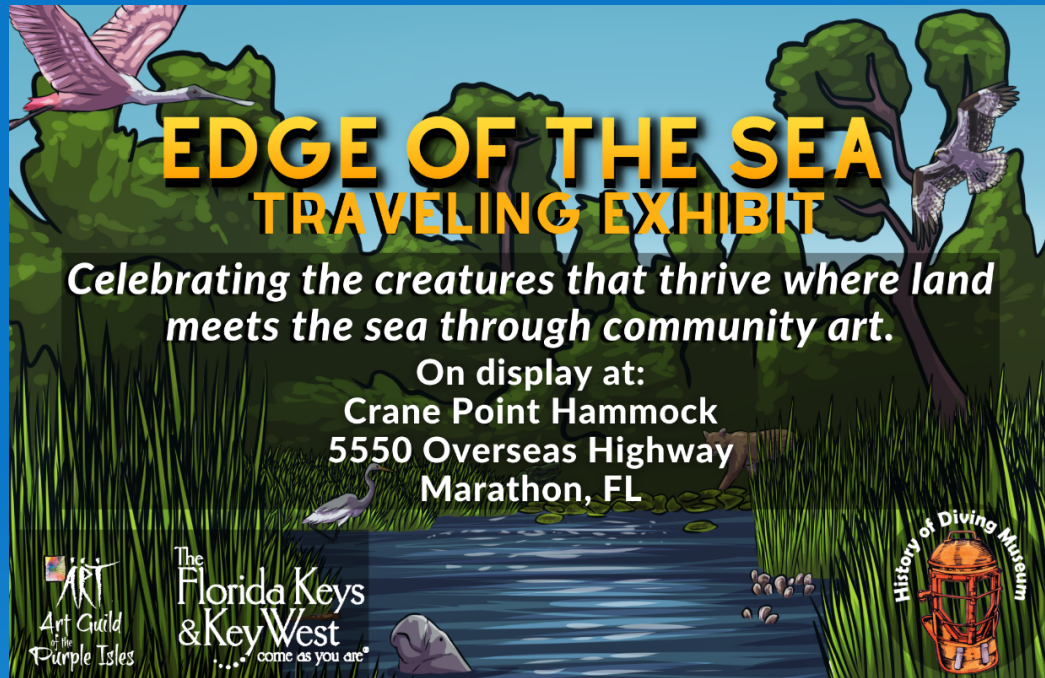
About us:



Community Programs to offer free admission:



2023 Dive Into Art Traveling Exhibit



Students from
Key Largo to
Key West create
art pieces for display!



\$2 off Adult Admission

Visit Dive Into Art: Edge of the Sea Traveling Exhibit

Open Daily:
Mon—Sat 9am-5pm
Sun 12pm-5pm

5550 Overseas Hwy.
Marathon, FL 33050
Cranepoint.net

CRANE POINT
Museum & Nature Center

History of Diving Museum



2024 Dive Into Art Traveling Exhibit



Students from
Key Largo to
Key West create
art pieces for
display!



About us:

Early Beginnings:

- Founded in 2000, by Drs. Joe & Sally Bauer, opened to the public in 2005
- HDM is a 501 (c)(3) nonprofit educational organization dedicated to *“the Quest to Explore Under the Sea”*
- World’s largest collection of diving artifacts displayed in over 14 exhibits including the South Florida connection to diving history



Our Mission:



The Florida Keys History of Diving Museum is dedicated to collecting, preserving, displaying and interpreting artifacts, antiques, books, documents, photographs and oral history relative to the History of Diving. We tell the international story of man's attempts to explore, understand and venture under the sea. We also celebrate the special role that south Florida and the Florida Keys played in this untold story.

Areas of Focus Within the Museum



- Timeline of Diving from early breath holding to modern day SCUBA with a focus on the South Florida connection to recreational diving and more with the Miller-Dunn Divinhood.



Areas of Focus Within the Museum

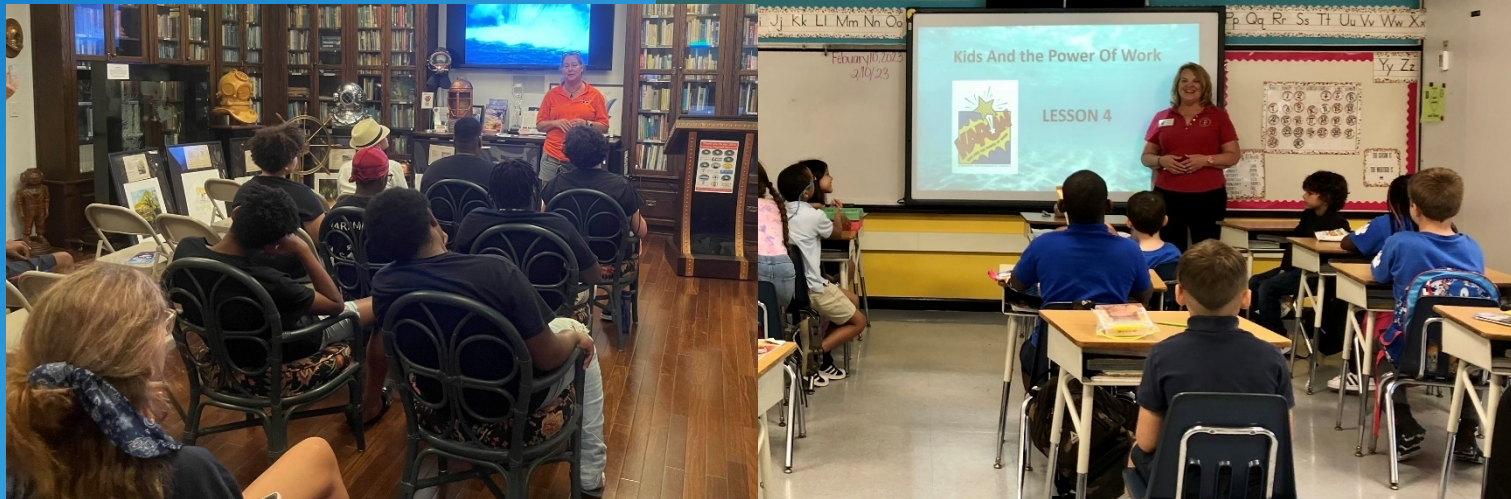


- William Beebe “father of marine biology” used the MDII helmet and Bathysphere.
- Local Art “Silver Bar” McKee, “father of modern treasure diving” used MDIII.



Successful outreach programs:

- Museum in Museum presentation in classrooms and on-site
- Dive Into Reading
- Dive Into Art





Immerse Yourself!

Free presentation on
the third Wednesday of
every month @7PM

ICG: Promote to locals,
special reserve seating

History of Diving Museum **IMMERSE YOURSELF**

2024
as of: 6/4/24

Free presentation series

January 17 IP

Iconic Reef Guardians
Madeline Chelnoky + JD Reinbott, NOAA

July 17 IP

Florida Keys Underwater Archaeology
Matthew Lawrence, NOAA

February 21 V

Empress of Ireland
David Saint-Pierre, Author

August 21 IP

Shark Research & Conservation Biology
Dr. Mikki McComb-Kobza

March 20 IP

Octopus Biology and Behavior
Dr. Chelsea Bennice, FAU

September 18 IP

Alligator Lighthouse Restoration
Lighthouse Larry & Capt. Rob Dixon

April 17 IP

Coral Restoration
Ian Combs, Mote Marine Lab

October 16 IP

USS Monitor Salvage Operation
Bobbie Scholley, Capt. (ret) US Navy

May 15 IP

Salvaging the Deep
Dr. Joseph Dituri, U.S. Navy (ret) CDR

November 20 IP

Pearl Harbor History
Capt. Syd & KT Budde-Jones, Authors

June 19 IP

Florida Sustainable Seafood
Sarah Curry, Filmmaker

December 18 IP

The Journey of the "Christ of the Deep"
Elena Muratori, Florida Park Services

IP = In-Person Presentation
V= Virtual Presentation

82990 Overseas Hwy. | Islamorada, FL
305-664-9737 | DivingMuseum.org



Summer Guided Tours Schedule

* Included with admission
ticket

Pilot program has been well
received. Tours are now
scheduled through December

ICG: Promote to locals,
Islamorada residents free



History of Diving Museum Summer Guided Tour Schedule

Sat, June 15th.. Father's Day Weekend

Sat, July 20th.....Women's Dive Day

Sat, Aug. 17th.....Bathysphere Day

Sun, Sept. 1st.....Labor Day Weekend



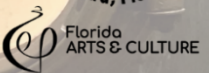
11 AM and 2 PM

Join us!

Tours are included in the price of your admission.

HDM Members and Blue Star Families free!

82990 Overseas Hwy (MM83), Islamorada, FL Keys



MONROE COUNTY TOURISM DEVELOPMENT COUNCIL

Examples of community events for residents that would benefit from ICG funding:



2022 & 2023



History of Diving Museum
Islamorada, Florida Keys

Treasure Treat Night

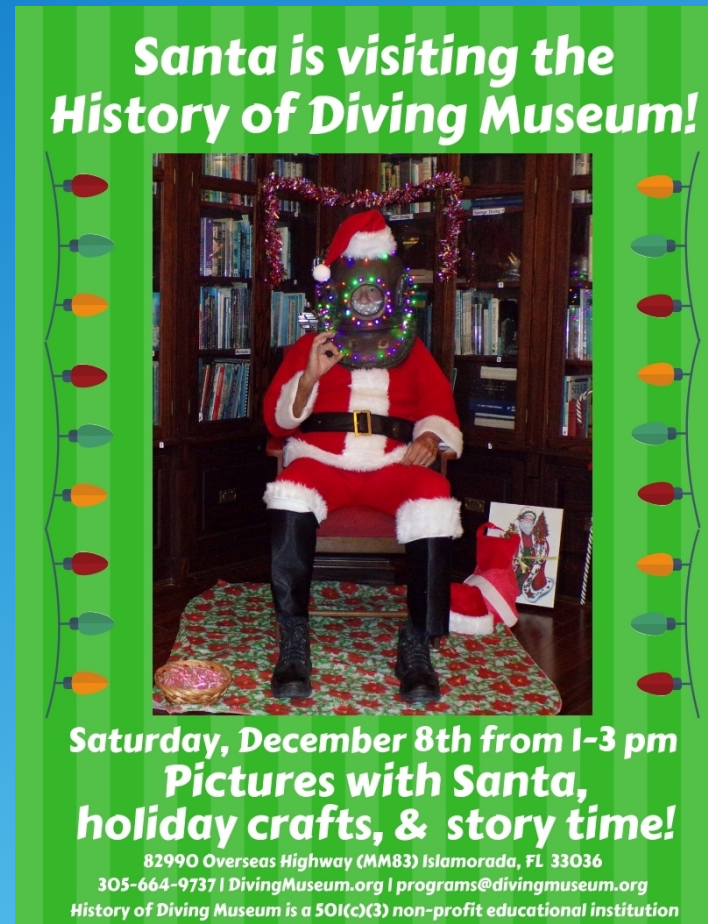
CANDY, COSTUME CONTEST, HAUNTED EXHIBITS AND MORE...

**THURSDAY
OCTOBER 27TH
5:30-7:30 PM**

AT THE HISTORY OF DIVING MUSEUM
82990 OVERSEAS HWY, ISLAMORADA, FL KEYS
WWW.DIVINGMUSEUM.ORG | (305) 664-9737

A group photo of people in costumes posing for a picture.

2018



**Santa is visiting the
History of Diving Museum!**

Saturday, December 8th from 1-3 pm
**Pictures with Santa,
holiday crafts, & story time!**

82990 Overseas Highway (MM83) Islamorada, FL 33036
305-664-9737 | DivingMuseum.org | programs@divingmuseum.org
History of Diving Museum is a 501(c)(3) non-profit educational institution

2023



History of Diving Museum
Islamorada, Florida Keys

**MERRY
Divemas**

AT THE HISTORY OF DIVING MUSEUM
**WEDNESDAY
DEC. 20TH
5:30-6:30 PM**

COOKIE-DECORATING, HOLIDAY CRAFTS,
FESTIVE SNACKS, SCUBA SANTA, AND MORE!
IMMERSE YOURSELF PRESENTATION AT 7

Examples of past events HDM has offered that can be revitalized and restructured to benefit residents with ICG funding:



2016

We LOVE our LOCALS!
FREE ADMISSION
FEB. 14

SURE WOULD
"TREASURE"
BEING YOUR
Valentine!

