JAMES MOORE & CO.,P.L. 121 EXECUTIVE CIRCLE DAYTONA BEACH, FL 32114-1180

> FLAGLER COUNTY EDUCATION DIRECT SUPPORT ORGANIZATION INC. 1769 E MOODY BLVD BLDG 2 BUNNELL, FL 32110-5991

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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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

<u>A</u>	For the	\pm 2022 calendar year, or tax year beginning $$ JUL 1 , $$ 2022 $$ and ending	<u>JUN 30, 2023</u>							
В	Check if applicable	C Name of organization	D Employer identifi	cation number						
	applicable	FLAGLER COUNTY EDUCATION DIRECT								
	Addres	SUPPORT ORGANIZATION INC.								
	Name change	TIACIED COUNTY EDUCATION FOUND	AT 59-30063	12						
	Initial return	Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number								
	Final return/	1769 E MOODY BLVD BLDG 2	(386)437							
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,023,697.						
	Ameno		H(a) Is this a group re	eturn						
	Applic	F Name and address of principal officer: TERESA RIZZO	for subordinates							
	pendin	SAME AS C ABOVE	H(b) Are all subordinates in	—						
T	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or		list. See instructions						
	Websit		H(c) Group exemption							
			Year of formation: 1990							
	art I	Summary		g						
	1	Briefly describe the organization's mission or most significant activities: SEE SCHE	DULE O							
Governance										
nar	2	Check this box if the organization discontinued its operations or disposed of n	nore than 25% of its net ass	sets.						
Ver	3		3	13						
မ်	4	Number of independent voting members of the governing body (Part VI, line 1b)		13						
ر ان	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		7						
<u>ë</u>	6	Total number of volunteers (estimate if necessary)		269						
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		0.						
ă	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.						
_	1 ~		Prior Year	Current Year						
	8	Contributions and grants (Part VIII, line 1h)	728,061.	788,320.						
E e	9	Program service revenue (Part VIII, line 2g)	0.	0.						
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	56,869.	33,267.						
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,109.	61,905.						
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	799,039.	883,492.						
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	432,922.	488,709.						
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.						
	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	220,075.						
Expenses	160	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.						
ē	loa h	Total fundraising expenses (Part IX, column (D), line 25)	· ·	•						
Ř	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	356,411.	235,657.						
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	789,333.	944,441.						
		Revenue less expenses. Subtract line 18 from line 12	9,706.	-60,949.						
	19	nevertue less expenses. Subtract line 10 north line 12	Beginning of Current Year	End of Year						
ts o	20	Total assets (Part X, line 16)	3,677,146.	3,906,456.						
ASSE	21	T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	110,154.	91,505.						
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20	3,566,992.	3,814,951.						
P	art II	Signature Block	3,300,332.	3,014,031.						
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta	itements, and to the hest of my	knowledge and helief it is						
		t, and complete. Declaration of preparer (other than officer) is based on all information of which prep		intowiougo una bolloi, it lo						
truc	, 001100	Gaile complete. Books and or property (other than omost) to based on an information of which pro-	Maron nuo uny knowlougo.							
Sig	n	Signature of officer	Date							
He		TERESA RIZZO, EXECUTIVE DIRECTOR								
пе	E	Type or print name and title								
		Print/Type preparer's name Preparer's signature	Date Check C	PTIN						
Pai	d	ZACH CHALIFOUR ZACH CHALIFOUR	05/02/24 self-employ							
	parer	Firm's name JAMES MOORE & CO., P.L.	Firm's EIN 5	9-3204548						
	Only	Firm's address 121 EXECUTIVE CIRCLE	FIIIII S EIN J	J J J J J J J J J J J J J J J J J J J						
J30	Unity	DAYTONA BEACH, FL 32114-1180	Dhone no 38	6-257-4100						
<u></u>	v tha IE	RS discuss this return with the preparer shown above? See instructions	į r none no. 3 0	X Yes No						