We are pleased to offer free admission to locals on Sunday, February 14 as a thank you to the community for supporting our nonprofit museum.

To receive free admission, local residents must present photo ID and proof of Monroe County residence.

History of Diving Museum | 82990 Overseas Hwy. MM83
305-664-9737 | www.DivingMuseum.org

A colorful poster for a Valentine's Day event. It features a cartoon diver holding a heart, a treasure chest, and a large red heart with the text "SURE WOULD 'TREASURE' BEING YOUR Valentine!". The event is titled "We LOVE our LOCALS! FREE ADMISSION FEB. 14".

2019

Members are our Lucky Charms!
On March 17th, visiting members can bring in one free guest per cardholder.

A poster for a St. Patrick's Day event. It features a cartoon leprechaun wearing a diving helmet and a green hat, surrounded by green shamrocks. The text reads "Members are our Lucky Charms! On March 17th, visiting members can bring in one free guest per cardholder."

2015 & 2017

Mother's Day Special
at the History of Diving Museum

Free admission and gift for moms on Mother's Day!

A poster for a Mother's Day Special event. It features a collage of eight small photos showing various people in diving gear. The text reads "Mother's Day Special at the History of Diving Museum" and "Free admission and gift for moms on Mother's Day!"

2019

Happy Father's Day!

Special Pioneering Fathers Guided tours at 11 am & 2 pm
Dads receive FREE admission all day at the Museum

A poster for a Father's Day event. It features a collage of four photos: a man in a suit, a man in a diving helmet, a man in a military uniform, and a man in a diving suit. The text reads "Happy Father's Day! Special Pioneering Fathers Guided tours at 11 am & 2 pm Dads receive FREE admission all day at the Museum"

Two Featured Exhibits Annually

2024 Dive Into Art includes AGPI and student work with participating schools from Key Largo to Key West



Dive Into Art:
Coral Creations
Jan-April 2024
Community art celebrating the reefs of the Florida Keys and the diverse creatures that live there.



EXHIBITS & MORE IN 2024
Visit the History of Diving Museum
82990 Overseas Hwy, Islamorada, FL Keys | www.divingmuseum.org
Open Daily 10AM-5PM | (305) 664-9737



Salvaging the Deep
May-December 2024
Learn about some of the world's deepest wrecks and how we got there.

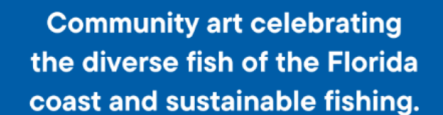
The Florida Keys & Key West
...come as you are®



Dive Into Art: Fintastic Fish of Florida Jan-April

HDM 20th Anniversary: Sharing Diving History and South Florida Connection May-December

Exhibits and Educational Outreach sponsorship opportunities available!



History of Diving Museum
DivingMuseum.org
305.664.9737

ICG Support for family passes to participating Dive Into Art students



- CSHS, PKS and TVM Estimated: 6 Teacher and 340 students to receive family passes and enable HDM to do “Museum in Motion programming at the schools.



ICG Support for Cultural outreach and Guided Tours:

- Blue Star Museum
- Coast Guard Islamorada
- Veterans Day / Weekend



To offer the level of programs we currently host, HDM seeks grants for educational outreach.

While we scored well on a \$90,000 application for Culture Builds Florida funding, the Governor vetoed the budget line item for this fiscal year.

HDM will be busy finding new grants and sources for the shortfall.

What can you do to help?



The History of Diving Museum respectfully requests \$18,250 to support programming and opportunities for cultural engagement for our residents.

For close to 20 years we have been serving locals as well as visitors throughout the island chain. With your support more students, families, military, veterans and individuals will have access to this hidden gem which will enable them to learn more about South Florida's unique connection to diving history.

Thank you for your consideration.





**Thank you for the opportunity to speak with you today.
We respectfully request funding to engage our residents
giving them opportunities for cultural engagement and
learning more about local history in the Keys.**

Questions?

Lisa Mongelia
305-664-9737
director@divingmuseum.org



Don't Drive By, Dive In!
Open 10-5 daily

History of
Diving
Museum

OPEN



Council Communication

To: Mayor and Village Council
From:
Date: August 23, 2024
SUBJECT: Surfrider Foundation

Background:
N/A

Analysis:
N/A

Budget Impact:
N/A

Staff Impact:
N/A

Recommendation:
N/A

Attachments:

1. FY2425 Charitable Grant Application Scorecard Surfrider Foundation
2. Surfrider Foundation Combined Application
3. Village of Islamorada Charitable Funding Presentation Surfrider



Islamorada, Village of Islands

Charitable Grant Applications – Fiscal Year 2024-2025

Organization: Surfrider Foundation Florida Keys

Amount Requested: \$10,000

Please rank the organization using the criteria below. Rank each category on a 1 to 10 scale. If you do not believe the organization should receive any funding, leave the rating boxes blank and write DNF (Do Not Fund) in the Total Score section.

Criteria	Rating (1-10)
The organization provides services that have been identified by the Village as fulfilling a needed service.	
The organization is able to provide the services cost efficiently and with a high quality of service.	
The organization is located within the boundaries of the Village or the organization's services are provided directly to, or benefit, Village residents.	
The organization has sought funding from the Village, Monroe County, or other governmental organizations in previous years and/or this current year.	
The organization has the administrative and financial stability to deliver services for which it is requesting funding from the Village.	

Total Score: _____

Resolution 23-02-13

Section 6. Limitation on use of Funds. Any funds granted to a non-profit organization shall not be used to pay salaries or administrative expenses/costs of the recipient without the express written consent of the Village.

This organization has indicated that they will be using **\$0** of the **\$10,000** funding request to pay salaries and/or administrative expenses/costs.

Given the above, do you give your consent to allow the organization to use grant funds for salaries and/or administrative costs/expenses?

- Yes
- No

Recommended Award Amount

Funding will be disbursed using the breakdown below:

Top 33% of applicants – funding request granted not to exceed \$10,000

Middle 33% of applicants – funding request granted not to exceed \$5,000

Bottom 33% of applicants – funding request granted not to exceed \$3,000



Islamorada Village of Islands

Charitable Donation Request Application

Organization Name:

Address:

City, State, Zip Code:

What year was this organization formed?

Qualified charitable organization? (If yes, provide IRS Exemption Letter): ☒ Yes ☐ No

Pursuant to Chapter 496, Florida Statutes, do you have a Solicitation License from the Florida Department of Consumer Affairs? ☐ Yes ☒ No

Federal Tax Identification Number:

Phone: Email:

Contact person: Phone:

Total agency annual operating budget:

Number of persons or businesses served in 2023:

Number of Islamorada residents or businesses served in 2023:

Please list all digital presence below:

Organization Website:

Instagram:

Facebook:

YouTube:

X (formerly Twitter):

Other:

1. Briefly describe your mission and how you measure success.

The Surfrider Foundation is dedicated to the protection and enjoyment of the world's ocean, waves, and beaches, for all people, through a powerful activist network. As the Florida Keys Chapter of the Surfrider Foundation, we measure our success in the Keys through our volunteer network and the impact our various programs have in our community to protect our local waters and coastline for future generations.

2. Describe the types of services your organization provides.

We host regular beach cleanups, test our waters for Enterococcus bacteria (fecal matter) at Anne's Beach, the Fills and Library Beach Park in Islamorada, we have an Ocean Friendly Restaurant program that certifies restaurants that are committed to reducing single use plastics in their operations, we have an Ocean Friendly Garden Program, a brand new Climate Action Program that focuses on restoration of our coastline and ocean to mitigate the impacts of climate change and lastly, we lead local and statewide campaigns to protect our ocean and coasts - such as the cigarette smoking ban we recently helped pass on Islamorada parks and beaches and protecting public beach access in Key Largo.

3. Indicate whether you have previously competed for Village funds: ☐ Yes ☒ No

4. If yes to (3), please provide the amount received, original purpose of the funding, and what you accomplished with the funding.

NA

5. Current funding request: **\$10,000**

6. If awarded, what will you accomplish with the current funding request?

We are a fully volunteer run, donation funded 501c3 with the bulk of our funds coming from merchandise sales, small individual donations, and grants. Our Chapter HQ is in Islamorada thus the majority of our programming serves the Islamorada community and coastline, with goals to greater expand our Chapter's impact Keys wide in the next year with new Key West board members recently brought onto the board.

This current funding request would allow us to continue and EXPAND testing our local waters in Islamorada through our Blue Water Task Force program, where each test we run costs about \$15 per sample plus consumables needed to upkeep the \$15,000 lab. This program operates to fill in the gaps where the Florida Healthy Beaches Program does not test, doing a service to our Islamorada community and visitors to ensure that it is safe to swim and recreate in the water without the fear of them or their loved ones getting sick. The results are publicly posted monthly online and Pete Frezza or Monroe County being notified if results come back red.

The funds would also go towards our annual operating expenses our chapter pays - such as the cost of our storage unit in Islamorada, cleanup supplies, buying supplies for our Chapter, and more (see attached budget for more details).

Lastly, we use Chapter funds to cover costs of our large events calendar to make as many events as possible FREE for the public to attend and participate - such as film nights with costs like panelists travel expenses, film licensing, food, drinks, and the AV/projector/projector screen equipment needed for such an event, costs associated with hosting regular cleanups, travel expenses for our board members to travel to Surfrider Foundation national trainings and events, and to cover expenses for our volunteer board members such as meals and fuel costs when traveling up and down the Keys for Surfrider events.

This requested money would greatly help our Chapter's budget and our ability to grow the number of events we host in the community, BWTF water quality testing sites, and community impact in the Village of Islamorada (and beyond).

7. Please attach a list of all Owners/Directors/Principals/Board Members.

8. Complete the table below and attach a copy of your approved budget:

Description	Existing Project Funding	Amount Requested
Salaries	0	0
Operating Expenses (i.e., phones rent)	\$7,500	\$7,500
Non-Operating Expenses (i.e., consultants, etc.)	\$12,500	\$2,500
Total	\$20,000	\$10,000

Attachments (Please check off all that apply):

- ☒ IRS exemption letter dated within the previous two years.
- ☐ Most recent tax returns.
- ☒ List of all Owners/Directors/Principals/Board Members.
- ☐ If applicable, Solicitation License from the Florida Department of Consumer Affairs.

☒ Other (please specify): **2024 Budget**

ATTESTATION

I hereby certify that I have read and understand the [charitable donation request guidelines](#) and that the information provided is true and correct. I understand that the approval and denial of all charitable donation requests is in the sole decision of the Village and that is the request is approved a charitable grant agreement is required to the distribution of any funds.

Whitney Wemett, Chair of Surfrider Foundation Florida Keys

Printed name -- Organization's Authorized Representative

Whitney J. Wemett

Signature -- Organization's Authorized Representative

Date: 5/31/2024

Completed applications should be sent via email to finance@islamorada.fl.us, or by delivering a hard copy to:

Islamorada, Village of Islands
ATTN: Finance Department
86800 Overseas Highway
Islamorada, FL 33036



Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 01/18

85-8017623502C-9	09/30/2023	09/30/2028	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

THE SURFRIDER FOUNDATION
FLORIDA KEYS
942 CALLE NEGOCIO STE 350
SAN CLEMENTE CA 92673-6232

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR-14
R. 01/18

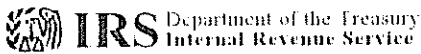
1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.



Surfrider Foundation Florida Keys Board Members

1. Chair of Board: Whitney Wemett (Islamorada)
2. Vice Chair: Michael Schilling (Islamorada)
3. Secretary: Katie Cleek (Islamorada)
4. Treasurer: (Vacant)
5. Blue Water Task Force Coordinator: Emily Becker (Islamorada)
6. Volunteer Coordinator: Carolyn Corley (Key Largo)
7. Upper Keys Cleanup Coordinator: Alyssa Panzer (Islamorada)
8. Lower Keys Cleanup Coordinator: Sydney Gallagher (Key West)
9. Ocean Friendly Gardens Coordinator: Nikkie Cox (Grassy Key)
10. Key West Coordinator: Hannah Cerniglia (Key West)
11. Events Chair: Kristin Anderson (Key Largo)
12. Member at Large: Shawn Martin (Key West)

*The Surfrider Foundation Florida Keys board is fully volunteer run.



Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248562351
May 15, 2008 LTR 4168C E0
95-3941826 000000 00 000
00016092
BODC: TE

SURFRIDER FOUNDATION
942 CALLE NEGOCIO STE 150
SAN CLEMENTE CA 92673



014928

Employer Identification Number: 95-3941826
Person to Contact: Mrs. Glisson
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of May 07, 2008, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in April 1990, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(03) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(2).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations I

Surfrider Florida Keys 2024 Annual Budget

Operating Expenses

PO Box - Islamorada	\$	170.00	
Storage Unit			
Islamorada Unit	\$	1,271.88	
Key West Unit	\$	1,529.04	
Cleanup Supplies	\$	300.00	
Pizza/Breakfast at Cleanups for Volunteers	\$	500.00	
Board member fuel for Surfrider events	\$	300.00	
Board member meal at Surfrider events	\$	400.00	
Blue Water Task Force	\$	3,000.00	\$ 7,470.92

(\$15 per sample plus consumables: trays, bacteria food, biohazard bags, distilled water, and cleaning supplies)

Merchandise

Known Supply - Tshirts	\$	3,000.00	
CUSTOMINK - Hats, tank tops	\$	3,000.00	
Board member shirts	\$	500.00	
Shipping merch cost	\$	200.00	\$ 6,700.00

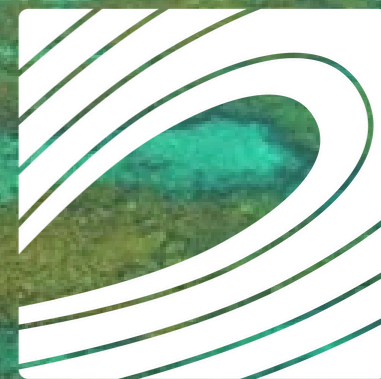
Conference + Travel Expenses

Surfrider 40th Anniversary Summit - California			
Registration x 3	\$	1,200.00	
Travel costs x 3	\$	2,000.00	
Tallahassee - Florida Healthy Beaches Day		\$1,000	
Climate Action Program Launch - Miami	\$	500.00	\$ 4,700.00

Events

Everglades Film Night - Islamorada	\$	600.00	
I.CARE Trash Derby - Islamorada	\$	150.00	
Women of the Watershed Film Night - Islamorada			
Clothing Swap - Islamorada			
Monthly Blue Drinks - Islamorada			\$ 750.00
			<u>\$ 19,620.92</u>

Village of Islamorada Charitable Funding Application 2024



SURFRIDER
FOUNDATION®

FLORIDA KEYS

Our Mission

The Surfrider Foundation is dedicated to the protection and enjoyment of the world's oceans, waves, and beaches, for all people, through a powerful activist network.



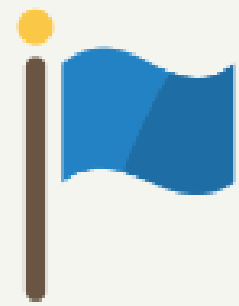
What do we do?

Coastal Cleanups

- Islamorada
 - 2024 - 1,703lbs, 5 cleanups
 - 2023 - 1,313lbs, 5 cleanups



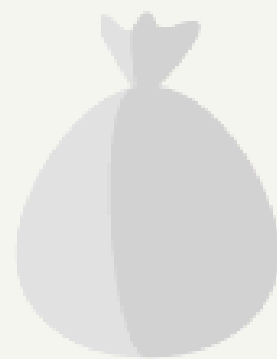
The following figures have been calculated based on **23 report forms**
filled for cleanups by **Florida Keys's chapter**.



23
Cleanups



507
Volunteers



17,658
Pounds

Data available at

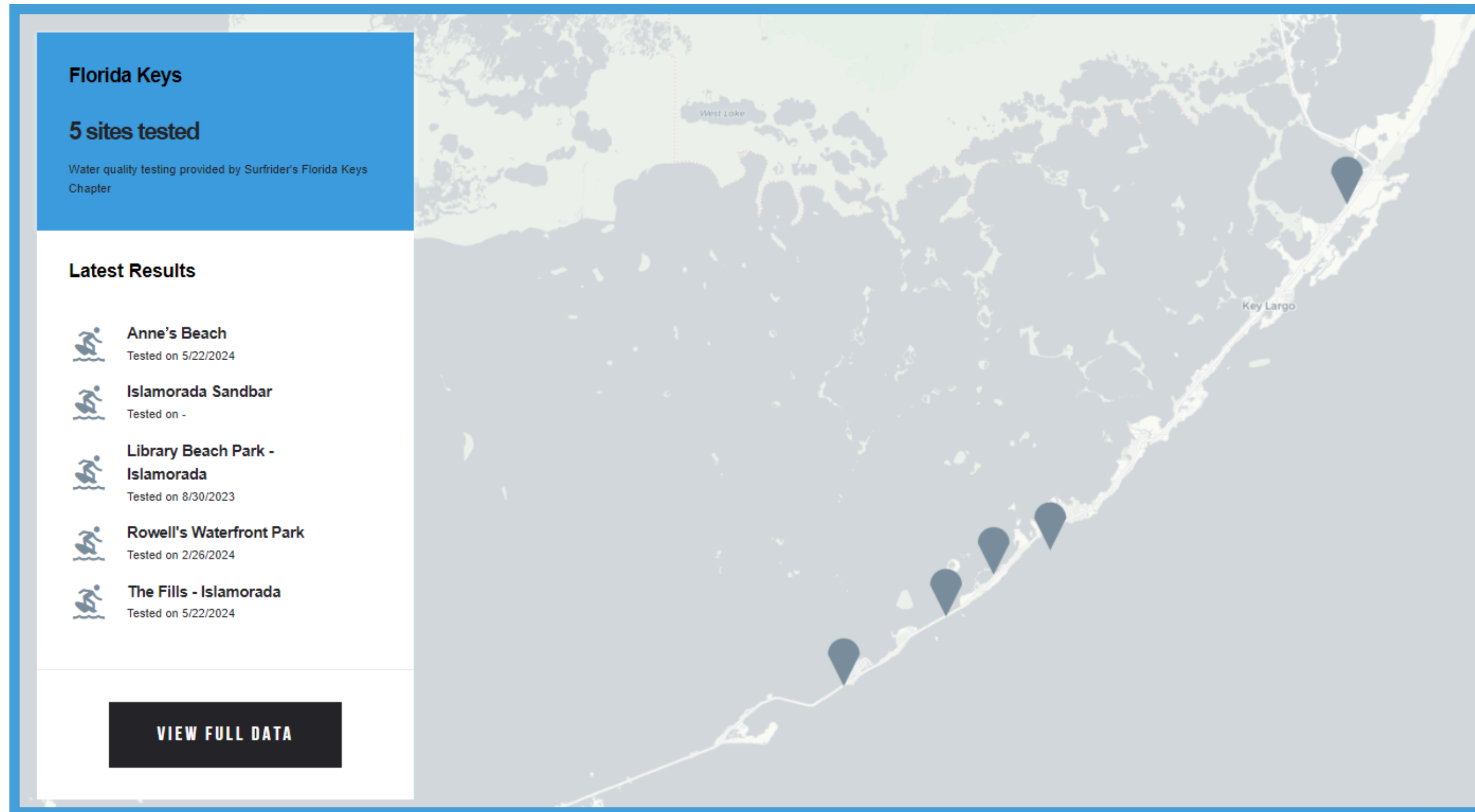
<https://cleanups.surfrider.org/>

What do we do?

Blue Water Task Force

- Water Quality Lab
- Located at Ocean Studies Charter School
- Test for Enterococcus bacteria
- Locations:
 - Anne's Beach
 - The Fills
 - Library Beach Park





Data available at



<https://floridakeys.surfrider.org/programs/blue-water-task-force>

What do we do?

Local and State Campaigns

- Cigarette smoking ban in Islamorada parks and beaches

<https://floridakeys.surfrider.org/victories>



What do we do?

Ocean Friendly Restaurants

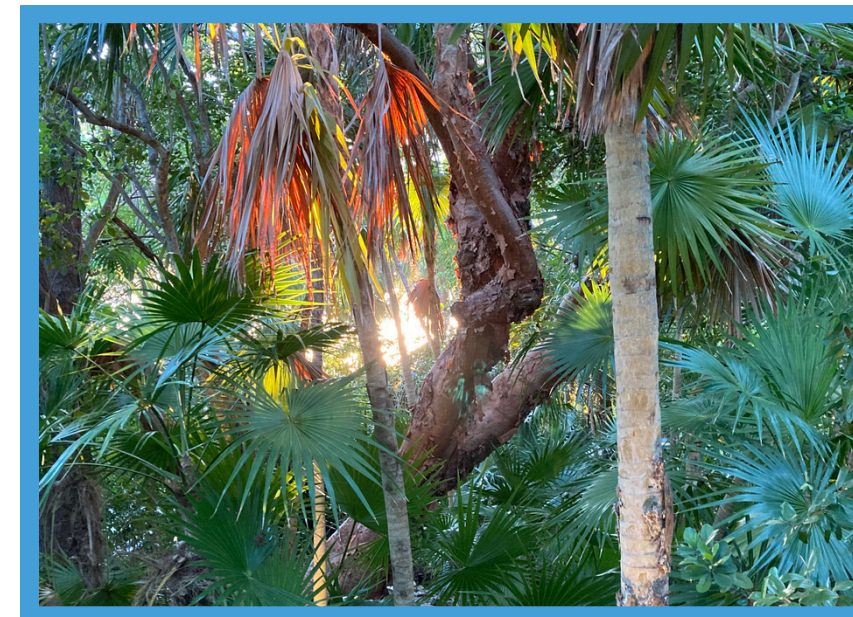
- Free program
- Recognizes restaurants that are committed to cutting out wasteful single-use plastic and offer a simple, straightforward framework to help them make sustainable choices for our ocean



What do we do?

Ocean Friendly Gardens

- Free program
- The goal of our Ocean Friendly Gardens program is to reduce runoff from our island cities and prevent it from contaminating the Atlantic and Florida Bay.



What do we do?

Climate Action Program

- Utilizes nature based solutions to help fight climate change and protect our coastlines
- Future mangrove restoration projects in the Keys



Funding Request

1. Continue and expand testing local waters in Islamorada through our Blue Water Task Force Program
2. Annual operating expenses
3. Community outreach
4. Conference and advocacy expenses



Funding Request

1. Continue and expand testing local waters in Islamorada through our Blue Water Task Force Program

- \$170/month to test 4 sites 1x/month
- \$34/additional site
- Signage for testing sites

\$4,000



Funding Request

2. Annual operating expenses

- PO Box
- Storage units
- Chapter supplies
- Travel and Subsistence Expenses

\$4,500



Funding Request

3. Community Outreach

- Chapter funds cover costs for events to make them free for the public
 - Film screenings, chapter meetings
- Community Events
 - I.CARE Trash Derby, Art Walk

\$500



Funding Request

3. Conference and advocacy expenses

- Surfrider National and State Conference
- Florida Healthy Beaches Advocacy Day in Tallahassee
- Program launch
 - Climate Action Program Launch in Miami

\$1,000



THANK YOU!





Council Communication

To: Mayor and Village Council
From:
Date: August 23, 2024
SUBJECT: United Way Collier and the Keys

Background:
N/A

Analysis:
N/A

Budget Impact:
N/A

Staff Impact:
N/A

Recommendation:
N/A

Attachments:

1. FY2425 Charitable Grant Application Scorecard United Way
2. United Way Collier and the Keys Combined Application
3. UWCK Funding Islamorada DPIL 8.24



Islamorada, Village of Islands

Charitable Grant Applications – Fiscal Year 2024-2025

Organization: United Way of Collier and the Keys

Amount Requested: \$3,500

Please rank the organization using the criteria below. Rank each category on a 1 to 10 scale. If you do not believe the organization should receive any funding, leave the rating boxes blank and write DNF (Do Not Fund) in the Total Score section.