Pai	t 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: COMMITTED TO GENERATING FINANCIAL SUPPORT AND AWARENESS TO ENHANCE
	EDUCATIONAL PROGRAMS THAT BENEFIT STUDENTS, FAMILIES, AND TEACHERS IN
	FLAGLER SCHOOLS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 X 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 \$ 294,205.) (Revenue \$)
	TO PROVIDE NECESSARY FUNDING OF VARIOUS STUDENT SCHOLARSHIPS FOR THOSE
	INDIVIDUAL STUDENTS WHO ARE QUALIFIED AND SELECTED TO RECEIVE CASH
	AWARDS, FOR THE ACQUISITION OF GROUP STUDENT PREPAID TUITION
	SCHOLARSHIPS THROUGH THE UTILIZATION OF THE FLORIDA PREPAID COLLEGE
	FOUNDATION, AND FOR THE DEVELOPMENT AND ADMINSTRATION OF THE TAKE STOCK
	IN CHILDREN SCHOLARSHIP PROGRAM.
	104 504
4b	
	TO PROVIDE SUPPORT TO DISTRICT SCHOOLS AND TEACHERS THROUGH MINI-GRANTS USED FOR VARIOUS CLASSROOM PROJECTS, INCLUDING JOSH CREWS WRITING
	PROJECT, BEAVER TOYOTA TEACHER FUND-A-PROJECT, AND FLAGSHIP SCHOOL
	IMPROVEMENT PROJECTS.
	IMINOVERED !
4c	
	TO PROVIDE ESSENTIAL FINANCIAL SUPPORT TO STUDENT SERVICES PROGRAMS
	THROUGH FINANCING LIMITED EXPENSE SUBSIDIES TO NEEDY FAMILIES AND
	STUDENTS, AND TO SUPPORT A HOST OF VARIOUS STUDENT SERVICES PROGRAMS
	BENEFITTING THE DISTRICT'S STUDENTS, STEM LEARNING PROGRAM, STUFF BUS PROGRAM, EMPLOYEE RECOGNITION PROGRAM AND OTHER RELATED PROGRAMS.
	PROGRAM, EMPLOYEE RECOGNITION PROGRAM AND OTHER RELATED PROGRAMS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 502,139.
_	Form 990 (2022)

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		Х
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		Х
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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
Ü	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	۰		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		_		x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	v	
	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		<u> </u>
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		<u>X</u>
С	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	
е	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		Х
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		Х
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		Х
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		х
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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	. <u> </u>		
.5	,	19		х
202	complete Schedule G, Part III	20a		X
		20b		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	domestic government out rate ix, column (xy, intermediate intermediate of the column for a second intermediate intermediat	_ 41	41	

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	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	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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			٦,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete			٦,
	Schedule L, Part 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%			7,7
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	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			x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		Х
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? f	28c		х
20	"Yes," complete Schedule L, Part IV	29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		25
30		30		X
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	<u> </u>		
52	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- OZ		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		Х
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		Х
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	
Pai		· <u> </u>		
	Check if Schedule O contains a response or note to any line in this Part V			X
			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			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

232004 12-13-22

FLAGLER COUNTY EDUCATION DIRECT SUPPORT ORGANIZATION INC 59-3006312 Page 5 Form 990 (2022) Part V Statements Regarding Other IRS Filings and Tax Compliance 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 Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a 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 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 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? Х 6a 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). Х 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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. Did the sponsoring organization make any taxable distributions under section 4966? 9a 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

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

Section 501(c)(12) organizations. Enter:

a Gross income from members or shareholders

b Gross income from other sources. (Do not net amounts due or paid to other sources against

a Gross income from members or shareholders
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)

11a

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
 Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 501(c)(29) qualified nonprofit health insurance issuers.

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.

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

... 13b

13a

14a

15

17

14a Did the organization receive any payments for indoor tanning services during the tax year?b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation of

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O
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.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

7 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.

Form **990** (2022)

X

Х

X

Page 6

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.