Criteria	Rating (1-10)
The organization provides services that have been identified by the Village as fulfilling a needed service.	
The organization is able to provide the services cost efficiently and with a high quality of service.	
The organization is located within the boundaries of the Village or the organization's services are provided directly to, or benefit, Village residents.	
The organization has sought funding from the Village, Monroe County, or other governmental organizations in previous years and/or this current year.	
The organization has the administrative and financial stability to deliver services for which it is requesting funding from the Village.	

Total Score: _____

Resolution 23-02-13

Section 6. Limitation on use of Funds. Any funds granted to a non-profit organization shall not be used to pay salaries or administrative expenses/costs of the recipient without the express written consent of the Village.

This organization has indicated that they will be using **\$0** of the **\$3,500** funding request to pay salaries and/or administrative expenses/costs.

Given the above, do you give your consent to allow the organization to use grant funds for salaries and/or administrative costs/expenses?

- Yes
- No

Recommended Award Amount

Funding will be disbursed using the breakdown below:

Top 33% of applicants – funding request granted not to exceed \$10,000

Middle 33% of applicants – funding request granted not to exceed \$5,000

Bottom 33% of applicants – funding request granted not to exceed \$3,000



Islamorada Village of Islands

Charitable Donation Request Application

Organization Name:

Address:

City, State, Zip Code:

What year was this organization formed?

Qualified charitable organization? (If yes, provide IRS Exemption Letter): ☒ Yes ☐ No

Pursuant to Chapter 496, Florida Statutes, do you have a Solicitation License from the Florida Department of Consumer Affairs? ☒ Yes ☐ No

Federal Tax Identification Number:

Phone: Email:

Contact person: Phone:

Total agency annual operating budget:

Number of persons or businesses served in 2023:

Number of Islamorada residents or businesses served in 2023:

Please list all digital presence below:

Organization Website:

Instagram:

Facebook:

YouTube:

X (formerly Twitter):

Other:

1. Briefly describe your mission and how you measure success.

Mission Statement: UWCK serves Collier and Monroe Counties by strengthening education and improving health and financial stability in our communities. We are a non-profit based in Naples and Key West, FL, fostering the opportunities of residents.

2. Describe the types of services your organization provides.

Dolly Parton's Imagination Library (free books mailed monthly to children from birth to age 5) Success by 6 (we facilitate access to School Readiness scholarships for children from low to moderate income families) Be Like Mike (annual food drive honoring Mike Forster).

3. Indicate whether you have previously competed for Village funds: ☒ Yes ☐ No
4. If yes to (3), please provide the amount received, original purpose of the funding, and what you accomplished with the funding.

We received \$3,000 previously. The original purpose of the funding was to expand our Dolly Parton's Imagination Library and with this funding we were able to increase the number of children enrolled to receive books monthly.

5. Current funding request:

6. If awarded, what will you accomplish with the current funding request?

We will use the total funding of \$3,500 to expand Dolly Parton's Imagination Library (DPIL) for Monroe County children from lower-income families. Books are mailed each month until the child's 5th birthday, building a children's library of up to 60 books. This funding will cover the costs associated with the purchase and shipment of books through the DPIL.

7. Please attach a list of all Owners/Directors/Principals/Board Members.

8. Complete the table below and attach a copy of your approved budget:

Description	Existing Project Funding	Amount Requested
Salaries		
Operating Expenses (i.e., phones rent)		
Non-Operating Expenses (i.e., consultants, etc.)		\$3,500.00 towards the purchase and shipping of books.
Total		\$3,500.00

Attachments (Please check off all that apply):

- ☒ IRS exemption letter dated within the previous two years.
- ☒ Most recent tax returns.
- ☒ List of all Owners/Directors/Principals/Board Members.
- ☐ If applicable, Solicitation License from the Florida Department of Consumer Affairs.

☐ Other (please specify):

ATTESTATION

I hereby certify that I have read and understand the charitable donation request guidelines and that the information provided is true and correct. I understand that the approval and denial of all charitable donation requests is in the sole decision of the Village and that is the request is approved a charitable grant agreement is required to the distribution of any funds.

Brittni Brown

Printed name -- Organization's Authorized Representative



Signature -- Organization's Authorized Representative

Date: 5/31/2024

Completed applications should be sent via email to finance@islamorada.fl.us, or by delivering a hard copy to:

Islamorada, Village of Islands
ATTN: Finance Department
86800 Overseas Highway
Islamorada, FL 33036

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:

THE UNITED WAY OF COLLIER AND THE KEYS (UWCK) CREATES THRIVING COMMUNITIES BY IMPROVING THE FINANCIAL STABILITY OF FAMILIES LIVING PAYCHECK TO PAYCHECK AND BY STRENGTHENING HEALTH AND EDUCATION. OUR VISION IS TO FOSTER THE WELL-BEING OF COLLIER AND MONROE COUNTY RESIDENTS, HELPING THEM TO SUCCEED, ENHANCING THE OVERALL QUALITY OF LIFE ACROSS BOTH COUNTIES.

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?

☐ Yes ☒ No

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 \$ 2,892,371 including grants of \$ 496,250) (Revenue \$)

UWCK INVESTS IN PROGRAMS AT LOCAL NONPROFIT AGENCIES AND INTERNAL PROGRAMS THAT PROMOTE FINANCIAL STABILITY, HEALTH, AND EDUCATION. AN ACTIVE PARTNER OF BUSINESSES, INDIVIDUAL DONORS, NONPROFIT AGENCIES, AND GOVERNMENTS, WE INNOVATE AND LEVERAGE OUR RELATIONSHIPS TO CONTINUALLY IMPROVE SERVICES AND ACCESS TO SERVICES FOR THOSE IN NEED, AND PROVIDE ENHANCED AID IN TIMES OF CRISIS.

4b

(Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d

Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses

2,892,371

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)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
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? If "Yes," complete Schedule C, Part II	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 or 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.		
a 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	
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	11b	No
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 16? If "Yes," complete Schedule D, Part VIII	11c	No
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	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
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)?	11f	No
12a If "Yes," complete Schedule D, Part X, line 26. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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? If "Yes," complete Schedule F, Parts I and IV	14b	No
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? If "Yes," complete Schedule F, Parts II and IV	15	No
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? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17	No
18 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	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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? If "Yes," complete Schedule I, Parts I and II	21 Yes	

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 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
23	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," complete Schedule J	23	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 and complete Schedule K. If "No," go to line 25a	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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	25a	No
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 "Yes," complete Schedule L, Part I	25b	No
26	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 entity or family member of any of these persons?	26	No
27	If "Yes," complete Schedule L, Part I. Did the organization provide a grant or 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? If "Yes," complete Schedule L, Part III	27	No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?	30	No
31	If "Yes," complete Schedule M. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?	33	No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	7
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V		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	2a	20	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
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 over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	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? . . .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
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?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
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?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
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?				
9 Sponsoring organizations maintaining donor advised funds.				
a	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:				
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?	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	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		No
b	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	Is the organization an investment company as defined in section 4960(b)(1)(A)(i)?	16		No
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.				

Part VI

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response or note to any line in this Part VI

☒

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year.	1a	23	
	If there 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.			
b	Enter the number of voting members included in line 1a, above, who are independent.	1b	23	
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?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
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?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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 names and addresses in Schedule O.	9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	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?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
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.	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
a	The organization's CEO, Executive Director, or top management official.	15a	Yes	
b	Other officers or key employees of the organization.	15b	Yes	
	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?	16a		No
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?	16b		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed.	FL
18	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 apply. ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)	
19	Describe in 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: ANN MARRESE 9015 STRADA STELL COURT 204 NAPLES, FL 341094373 (239) 261-7112	

Part VII

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

Check if Schedule O 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 **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.

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 dotted 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
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former			
(1) STEVEN SANDERSON SECRETARY EX	40.00					X		165,480	0	0
(2) JOHN RILEY PHILANTHROPY	40.00					X		130,719	0	0
(3) MARSHALL BENDER DIRECTOR	2.00	X						0	0	0
(4) THADDEUS COHEN DIRECTOR	2.00	X						0	0	0
(5) MICHAEL DALBY DIRECTOR	2.00	X						0	0	0
(6) ROSS DICKMANN DIRECTOR	2.00	X						0	0	0
(7) WILLIAM DOXEY DIRECTOR	2.00	X						0	0	0
(8) DAVID C GORDLEY DIRECTOR	2.00	X						0	0	0
(9) TODD LYON DIRECTOR	2.00	X						0	0	0
(10) JANE KNOBLE MANALICH DIRECTOR	2.00	X						0	0	0
(11) JOE PAUL DIRECTOR	2.00	X						0	0	0
(12) CARLOS D RODRIGUEZ DIRECTOR	2.00	X						0	0	0
(13) JOHN SLAVIK DIRECTOR	2.00	X						0	0	0
(14) GREGORY G SMITH DIRECTOR	2.00	X						0	0	0
(15) SAM STEELE DIRECTOR	2.00	X						0	0	0
(16) RICHARD TAMBORRINO DIRECTOR	2.00	X						0	0	0
(17) JESSICA TRESSLER DIRECTOR	2.00	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 dotted 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
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former			
(18) TINA WHEELER DIRECTOR	2.00	X						0	0	0
(19) KAREN WOODBRIDGE DIRECTOR	2.00	X						0	0	0
(20) TRICH WORTHINGTON DIRECTOR	2.00	X						0	0	0
(21) PETER BERRY CHAIR ELECT	2.00			X				0	0	0
(22) KATHERINE CONNELLY CHAIR	2.00			X				0	0	0
(23) DEBORAH M FINCH PAST CHAIR	2.00			X				0	0	0
(24) MARIA JONES VICE CHAIR	2.00			X				0	0	0
(25) NANCY LIMB TREASURER	2.00			X				0	0	0
(26) TIFFANI MENSCH PRESIDENT CE	40.00			X				0	0	0

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	296,199		

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 ▶ 2

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

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 such individual

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

	Yes	No
3		No
4	Yes	
5		No

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

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 ▶

Part VIII

Statement of Revenue

Check if Schedule O 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			1a Federated campaigns . .		1a	
Amt Similar Amounts			b Membership dues . .		1b	
			c Fundraising events . .		1c	
			d Related organizations		1d	
			e Government grants (contributions)		1e	
			f All other contributions, gifts, grants, and similar amounts not included above		1f 4,839,719	
			g Noncash contributions included in lines 1a - 1f:\$		1g	
			h Total. Add lines 1a-1f		4,839,719	
Program Service Revenue	2a	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)			61,160		61,160
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a	Gross rents	6a			
	b	Less: rental expenses	6b			
	c	Rental income or (loss)	6c			
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	7a			
	b	Less: cost or other basis and sales expenses	7b			
	c	Gain or (loss)	7c			
	d Net gain or (loss)					
	8a	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 . .					
	9a	Gross income from gaming activities. See Part IV, line 19	9a			
	b	Less: direct expenses	9b			
	c Net income or (loss) from gaming activities . .					
	10a	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 . .						
Other	11a	Business Code				
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
	12 Total revenue. See instructions		4,900,879			
RevenueMiscAmt		Page 440 of 5211,160				

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) 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

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	496,250	496,250		
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	1,048,778	742,234	129,127	177,417
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	1,962		1,962	
c Accounting	41,844		41,844	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	15,288		15,288	
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				
13 Office expenses	26,151	13,146	9,193	3,812
14 Information technology	68,996	48,297	6,899	13,800
15 Royalties				
16 Occupancy	76,603	53,621	7,660	15,322
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	20,759	20,759		
20 Interest	9,925	8,110	605	1,210
21 Payments to affiliates	31,921	31,921		
22 Depreciation, depletion, and amortization	27,373	19,161	2,737	5,475
23 Insurance	10,684	7,478	1,068	2,138
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 HURRICANE RELIEF	569,629	569,629		
b HUNGER & HOMELESSNESS	343,653	343,653		
c REEF RESTORATION PROJECY	257,144	257,144		
d REALIZED LOSSES ON INVEST	79,094		79,094	
e All other expenses	296,180	280,968	14,288	924
25 Total functional expenses. Add lines 1 through 24e	3,422,234	2,892,371	309,765	220,098
26 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).				

Part X

Balance Sheet

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

☐

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing		32	1	32	
	2	Savings and temporary cash investments		3,542,630	2	3,905,903	
	3	Pledges and grants receivable, net		208,061	3	393,501	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator 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 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		31,607	9	15,234	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,039,924			
	b	Less: accumulated depreciation	10b	330,686	733,611	10c	709,238
	11	Investments—publicly traded securities		3,665,635	11	2,545,871	
	12	Investments—other securities. See Part IV, line 11			12		
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		3,600	15	17,230	
16	Total assets. Add lines 1 through 15 (must equal line 33)		8,185,176	16	7,587,009		
Liabilities	17	Accounts payable and accrued expenses		1,298,143	17	580,419	
	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			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator 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		120,429	23	68,283	
	24	Unsecured notes and loans payable to unrelated third parties			24	98	
	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		2,586,828	25	15,041	
	26	Total liabilities. Add lines 17 through 25		4,005,400	26	663,841	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		3,566,697	27	3,974,623	
	28	Net assets with donor restrictions		613,079	28	2,948,545	
	Organizations that do not follow FASB ASC 958, check here ☐ 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		4,179,776	32	6,923,168	
	33	Total liabilities and net assets/fund balances		8,185,176	33	7,521,009	

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 VIII, column (A), line 12)	1	4,900,879
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,422,234
3	Revenue less expenses. Subtract line 2 from line 1	3	1,478,645
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,179,776
5	Net unrealized gains (losses) on investments	5	-241,081
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 in Schedule O)	9	1,505,828
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	6,923,168

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: ☐ Cash ☒ Accrual ☐ 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? 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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b	Were the organization's financial statements audited by an independent accountant? 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: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		No
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.		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

Name of the organization UNITED WAY OF COLLIER AND THE KEYS INC	Employer identification number 59-1026096
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10

☐

An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11

☐

An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f

Enter the number of supported organizations
- g

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary 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)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests 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 "unusual grant.") . .	1,596,939	1,890,520	3,375,788	3,238,199	4,839,719	14,941,165
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	1,596,939	1,890,520	3,375,788	3,238,199	4,839,719	14,941,165
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. Subtract line 5 from line 4.						14,941,165

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. .	1,596,939	1,890,520	3,375,788	3,238,199	4,839,719	14,941,165
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	68,762	65,956	433,640	50,928	61,160	680,446
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						15,621,611

12 Gross receipts from related activities, etc. (see instructions)121,787

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	95.640 %
15 Public support percentage for 2020 Schedule A, Part II, line 14	15	94.740 %

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

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

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 "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) .						
14 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		
15 Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2022 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests–2022. 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 more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		☐
b 33 1/3% support tests–2021. 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 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		☐
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990) .</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described on 11a above?		
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) :			
a	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)			
2	Activities Test. Answer lines 2a and 2b below.			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i>			

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

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in **Part VI***). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

(A) Prior Year

(B) Current Year
(optional)

1	Net short-term capital gain	1
2	Recoveries of prior-year distributions	2
3	Other gross income (see instructions)	3
4	Add lines 1 through 3	4
5	Depreciation and depletion	5
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6
7	Other expenses (see instructions)	7
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year
(optional)

1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1
a	Average monthly value of securities	1a
b	Average monthly cash balances	1b
c	Fair market value of other non-exempt-use assets	1c
d	Total (add lines 1a, 1b, and 1c)	1d
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):	
2	Acquisition indebtedness applicable to non-exempt use assets	2
3	Subtract line 2 from line 1d	3
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5
6	Multiply line 5 by 0.035	6
7	Recoveries of prior-year distributions	7
8	Minimum Asset Amount (add line 7 to line 6)	8

Section C - Distributable Amount

Current Year

1	Adjusted net income for prior year (from Section A, line 8, Column A)	1
2	Enter 85% of line 1	2
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3
4	Enter greater of line 2 or line 3	4
5	Income tax imposed in prior year	5
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)		
Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by Line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required-- explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022:		
a	From 2017.		
b	From 2018.		
c	From 2019.		
d	From 2020.		
e	From 2021.		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018.		
b	Excess from 2019.		
c	Excess from 2020.		
d	Excess from 2021.		
e	Excess from 2022.		

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

Facts And Circumstances Test

Additional Data

Return to Form

Software ID:
Software Version:

Schedule B (Form 990) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047
		2022
Name of the organization UNITED WAY OF COLLIER AND THE KEYS INC		Employer identification number 59-1026096

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)() (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization UNITED WAY OF COLLIER AND THE KEYS INC	Employer identification number 59-1026096
---	--

Part I

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
			☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
			☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
			☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
			☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
			☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
			☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
			☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
			☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
			☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
UNITED WAY OF COLLIER AND THE KEYS
INC

Employer identification number

59-1026096

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

Employer identification number
59-1026096

Use duplicate copies of Part III if additional space is needed.

Page 457 of 521

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Name of the organization
UNITED WAY OF COLLIER AND THE KEYS
INC

Employer identification number
59-1026096

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 6.

	(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?

☐ Yes ☐ 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 benefit?

☐ Yes ☐ 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).
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ 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.

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

	Held at the End of the Year
2a	
2b	
2c	
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 FASB 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 FASB 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 FASB ASC 958 relating to these items:
a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
b Assets included in Form 990, Part X ▶ \$ _____

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

Cat. No.
52283D

Schedule D (Form 990) 2021

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 are a 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 programs

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 9, 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 in 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:

(i) Unrelated organizations

(ii) Related organizations

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

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		899,005	200,942	698,063
c Leasehold improvements		9,185	2,552	6,633
d Equipment		122,628	118,086	4,542
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶

Page 460 of 529

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 (including name of security)	(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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

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. (Column (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.)	15,041

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	4,839,719
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-61,160	
e	Add lines 2a through 2d	2e	-61,160	
3	Subtract line 2e from line 1	3	4,900,879	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,900,879	

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	3,602,155
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		
3	Subtract line 2e from line 1	3	3,602,155	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	-179,921	
c	Add lines 4a and 4b	4c	-179,921	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,422,234	

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 1b 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.

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 2D	DIVIDENDS NET RETURN LOSS -61,160
SCHEDULE D, PAGE 4, PART XII, LINE 4B	UNREALIZED LOSS -241,081 DIVIDENDS NET RETURN INV 61,160

Additional Data

Return to Form

Software ID:
Software Version:

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service

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.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization
UNITED WAY OF COLLIER AND THE KEYS
INC

Employer identification number
59-1026096

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BURTON UNITED METHODIST CHURCH CHIL 93001 OVERSEAS HWY TAVERNIER,FL 33070	59-1817528	501 C	9,000				HEALTH/FOOD
(2) CANCER ALLIANCE OF NAPLES 900 FIRST AVENUE NAPLES,FL 34103	22-3879709	C 3	30,000				FINANCIAL STABILITY
(3) CATHOLIC CHARITIES DIOCESE VENICE 2210 SANTA BARBARA BLVD NAPLES,FL 34116	59-2473176	C 3	25,000				FINANCIAL STABILITY
(4) CHILDRENS ADVOCACY CENTER 1036 6TH AVENUE NAPLES,FL 34103	65-0049492	C 3	30,000				HEALTH/FOOD
(5) FL KEYS HEALTH EDUCATION CENTER 6900 OVERSEAS HWY MARATHON,FL 33050	65-0183810	C 3	6,500				HEALTH/FOOD
(6) FL KEYS HEALTHY START 3132 NORTHSIDE DRIVE STE 102 KEY WEST,FL 33050	65-0051482	C 3	10,000				HEALTH/FOOD
(7) FL KEYS OUTREACH COALITION 3020 OVERSEAS HWY KEY WEST,FL 33040	65-0409898	C 3	15,000				FINANCIAL STABILITY
(8) FL LION EYE CLINIC 10322 PENNSYLVANIA BONITA SPRINGS,FL 34135	45-0560906	C 3	10,000				HEALTH/FOOD
(9) GOODWILL INDUSTRIES OF SW FL 5100 TICE STREET FORT MEYERS,FL 33905	59-6196141	C 3	15,000				FINANCIAL STABILITY
(10) GRACE JONES COMMUNITY CENTER 230 41ST STREET MARATHON,FL 33050	59-2632876	C 3	8,500				EDUCATION EARLY CHIL
(11) GRACE PLACE FOR CHILDREN 4300 21ST AVENUE NAPLES,FL 34105	65-1229558	C 3	37,500				EDUCATION
(12) GUADALUPE CENTER 509 HOPE CIRCLE IMMOKALEE,FL 34120	59-2617151	C 3	30,000				EDUCATION
(13) HABITAT FOR HUMANITY 11145 TAMIAMI TRAIL EAST NAPLES,FL 34113	59-1834379	C 3	15,000				FINANCIAL STABILITY
(14) HEART OF THE KEYS REC ASSOC 810 33RD ST MARATHON,FL 33050	46-3939440	C 3	5,250				EDUCATION
(15) HOUSING DEVELOPMENT SW FL	38-3695928	C 3	10,000				FINANCIAL STABILITY

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

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV

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

Return Reference	Explanation	Page 466 of 521
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Additional Data

Return to Form

Software ID:
Software Version:

Name of the organization
UNITED WAY OF COLLIER AND THE KEYS
INC

Employer identification number
59-1026096

Part I Questions Regarding Compensation

- 1a** 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.
- ☐ First-class or charter travel

☐ Housing allowance or residence for personal use
- ☐ Travel for companions

☐ Payments for business use of personal residence
- ☐ Tax idemnification and gross-up payments

☐ Health or social club dues or initiation fees
- ☐ Discretionary spending account

☐ Personal services (e.g., maid, chauffeur, chef)
- b** 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
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?
- 3** Indicate which, if any, of the following the filing 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.
- ☐ Compensation committee

☐ Written employment contract
- ☐ Independent compensation consultant

☐ Compensation survey or study
- ☐ Form 990 of other organizations

☐ Approval by the board or compensation committee
- 4** 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:
- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**
- 5** 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:
- a** The organization?
- b** Any related organization?
If "Yes," on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization?
- b** Any related organization?
If "Yes," on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

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 are not listed on Form 990, Part VII.

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

[illegible]

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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Additional Data

Return to Form

Software ID:
Software Version:

2022**Open to Public
Inspection****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 990-EZ.**▶ **Go to www.irs.gov/Form990 for the latest information.**Name of the organization
UNITED WAY OF COLLIER AND THE KEYS
INC**Employer identification number**

59-1026096

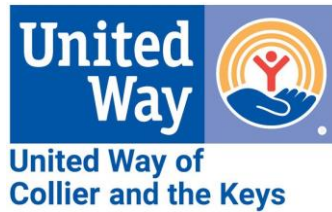
Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	THE UNITED WAY OF COLLIER AND THE KEYS (UWCK) CREATES THRIVING COMMUNITIES BY IMPROVING THE FINANCIAL STABILITY OF FAMILIES LIVING PAYCHECK TO PAYCHECK AND BY STRENGTHENING HEALTH AND EDUCATION. OUR VISION IS TO FOSTER THE WELL-BEING OF COLLIER AND MONROE COUNTY RESIDENTS, HELPING THEM TO SUCCEED, ENHANCING THE OVERALL QUALITY OF LIFE ACROSS BOTH COUNTIES.
FORM 990, PAGE 6, PART VI, LINE 11B	FINANCE COMMITTEE RECEIVES A COPY FOR REVIEW AND APPROVAL PRIOR TO FILING
FORM 990, PAGE 6, PART VI, LINE 12C	ANNUALLY THE POLICY IS REVIEWED.
FORM 990, PAGE 6, PART VI, LINE 15A	DETERMINED BY THE BOARD OF DIRECTORS COMMENSURATE WITH SIMILAR ORGANIZATIONS.
FORM 990, PAGE 6, PART VI, LINE 15B	DETERMINED BY THE BOARD OF DIRECTORS BASED ON PERFORMANCE.
FORM 990, PAGE 6, PART VI, LINE 19	THOSE NOT AVAILABLE ONLINE ARE AVAILABLE UPON REQUEST.
FORM 990, PART XI, LINE 9	RECLASSFY CONTRACT PAYABLE TO DR 1,505,828

Additional Data

[Return to Form](#)

Software ID:
Software Version:

Page 473 of 521



Board Chair
Peter Berry

Vice Chair
Maria Jones

President and CEO
Tiffani Mensch

Members

Thaddeus Cohen
Community Volunteer

Bill Doxey
South State Bank

Dwight Hill
First Horizon Bank

Todd Lyon
NCH Healthcare System

Joe Paul
Publix Super Markets

Debbie Mathews Finch
Mathews Finch Consulting Group, LLC

Nancy Limb
Bank of America

Janet Pogar
Florida Blue

John Slavik
Fifth Third Bank

Sam Steele
Monroe County Tax Collector

Karen L. Woodbridge
Community Volunteer

uwcollierkeys.org

☎ Collier Office: 239-261-7112
📍 9015 Strada Stell Court, Suite 204
Naples, FL 34109

☎ Keys Office: 305-735-1929
📍 626 Josephine Parker Way, Suite 201
Key West, FL 33040

*United Way of Collier and the Keys does not provide goods or services in whole or partial consideration for any contributions.
Our registration number is CH1664 and our EIN is 59-1026096.*



UWCK LAB - Executive Committee

Brandi Horton
**Chair/Freewheeler
Vacations**

Maria Jones
**Past Chair/Florida Keys
Electric Cooperative**

Mindy McKenzie
**Vice Chair/Mariott
Beachside**

Directors

Amber Acevedo
Monroe County School District

Bill Doxey
SouthState Bank

Holly Elomina
16th Judicial Court, Key West

Alexia Mann
Seaferer Realty, LLC

Karen Neely
Research Scientist

David Smith
Monroe County Sheriff's Office

Richard Tamborrino
Community Volunteer

Jordan Upchurch
Spottswood Companies

Trich Worthington
Community Volunteer



UNITED WE FIGHT.
UNITED WE WIN.