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 lift the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. b Enter the number of voting members included on 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 have a family relationship or a business relationship with any other officer, directors, trustees, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization have members or stockholders? 5 Did the organization have members or stockholders? 6 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 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? 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Each committee with authority to act on behalf of the governing body? 8a X Section B. Policies (This Section Requests information about policies not required by the Internal Revenue Code). Yes In Yes, 'did the organization have local chapters, branches, or affiliates, and branches to ensure their operations are consistent with the organization is exempt purposes? 10a Did the organization have a written whistleblower policy? 11b Were officers, director, or trustee, and key employee serged to disclose annually	tale Enter the number of voting members of the governing body at the end of the tax year		Check if Schedule O contains a response or note to any line in this Part VI					X		
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 lift the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. b Enter the number of voting members included on 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 have a family relationship or a business relationship with any other officer, directors, trustees, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization have members or stockholders? 5 Did the organization have members or stockholders? 6 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 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? 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Each committee with authority to act on behalf of the governing body? 8a X Section B. Policies (This Section Requests information about policies not required by the Internal Revenue Code). Yes In Yes, 'did the organization have local chapters, branches, or affiliates, and branches to ensure their operations are consistent with the organization is exempt purposes? 10a Did the organization have a written whistleblower policy? 11b Were officers, director, or trustee, and key employee serged to disclose annually	1a Enter the number of voting members of the governing body at the end of the tax year If there are malerial differences in voting rights among members of the governing body, or if the governing body delegated forced authority to an executive committee or similar committee, opial on a Schedule 0. b Enter the number of voting members included on line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family restitionship or a business relationship with any other officer, director, trustee, or key employee have a family restitionship or a business relationship with any other officer, directors, trustees, or key employees to a management duries customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization become aware during the year of a significant diversion of the organization's assests? 5 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 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? 8 Did the organization contemporations of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 9 Did the organization contemporations of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 9 Leach committee with authority to act on behalf of the governing body? 9 Leach committee with authority to act on behalf of the governing body? 9 Leach committee with authority to act on behalf of the governing body? 9 Leach committee with authority to act on behalf of the governing body? 10 Leach of the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their personship t	Sec	tion A. Governing Body and Management							
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for public inspection. Indicate how you made these available. Check all that apply	X Own website X Another's website X Upon request Other (explain on Schedule O)	10		u 990	1 (30001011 301 (0)(3)5	orny) a	avanal			
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(-	Describe on sometime of whether family so, now, the organization made its governing documents, conflict of interest policy, and illiandial	10				financ	lei-			
	statements available to the public during the tay year	19		mict C	i interest policy, and	manc	naı			
statements available to the public during the tax year.		20		ke on	Lrocords					
20. State the name address, and telephone number of the person who persones the examination's backs and records	AU STATE THE HATTE, AUGUESS, AND TELEPHONE HUMBER OF THE DEISON WHO DOSSESSES THE ORDANIZATION'S DOOKS AND TECOTOS	20		no di i	11600105					
20 State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - (386)437-7526										
			THE ORGANIZATION - (386)437-7526							
THE ORGANIZATION - (386)437-7526	THE ORGANIZATION - (386)437-7526		1769 E MOODY BLVD BLDG 2, BUNNELL, FL 32110-5991							