LIVE UNITED™



UWCK: Islamorada

Leah Stockton, Keys Area President

United Way of Collier and the Keys & Dolly Parton's Imagination Library

- **United Way of Collier and the Keys** is a local non-profit organization serving thousands of Florida Keys residents each year with an emphasis on health, education and financial stability. UWCK is committed to making a meaningful impact in our communities from the earliest stages of life. We support early childhood education through various programs including **Dolly Parton's Imagination Library**.
- Through Imagination Library, we provide an age-appropriate, high-quality book each month to registered local children for up to 5 years, building a home library of up to 60 books. After registration, the books begin with 2 months and the only commitment is that we ask for parents to read with their child.
- UWCK's Imagination Library program is **open to any child in Monroe County aged 0-5**. For tracking purposes, our program is divided into Upper Keys, Middle Keys and Lower Keys.



UNITED WE FIGHT.
UNITED WE WIN.

LIVE UNITED

United Way of Collier and the Keys & Dolly Parton's Imagination Library

- **Dolly Parton's Imagination Library** launched in 1995.
- Our local United Way **became the Monroe County partner affiliate for Imagination Library** in 2015. With each year, the program has grown, and this upcoming year is no exception.
- **Last year, we sent 32,316 books to 2,693 children!**

CELEBRATING!

1 in 7 Children

under the age of five in the USA
receives Imagination Library books



244,697,371
TOTAL BOOKS GIFTED
SINCE INCEPTION

JUNE 2024

United Way of
Collier and the Keys
UWCollierKeys.org



UNITED WE FIGHT.
UNITED WE WIN.

LIVE UNITED

Success: Imagination Library Growth



Books by Year	Upper Keys	Middle Keys	Lower Keys	TOTAL
2021	1,215	335	1,170	2,720
2022	2,344	683	2,470	5,497
2023	2,700	1,024	3,476	7,200
YTD 2024	1,406	640	2,213	4,259
	Children Currently Active			
	252	116	372	740
	Children Graduated			
	173	56	207	436

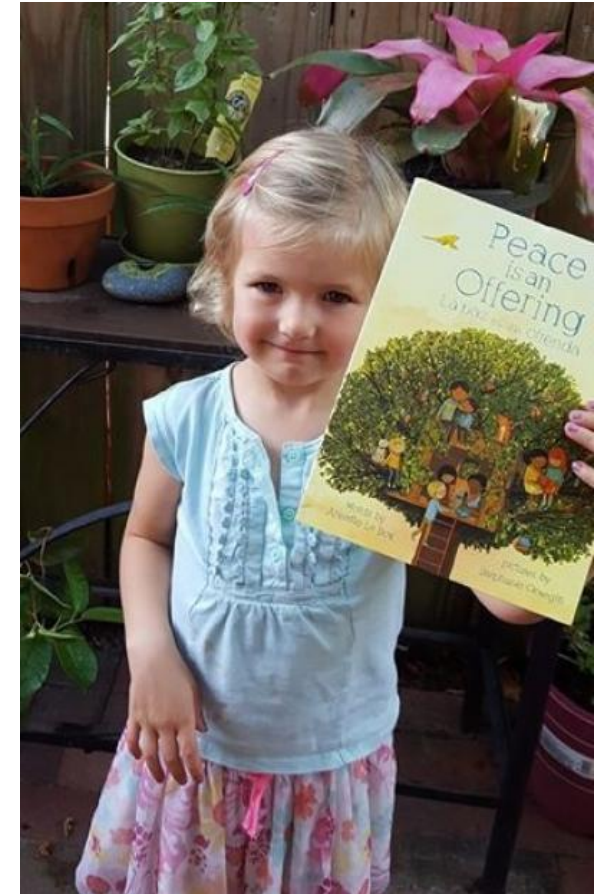
Return on Investment: UWCK's Dolly Parton's Imagination Library

- The cost for Imagination Library is **\$36** per year per child.
- If a child enrolls as a baby, the program is **\$180 for the full 5 years**, delivering the **maximum benefit** of up to 60 books and building critical early literacy skills from the start.
- Through the 2023 funded request along with other support, 29 children in Islamorada will benefit from this program for up to 5 years
- With the 2024 request, UWCK will continue to expand by enrolling additional Monroe County children into this critical early literacy program



The Importance of This Program

- Many families in our community struggle to make ends meet and don't have the time or resources to provide books for their children. Unfortunately, this can have long-term, negative effects on their children's development and academic success.
- Reading to children and providing them with age-appropriate books can make a significant difference in their lives. Research shows that children who are exposed to books and stories at an early age:
 - *Develop stronger language skills, cognitive abilities, and learning attitudes.*
 - *Enter kindergarten ready to read and succeed in school.*
 - *Graduate from high school and pursue higher education.*
 - *Have more opportunities and choices for their future.*



UWCK's Goal for Continued Success

To foster a love
of reading
among children
and their
families and
regardless of
income.



- Growth strategies are set to each location (Upper, Middle, & Lower Keys) to increase awareness and encourage enrollment.

- Direct support is provided to parents in a timely manner to answer any questions or make adjustments.

UNITED WE FIGHT.
UNITED WE WIN.

LIVE UNITED

Community Support



- UWCK actively fundraises in the local community to continue to support Imagination Library, making this important program available to even more Monroe County children

UNITED WE FIGHT.
UNITED WE WIN.

LIVE UNITED

Community Involvement



- UWCK participates in outreach events and works with community partners for targeted enrollment efforts. Staff and volunteers recently joined the National Night out in Islamorada and Marathon spreading the word about Dolly Parton's Imagination Library!

UNITED WE FIGHT.
UNITED WE WIN.

LIVE UNITED

Action: Enrollment Available



- Scan this code to register local children today!



THANK YOU!

Leah Stockton

Keys Area President / United Way of Collier and the Keys

Phone: (305) 735-1929

Leah.Stockton@uwcollierkeys.org

www.uwcollierkeys.org





Council Communication

To: Mayor and Village Council
From:
Date: August 23, 2024
SUBJECT: Upper Keys Baseball Development Foundation

Background:
N/A

Analysis:
N/A

Budget Impact:
N/A

Staff Impact:
N/A

Recommendation:
N/A

Attachments:

1. FY2425 Charitable Grant Application Scorecard Upper Keys Baseball
2. 2024 Charitable Donations Application
3. Presentation UKBDF Steady Bats



Islamorada, Village of Islands

Charitable Grant Applications – Fiscal Year 2024-2025

Organization: Upper Keys Baseball Development Foundation

Amount Requested: \$8,000

Please rank the organization using the criteria below. Rank each category on a 1 to 10 scale. If you do not believe the organization should receive any funding, leave the rating boxes blank and write DNF (Do Not Fund) in the Total Score section.

Criteria	Rating (1-10)
The organization provides services that have been identified by the Village as fulfilling a needed service.	
The organization is able to provide the services cost efficiently and with a high quality of service.	
The organization is located within the boundaries of the Village or the organization's services are provided directly to, or benefit, Village residents.	
The organization has sought funding from the Village, Monroe County, or other governmental organizations in previous years and/or this current year.	
The organization has the administrative and financial stability to deliver services for which it is requesting funding from the Village.	

Total Score: _____

Resolution 23-02-13

Section 6. Limitation on use of Funds. Any funds granted to a non-profit organization shall not be used to pay salaries or administrative expenses/costs of the recipient without the express written consent of the Village.

This organization has indicated that they will be using **\$0** of the **\$8,000** funding request to pay salaries and/or administrative expenses/costs.

Given the above, do you give your consent to allow the organization to use grant funds for salaries and/or administrative costs/expenses?

- Yes
- No

Recommended Award Amount

Funding will be disbursed using the breakdown below:

Top 33% of applicants – funding request granted not to exceed \$10,000

Middle 33% of applicants – funding request granted not to exceed \$5,000

Bottom 33% of applicants – funding request granted not to exceed \$3,000



Islamorada Village of Islands

Charitable Donation Request Application

Organization Name:

Address:

City, State, Zip Code:

What year was this organization formed?

Qualified charitable organization? (If yes, provide IRS Exemption Letter): ☒ Yes ☐ No

Pursuant to Chapter 496, Florida Statutes, do you have a Solicitation License from the Florida Department of Consumer Affairs? ☒ Yes ☐ No

Federal Tax Identification Number:

Phone:

Email:

Contact person:

Phone:

Total agency annual operating budget:

Number of persons or businesses served in 2023:

Number of Islamorada residents or businesses served in 2023:

Please list all digital presence below:

Organization Website:

Instagram:

Facebook:

YouTube:

X (formerly Twitter):

Other:

1. Briefly describe your mission and how you measure success.

The Upper Keys Baseball Development program launched Steady Bats in 2021 with a mission to bring quality baseball training to the youth of the Upper Keys. We have discovered a better approach to playing youth sports which minimizes adult/parent involvement while empowering children to be leaders and take ownership of their own development. The Steady Bats team is committed to both the physical and mental skills of their players. The mission is accomplished by having extremely experienced coaching including a mental health counselor on the staff. Success is measured by the amount of youth our organization is able to reach. Last season we launched strength and conditioning measurements for each player to enhance the players ability to see their improvement. Each month players are challenged to beat their best scores to manage their progress.

2. Describe the types of services your organization provides.

Steady Bats' core focus is on the long-term and holistic development of our individual players both on and off the field. We work to influence our players through active participation in a safe but physically and mentally demanding program. Success is measured not in wins or losses, but rather in each player's ability to continue to elevate themselves to the next level, as players, as leaders, and as members of their communities. We expect five outcomes from every player: (1) continued improvement of their fundamental baseball skills (2) an increased ability to leave their comfort zones and invest in failure (3) a heightened sense of self-esteem through the feelings of hard work and accomplishment (4) Making new friends within our diverse community and (5) Having Fun!

3. Indicate whether you have previously competed for Village funds: ☐ Yes ☒ No

4. If yes to (3), please provide the amount received, original purpose of the funding, and what you accomplished with the funding.

The Village of Islamorada generously granted \$7,500. The purpose of the grant was to purchase strength and agility equipment, invite licensed strength trainers and necessary equipment that is needed each year. We were able to purchase the strength and conditioning equipment and replenish the necessary equipment and supplies needed each season. Another important aspect of the funding is allowing the program to be free to it's participants. The generosity and support of the community has allowed the program to be free to participants for the past 2 seasons.

5. Current funding request: **\$8,000**

6. If awarded, what will you accomplish with the current funding request?

With the funding we will continue to add strength and agility equipment to improve the players' strength, endurance, and agility necessary to compete in the other areas of Florida and the country. Funding also allows to budget for the opportunity for guest appearances of licensed or certified conditioning and strength trainers as well as major league baseball players to teach, monitor and improve ability, strength, endurance, and agility. Finally, funding will be used to replenish necessary equipment each year. This year we plan on purchasing/utilizing technology to add the ability for each player to view their own performance compared to the best practice of a particular skill.

7. Please attach a list of all Owners/Directors/Principals/Board Members.

8. Complete the table below and attach a copy of your approved budget:

Description	Existing Project Funding	Amount Requested
Salaries	See detailed budget attached.	0
Operating Expenses (i.e., phones rent)		
Non-Operating Expenses (i.e., consultants, etc.)		
Total		

Attachments (Please check off all that apply):

- ☒ IRS exemption letter dated within the previous two years.
- ☒ Most recent tax returns.
- ☒ List of all Owners/Directors/Principals/Board Members.
- ☒ If applicable, Solicitation License from the Florida Department of Consumer Affairs.

☐ Other (please specify):

ATTESTATION

I hereby certify that I have read and understand the [charitable donation request guidelines](#) and that the information provided is true and correct. I understand that the approval and denial of all charitable donation requests is in the sole decision of the Village and that is the request is approved a charitable grant agreement is required to the distribution of any funds.

Joseph Molinaro

Printed name -- Organization's Authorized Representative

Signature -- Organization's Authorized Representative

Date: 5/16/24

Completed applications should be sent via email to finance@islamorada.fl.us, or by delivering a hard copy to:

Islamorada, Village of Islands
ATTN: Finance Department
86800 Overseas Highway
Islamorada, FL 33036



Department of the Treasury
Internal Revenue Service
Tax Exempt and Government Entities
P.O. Box 2508
Cincinnati, OH 45201

UPPER KEYS BASEBALL DEVELOPMENT
FOUNDATION CORPORATION
88511 OVERSEA HWY UNIT 4
TAVERNIER, FL 33070

Date:
11/03/2021
Employer ID number:
87-1601902
Person to contact:
Name: Customer Service
ID number: 31954
Telephone: (877) 829-5500
Accounting period ending:
December 31
Public charity status:
509(a)(2)
Form 990 / 990-EZ / 990-N required:
Yes
Effective date of exemption:
June 30, 2021
Contribution deductibility:
Yes
Addendum applies:
No
DLN:
26053632002041

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

Stephen A. Martin

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

Letter 947 (Rev. 2-2020)
Catalog Number 35152P



Confirmation

[Home](#) | [Security Profile](#) | [Logout](#)

Your Form 990-N(e-Postcard) has been submitted to the IRS

- **Organization Name:** UPPER KEYS BASEBALL DEVELOPMENT FOUNDATION CORPORATION
- **EIN:** 871601902
- **Tax Year:** 2023
- **Tax Year Start Date:** 01-01-2023
- **Tax Year End Date:** 12-31-2023
- **Submission ID:** 10065520240927629458
- **Filing Status Date:** 04-01-2024
- **Filing Status:** Pending

Note: Print a copy of this filing for your records. Once you leave this page, you will not be able to do so.

MANAGE FORM 990-N SUBMISSIONS

Upper Keys Baseball Development Foundation
2024 Budget

	2024 Budget
Revenue	
ORCF Grant	8,500.00
Sponsorships	12,000.00
Donations	1,300.00
	21,800.00
Total	
Expenses	
Business Registration Fees	200.00
Insurance - Liability, D and O	1,900.00
Facilities and Equipment	6,500.00
Supplies	500.00
Software/Technology	4,500.00
Gifts	500.00
Coaches	8,500.00
Sponsorship Banner/Signs	600.00
Events	2,000.00
Tournement Fees	600.00
Uniforms/Apparel	1,000.00
Grants to others	2,000.00
Umpires	1,000.00
	29,800.00
Total	-8,000.00
Net	

Upper Keys Baseball Development Foundation

Officers and Directors List

Paul Vargo- President, Director, Attorney and Board Member

Pamela Molinaro- Secretary, Board Member and Licensed Mental Health Counselor and coach

Joseph Molinaro- Treasurer, Director, CPA, Board Member and Coach

Doug Mientkiewicz- Director, former Major League baseball player and coach, Board Member and Coach



FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
COMMISSIONER WILTON SIMPSON

May 17, 2023

Refer To: CH72065

UPPER KEYS BASEBALL DEVELOPMENT FOUNDATION CORP
88511 OVERSEAS HWY STE 4
TAVERNIER, FL 33070-2082

RE: UPPER KEYS BASEBALL DEVELOPMENT FOUNDATION CORP
REGISTRATION#: CH72065
EXPIRATION DATE: May 17, 2024

Dear Sir or Madam:

The above-named organization/sponsor has complied with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to register under s. 496.405 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The Solicitation of Contributions Act requires an annual renewal statement to be filed on or before the date of expiration of the previous registration. The Department will send a renewal package approximately 30 days prior to the date of expiration as shown above.

Thank you for your cooperation. If we may be of further assistance, please contact the Solicitation of Contributions section.

Sincerely,

Debra Pelletier
Regulatory Consultant
1-800-HELP-FLA
Fax: 850-410-3804
E-mail: debra.pelletier@fdacs.gov

Upper Keys Baseball Development Foundation
Program: Steady Bats
Village Funding Request
Submitted Presentation

Background

The Upper Keys Baseball Development Foundation was established in 2021 with the goal of providing baseball development to the Upper Keys youth through the Steady Bats program.

Joe Molinaro founded the program with two other coaches that recognized the lack of baseball skills within the community.

Joe Molinaro is a Coral Shores graduate, local business owner and Certified Public Accountant. Joe played both baseball and football at Coral Shores and was named to the first All State teams in both sports. Joe coached the Coral Shores baseball team over three seasons from 2020-2023

Joe and Pamela Molinaro will be presenting to the Village in hopes of securing the needed funding for the program.

Pamela Molinaro was requested to join both the Coral Shores and Steady Bats coaching staff in 2022. Pamela is a mental health counselor and local business owner. She plays a critical role in the players' development. As Yogi Berra once said, "Baseball is 90% mental. The other half is physical."

The Steady Bats Program

Over the past four years the program has served over 75 boys and girls ages 8-19 from the Upper Keys. The program is run two nights a week at the Founders Park High School baseball field from July to December.

The program focuses on the following for each player:

- Continued improvement on the fundamentals of the game,
- Increased ability to challenge comfort zones,
- Increased self-esteem through hard work and accomplishment,
- Making friends
- Having fun

Instilling the core aspects of the program will create leaders in our community both on and off the field.

Practices include challenging drills focused on baseball technique and strength. The younger players are involved in the same activities at the same time as the older players. This gives the

older players the ability to teach and show the younger players and the younger players the confidence to practice and do the same things as the older players.

The program provides quality coaching to its players. One of the founding coaches for the program is a major league baseball player and coach with over 25 years of baseball experience. Each year, the program evolves with new coaching techniques picked up from various colleges and professional coaching experiences.

The Mental Health Component of Steady Bats

A wide range of valuable services are made available to an organized sports team with a mental health counselor, contributing to both the psychological well-being of individual athletes and the overall team dynamic. Here are some of the key offerings:

Mental.Health.Support

Individual Counseling: Provide one-on-one sessions to address personal mental health concerns, such as anxiety, depression, or stress, which can impact an athlete's performance and overall well-being.

Crisis Intervention: Offer immediate support in times of crisis, such as after a traumatic event or during periods of intense pressure.

Performance.Enhancement

Mental Skills Training: Teach techniques like visualization, concentration, goal-setting, and stress management to help athletes improve focus and performance under pressure.

Confidence Building: Work with athletes to build self-esteem and resilience, helping them to recover from setbacks and maintain a positive mindset.

Team.Dynamics.and.Cohesion

Team Building Activities: Facilitate activities that promote trust, communication, and collaboration among team members, strengthening overall team cohesion.

Conflict Resolution: Mediate conflicts between team members or between athletes and coaches, ensuring a healthy and supportive team environment.

Stress.Management

Work-Life Balance: Help athletes manage the demands of their sport alongside other life responsibilities, such as school, work, or family life.

Coping Strategies: Teach techniques for managing the stress and pressure that often come with competitive sports.

Education.and.Awareness

Mental Health Education: Provide workshops or seminars to educate athletes, coaches, and staff about mental health issues, reducing stigma and encouraging early intervention.

Substance Abuse Prevention: Offer guidance on the risks associated with substance abuse, including performance-enhancing drugs, and provide support for those struggling with addiction.

Support.for.Coaches

Coaching Support: Work with coaches to develop strategies for supporting their athletes' mental health, creating a positive and motivating environment.

Burnout Prevention: Help coaches manage their own stress and prevent burnout, which can affect their ability to lead effectively.

Injury.Rehabilitation

Psychological Support: Provide mental health support to athletes recovering from injuries, helping them cope with the emotional and psychological challenges of being sidelined.

Reintegration into the Team: Assist in the process of returning to the sport after an injury, addressing fears or anxiety related to re-injury.

Cultural.Sensitivity

Diversity and Inclusion: Ensure that the mental health needs of all team members are met, taking into account cultural, racial, gender, and other forms of diversity within the team.

A mental health counselor can be an essential part of a sports team, helping to create a balanced and supportive environment that fosters both athletic success and overall well-being.

Steady Bats Funding

The program has been well received by the community. The generosity of both the Village of Islamorada, the Community Foundation of Ocean Reef, local businesses and individuals have made the program possible.

The funding provides for the necessary administrative requirements but most importantly provides for the necessary equipment to maximize the number of drills and activities that can be performed in the 90-minute practice sessions.

For example, the coaches can have three machines running at the same time. One machine can be used to pitch balls to catchers working on framing and blocking, one machine can shoot fly balls to outfielders and the other machine can shoot ground balls to infielders.

These types of practices are run at college and professional levels.

Success of Steady Bats

The continued stream of players coming to the program each year proves the want and need of the program. Without the players, there wouldn't be a program.

Over the past four years we have seen players utilizing what they have been taught and practicing on their own. This shows that the program has been instilled in the players which creates a culture of wanting to not only play the game but improve and become great.

This past school year, there were two varsity baseball players that went on to play college baseball. These two players were part of the Steady Bats program since inception and were committed to the development the program provided.



Council Communication

To: Mayor and Village Council
From:
Date: August 23, 2024
SUBJECT: Upper Keys Youth Lacrosse League

Background:
N/A

Analysis:
N/A

Budget Impact:
N/A

Staff Impact:
N/A

Recommendation:
N/A

Attachments:

1. FY2425 Charitable Grant Application Scorecard Upper Keys Lacrosse
2. Village Grant Package 2024
3. Upper Keys Youth Lacrosse League Presentation



Islamorada, Village of Islands

Charitable Grant Applications – Fiscal Year 2024-2025

Organization: Upper Keys Youth Lacrosse League

Amount Requested: \$10,000

Please rank the organization using the criteria below. Rank each category on a 1 to 10 scale. If you do not believe the organization should receive any funding, leave the rating boxes blank and write DNF (Do Not Fund) in the Total Score section.

Criteria	Rating (1-10)
The organization provides services that have been identified by the Village as fulfilling a needed service.	
The organization is able to provide the services cost efficiently and with a high quality of service.	
The organization is located within the boundaries of the Village or the organization's services are provided directly to, or benefit, Village residents.	
The organization has sought funding from the Village, Monroe County, or other governmental organizations in previous years and/or this current year.	
The organization has the administrative and financial stability to deliver services for which it is requesting funding from the Village.	

Total Score: _____

Resolution 23-02-13

Section 6. Limitation on use of Funds. Any funds granted to a non-profit organization shall not be used to pay salaries or administrative expenses/costs of the recipient without the express written consent of the Village.

This organization has indicated that they will be using **\$0** of the **\$10,000** funding request to pay salaries and/or administrative expenses/costs.

Given the above, do you give your consent to allow the organization to use grant funds for salaries and/or administrative costs/expenses?

- Yes
- No

Recommended Award Amount

Funding will be disbursed using the breakdown below:

Top 33% of applicants – funding request granted not to exceed \$10,000

Middle 33% of applicants – funding request granted not to exceed \$5,000

Bottom 33% of applicants – funding request granted not to exceed \$3,000



Islamorada Village of Islands

Charitable Donation Request Application

Organization Name:

Address:

City, State, Zip Code:

What year was this organization formed?