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-NEĆ) 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 (A)	(B)				C)			(D)	(F)		
Name and title	Average		Position do not check more than one					Reportable	(E) Reportable	Estimated	
rano ana mo	hours per		not cl					compensation	compensation	amount of	
	week		cer an					from	from related	other	
	(list any	ctor						the	organizations	compensation	
	hours for	r dire				ted		organization	(W-2/1099-MISC/	from the	
	related	stee (ruste			sensa		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations	al tru	onal t		ploye	com s		1099-NEC)		and related	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) TERESA RIZZO	40.00	=	=	0	Ā	王 👨	Œ				
EXECUTIVE DIRECTOR				х				89,235.	0.	23,702.	
(2) JENNIFER AMES	4.00									•	
VICE PRESIDENT		Х		Х				0.	0.	0.	
(3) LAURA CHAVEZ-SALAZAR	2.00										
DIRECTOR		Х						0.	0.	0.	
(4) SUE FREYTAG	2.00	1							_	_	
DIRECTOR		Х						0.	0.	0.	
(5) MARIA LAVIN-SANHUDO	2.00	ļ									
DIRECTOR		Х						0.	0.	0.	
(6) JOHN NEWMAN	2.00	٠,,							,	•	
DIRECTOR (T) GREG RAVIES	2.00	Х						0.	0.	0.	
(7) GREG DAVIS DIRECTOR	2.00	Х						0.	0.	0.	
(8) MIKE DAVIS	2.00	Λ						· ·	0.	0.	
DIRECTOR	2.00	Х						0.	0.	0.	
(9) VICTORIA TIEHEN	2.00	25						· ·	•	•	
SECRETARY		х		х				0.	0.	0.	
(10) RONALD TORTELLI	2.00								-		
DIRECTOR		Х						0.	0.	0.	
(11) ANN MARIE ZWEIFEL	4.00										
PRESIDENT		Х		Х				0.	0.	0.	
(12) KHANH-LIEN BANKO	4.00										
TREASURER		Х		Х				0.	0.	0.	
(13) VINCENT SULLIVAN	2.00							_		_	
DIRECTOR		Х						0.	0.	0.	
(14) JOSEPH WRIGHT	2.00	ļ.,							_	_	
DIRECTOR - PRESIDENT ELECT		Х						0.	0.	0.	
		1									
										000	

Form 990 (2022)

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hiç	ghes	t C	ompensated Employee	s (continued)		
(A) Name and title	(B) Average hours per	(do		(C Pos neck i	C) ition more	l than c	ne	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	week (list any hours for related organizations below line)		nestitutional trustee		irecto		ee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC 1099-NEC)	other compensatio	on n
	iii ic)	ı	il.	J0	Ke	Hig	요				
			—								
											—
1b Subtotal c Total from continuation sheets to Part VII								89,235.	(2.
d Total (add lines 1b and 1c) Total number of individuals (including but no								89,235. ceived more than \$100,		23,702	
compensation from the organization										Yes N	<u>0</u>
 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for st For any individual listed on line 1a, is the su 	uch individual									. 3 2	<u>X</u>
and related organizations greater than \$150 5 Did any person listed on line 1a receive or a),000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	J fo	or such individual		4 2	<u>X</u>
rendered to the organization? If "Yes," com Section B. Independent Contractors	•				,			· ·		5	X
Complete this table for your five highest countered the organization. Report compensation for the organization for the compensation for the compensation for the compensation for the compensation for the compensation.	-	-							· · · · · · · · · · · · · · · · · · ·	nsation from	
(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	(C) Compensation	
2 Total number of independent contractors (in	ncluding but no	ot lin	nited	l to 1	thos	e lis	ted	above) who received mo	ore than		

\$100,000 of compensation from the organization

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Part VIII Statement of Revenue

			Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
(0, (0		_	Federated campaigns	1a	32,542.				
ants	1 6			1b	32,342.				
Sign of			Membership dues		136,592.				
Contributions, Gifts, Grants and Other Similar Amounts	(Fundraising events		130,392.				
Gif	(Related organizations	1d					
ns, Sim	•		Government grants (contributions)	1e					
er	1	f	All other contributions, gifts, grants, and		C10 10C				
je t			similar amounts not included above \dots		619,186.				
d	9	_	· · · · · · · · · · · · · · · · · · ·	1g \$		E00 200			
<u>5 p</u>		h	Total. Add lines 1a-1f			788,320.			
					Business Code				
e	2	а							_
Program Service Revenue	-	b							
S	,	С							
am		d							
ogr B		е							
P	1	f	All other program service revenue						
			Total. Add lines 2a-2f						
	3		Investment income (including divider						
					<i>,</i>	33,267.			33,267.
	4		Income from investment of tax-exem			,			•
	5		Royalties	-					
	_		(i)) Real	(ii) Personal				
	6	a	Gross rents 6a	,	. ,				
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)						
				ecurities	(ii) Other				
	,	а		COUNTRICS	(ii) Other				
			assets other than inventory 7a						
•		D	Less: cost or other basis						
ž			and sales expenses 7b						
eve	•	С	Gain or (loss) 7c						
her Revenue			Net gain or (loss)						
	8	а	Gross income from fundraising events (n	ot					
ō			including \$ 136,592.						
			contributions reported on line 1c). Se		000 110				
			Part IV, line 18		202,110.				
			Less: direct expenses		140,205.	61 005			61 005
			Net income or (loss) from fundraising			61,905.			61,905.
	9 :	а	Gross income from gaming activities						
			Part IV, line 19	9a					
			Less: direct expenses						
	(С	Net income or (loss) from gaming act	tivities					
	10	а	Gross sales of inventory, less returns	s					
			and allowances	10a					
	- 1	b	Less: cost of goods sold	10b					
		С	Net income or (loss) from sales of inv	entory					
					Business Code				
snc	11 :	а							
Miscellaneous Revenue	ı	b							
ella		С							
Sc			All other revenue						
Σ			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			883,492.	0.	0.	95,172.