Qualified charitable organization? (If yes, provide IRS Exemption Letter): ☒ Yes ☐ No

Pursuant to Chapter 496, Florida Statutes, do you have a Solicitation License from the Florida Department of Consumer Affairs? ☐ Yes ☒ No

Federal Tax Identification Number:

Phone:

Email:

Contact person:

Phone:

Total agency annual operating budget:

Number of persons or businesses served in 2023:

Number of Islamorada residents or businesses served in 2023:

Please list all digital presence below:

Organization Website:

Instagram:

Facebook:

YouTube:

X (formerly Twitter):

Other:

1. Briefly describe your mission and how you measure success.

Upper Keys Youth Lacrosse League's mission is to provide every child, regardless of gender, in the Upper Keys, between the ages of 4 and 14, the opportunity to learn and play lacrosse. Through this, we hope to develop leadership skills, discipline, confidence, sportsmanship and athleticism in the athletes.

We measure success by the growth in our League, both in ages served and number of athletes registered. This year we added the 4-5 year old age group and increased our registered athletes from 63 in 2023 to 104 in 2024.

2. Describe the types of services your organization provides.

During season (January-April), the League holds practice at Founders Park twice a week. In addition, the League hosts tournaments for teams both in Monroe County and Miami-Dade County. The League will also travel to Key West and Miami for tournaments and games.

3. Indicate whether you have previously competed for Village funds: ☐ Yes ☒ No

4. If yes to (3), please provide the amount received, original purpose of the funding, and what you accomplished with the funding.

N/A

5. Current funding request: **\$10,000**

6. If awarded, what will you accomplish with the current funding request?

The League would like to order uniforms for all participants. The uniforms consist of short, jersey and shooter (shirt worn under the jersey). The uniform costs \$75/player and we would like to outfit every player on the field. We are expecting 125 registered athletes for next year. Currently, only 12U and 10U plays have jerseys and they are out of regulation.

7. Please attach a list of all Owners/Directors/Principals/Board Members.

8. Complete the table below and attach a copy of your approved budget:

Description	Existing Project Funding	Amount Requested
Salaries	-0-	-0-
Operating Expenses (i.e., phones rent)	-0-	\$10,000
Non-Operating Expenses (i.e., consultants, etc.)	-0-	-0-
Total	-0-	\$10,000

Attachments (Please check off all that apply):

- ☒ IRS exemption letter dated within the previous two years.
- ☒ Most recent tax returns.
- ☒ List of all Owners/Directors/Principals/Board Members.
- ☐ If applicable, Solicitation License from the Florida Department of Consumer Affairs.

☐ Other (please specify):

ATTESTATION

I hereby certify that I have read and understand the [charitable donation request guidelines](#) and that the information provided is true and correct. I understand that the approval and denial of all charitable donation requests is in the sole decision of the Village and that is the request is approved a charitable grant agreement is required to the distribution of any funds.

Dominique Hickory

Printed name -- Organization's Authorized Representative

DocuSigned by:

8D6796E5458440B...

Signature -- Organization's Authorized Representative

Date: 05/31/2024

Completed applications should be sent via email to finance@islamorada.fl.us, or by delivering a hard copy to:

Islamorada, Village of Islands
ATTN: Finance Department
86800 Overseas Highway
Islamorada, FL 33036

Florida Department of Agriculture and Consumer Services
Division of Consumer Services



WILTON SIMPSON
COMMISSIONER

**CHARITABLE ORGANIZATIONS/SPONSORS REGISTRATION
APPLICATION**

Solicitation of Contributions Act
Chapter 496, Florida Statutes
Rule 5J-7.004, Florida Administrative Code

1-800-HELP-FLA (435-7352)
850-410-3800 *Calling Outside Florida*
<https://www.fdacs.gov/ConsumerServices> • 850-410-3804 *Fax*

*Make check or money order
payable and remit
application to:*

FDACS
P.O. Box 6700
Tallahassee, FL 32314-6700

All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

Application Information

Document Tracking Number: 3941281 **Application Date:** 04/30/2024 08:20:24 PM

Business Information

Legal Name: Upper Keys Youth Lacrosse League, Inc.
Business Phone: 305-731-6346
Business Address: 172 Park Ave
Tavernier Florida 33070
Mailing Address: 172 Park Ave
Tavernier Florida 33070
Email Address: UpperKeysLax@gmail.com
Website Address: www.UpperKeysLax.com
Fictitious Names** Not Applicable

**All fictitious names must be registered with the Division of Corporations. If business is a corporation then 'Name' is the legal name of the business as listed with the Division of Corporations. You must list all names under which you intend to do business.

Organization Information

Form of Organization: Corporation
FEIN: 87-3548426
Established In: Florida **Legally Established:** 10/29/2021

Business Details

Month/Day fiscal year ends: 12/31

Organization's Internal Revenue Service Status: 501(c)(3)

Uploads Attached: Yes

Attached Documents

- 1. Name:** Tax Exemption.jpg
Type: Exemption Determination Letter

Purpose of the Organization:

The Upper Keys Youth Lacrosse League's mission is to develop a true and lasting love and passion for the game of lacrosse. The league is dedicated to developing lacrosse skills, great sportsmanship, teamwork, accountability and respect in a healthy and fun environment. All while bringing the sport of lacrosse to our local boys and girls who will eventually feed into the Men's and Women's Coral Shores Lacrosse Programs.

Purpose for which the contributions are used:

All Contributions for the Upper Keys Youth Lacrosse League are used to provide all equipment and tools needed to participate in the game of Lacrosse.

Major Program activities:

Practices Games - Home and Away Banquet for end of the
year awards

License History

Is this charitable organization/sponsor authorized by any other state to solicit contributions?[s. 496.405(2)(d)1, F.S.]

No

Has the charitable organization/sponsor entered into an assurance of voluntary compliance(AVC) or agreement similiar to that set forth in s.496.420, F.S., in any jurisdiction?[s. 496.405(2)(d)4, F.S.]

No

Has the charitable organization/sponsor or any of its officers, directors, trustees, or employees, regardless of adjudication, been convicted of, found guilty of, pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? [s. 496.405(2)(d)5, F.S.]

No

Has the charitable organization/sponsor or any of its officers, directors, trustees,or employees, regardless of adjudication, been convicted of, found guilty of, pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, misappropriation of property, or any crime enumerated in this chapter or resulted from acts committed while involved in the solicitation of contributions within the last 10 years? [s. 496.405(2)(d)6, F.S.]

No

Has the charitable organization/sponsor or any of its officers, directors, trustees, or principal salaried executive personnel been enjoined in any jurisdiction from soliciting contributions or been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from violating any law relating to a charitable solicitation? [s. 496.405(2)(d)7, F.S.]

No

Has the charitable organization/sponsor had its registration or authority denied,suspended,or revoked by any governmental agency? [s. 496.405(2)(d)3, F.S.]

No

Conflict of Interest

Have all directors, officers and trustees read and complied with the conflict of interest statement for the organization?

No

Owner/Management Information

Name: Dominique A Hickory
Authorized Agent
Chief Financial Officer
Custody of Records
Title: Director
In Charge of Distribution
In Charge of Solicitation
President
Treasurer
Phone: 305-731-6346
Address: 172 Park Ave
Tavernier Florida 33070

Additional Information

1. Is this person exempt from Public Records? [s. 119.071(4), F.S.] **No**
2. Is this person compensated? **No**
3. Has this person, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? **No**
4. Has this person regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, misappropriation of property, or any crime enumerated in this chapter or resulting from acts committed while involved in the solicitation of contributions within the last 10 years? **No**
5. Has this person been enjoined from violating any law relating to a charitable solicitation? **No**

Branch offices, Chapters or Affiliates

Other Locations: Not Applicable

Professional Solicitors

Other Locations: Not Applicable

Fundraising Consultants

Other Locations: Not Applicable

Commercial Co-venturers

Other Locations: Not Applicable

Financial Statement

Fiscal year ending: 12/31/2023

Financial statement source: 990 EZ and Schedule O

Total Revenue: \$17,106

Total Expense: \$20,089

Program Service Expense: \$14,264

Management & General Expense: \$5,825

Fundraising Expense: \$0

Attached Documents

- Name:** 2023 Annual Report.xlsx - Profit and Loss.pdf
Type: Financial Information

Supporting Documents(List of Sources and Amounts)

- Name:** 2023 Annual Report.xlsx - Profit and Loss.pdf
Type: Financial Information

Application Questionnaire

Did the charitable organization or sponsor receive \$50,000 or more in total revenue during the immediately preceding fiscal year? No

Are the fundraising activities of the charitable organization or sponsor carried on by any compensated volunteers, members, or officers ? Yes

Are any part of the assets or income of the organization or sponsor inured to the benefit of or paid to any officer or member? No

Does the charitable organization or sponsor utilize a professional fundraising consultant, professional solicitor, or commercial co-venture? No

Registration application Type

Registration Application Type: Charitable

Contributions received in the immediately preceding fiscal year: \$9,500

Registration Fee: \$75

Preparer Information

First Name: Dominique

Last Name: Hickory

Company Name: Upper Keys Youth Lacrosse League, Inc.

Title: President/Founder

Phone Number: 305-731-6346

Email Address: UpperKeysLax@gmail.com

Signature Information

- * ☒ I declare under penalty of perjury that all of the information provided in this application and in any exhibits attached hereto, is true and correct.

and further state as follows:

- * ☒ The information furnished in this application and all supplemental forms, reports, documents and attachments are true and correct to the best of my knowledge. [s. 496.405(2) F.S.]

Signature Name: Dominique Hickory

Signature Date: 4/30/2024

Upper Keys Youth Lacrosse League
2024 Board of Directors

Dominique Hickory – Director

Brett Ekblom

Chris Hanbury

James Maybank

Claudia Stober



Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 01/18

85-8019031901C-5	01/25/2023	01/31/2028	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

UPPER KEYS YOUTH LACROSSE LEAGUE INC
172 PARK AVE
TAVERNIER FL 33070-2949

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR-14
R. 01/18

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

Upper Keys Youth Lacrosse League Inc.

EIN: 87-3548426 | Tavernier, Florida, United States

Other Names

UPPER KEYS YOUTH LACROSSE LEAGUE INC

Form 990-N (e-Postcard)

Organizations who have filed a 990-N (e-Postcard) annual electronic notice.
Most small organizations that receive less than \$50,000 fall into this category.

Tax Year 2022 Form 990-N (e-Postcard)

Tax Period:

2022 (01/01/2022-12/31/2022)

EIN:

87-3548426

Organization Name (Doing Business as):

UPPER KEYS YOUTH LACROSSE LEAGUE INC

Mailing Address:

172 PARK AVE
Tavernier, FL 33070
United States

Principal Officer's Name and Address:

DOMINIQUE HICKORY
172 PARK AVE
TAVERNIER, FL 33070
United States

Gross receipts not greater than:

\$50,000

Organization has terminated:

No

Website URL:

Upper Keys Youth Lacrosse League

Islamorada Charitable Grant Proposal

Our Community Lacrosse Athletes

The Upper Keys Youth Lacrosse League hosts a wide range of athletes starting from 3 years old

Guppies - 3-4 Year Old Program



Through 14 years old (8th grade and below)

Not Pictures (Frigates - 7-8 Year Old Team) (Land Sharks - 13 - 14 Year Old Team(NEW))

Reef Donkeys - 5-6 Year Old



Green Gorillas - 9-10 Year Old Team



Panthers - 11-12 Year Old Team

The Upper Keys Youth Lacrosse League started in 2021 with 26 Athletes, as of our 2023 season we had 105 Registered Athletes but As you can see we are struggling with identity of what program we are from multiple different uniforms - some dating back 15 years(Green Gorillas)

We wish to rebrand and unite all our age groups to help provide equality, diversity, and inclusion into our Youth Sports Program.



Uniform Costs For Lacrosse at higher than your standard team with specific regulations in order to play in regulated games.

By providing League Owned Uniforms we can eliminate the financial boundaries set forth by the USA Lacrosse Governing body set forth on those regulations.

Example of cost to play Lacrosse if we set forth to not help provide all equipment for our community athletes.

Helmets - \$200 +	Uniform - \$75
Chest Protectors - \$60+	Pennies - \$25
Elbow Pads - \$60+	USA Lacrosse Membership - \$50
Gloves - \$80+	Registration Fee - \$50+
Sticks - \$50+	Total - est. \$650 a year