Form	990 (2022) SUPPORT ORGA	ANIZATION INC	•	59-30	06312 Page 10
	·				
Secti	on 501(c)(3) and 501(c)(4) organizations must comp			npiete column (A).	
	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service	Management and general expenses	Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21	194,504.	194,504.		
2	Grants and other assistance to domestic	131/3011	131/3011		
2		294,205.	294,205.		
3	Grants and other assistance to foreign	231/2031	231/2031		
	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,				
Ŭ	trustees, and key employees	120,688.		120,688.	
6	Compensation not included above to disqualified				
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	60,565.		60,565.	
8	Pension plan accruals and contributions (include	,		,	_
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	21,216.		21,216.	
10	Payroll taxes	17,606.		17,606.	
11	Fees for services (nonemployees):	·			
а	Management				
b	Legal				
С	Accounting	9,190.		9,190.	_
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	13,766.		13,766.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	43,416.		43,416.	
12	Advertising and promotion	41,663.		41,663.	
13	Office expenses	17,219.		17,219.	
14	Information technology	19,101.		19,101.	
15	Royalties				
16	Occupancy	F 410		F 410	
17	Travel	5,412.		5,412.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	5,558.		£ 550	
19	Conferences, conventions, and meetings	2,848.		5,558.	
20	Interest	2,040.		2,040.	
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization	2,358.		2,358.	
23 24	Other expenses. Itemize expenses not covered	2,3301		2,330.	
	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 0.)				
а	GENERAL EXPENSE	61,696.		61,696.	
b	STEM LEARNING	13,430.	13,430.		
С					
d					
	All other expenses	04444	F00 100	440 222	
25	Total functional expenses. Add lines 1 through 24e	944,441.	502,139.	442,302.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				

Form **990** (2022)

educational campaign and fundraising solicitation.

Check here _____ if following SOP 98-2 (ASC 958-720)

Form 990 (2022) Part X Balance Sheet

art x	•	Balance Sneet					
		Check if Schedule O contains a response or r	note to	any line in this Part X			
					(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing			373,457.	1	273,568
2		Savings and temporary cash investments				2	
3		Pledges and grants receivable, net			61,704.	3	48,575
4		Accounts receivable, net				4	
5		Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	ubstant	al contributor, or 35%			
		controlled entity or family member of any of the	these p	ersons		5	
6	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	bed in	section 4958(c)(3)(B)		6	
7 ر	7	Notes and loans receivable, net				7	
8		Inventories for sale or use				8	
ĉ 9		5				9	
10)a	Land, buildings, and equipment: cost or othe	er				
		basis. Complete Part VI of Schedule D	1	Da			
	b	Less: accumulated depreciation	1	Ob		10c	
11	1	Investments - publicly traded securities			2,709,886.	11	3,038,239
12		Investments - other securities. See Part IV, lin				12	
13		Investments - program-related. See Part IV, lir		13			
14	1	Intangible assets		14			
15		Other assets. See Part IV, line 11	532,099.	15	546,07		
16		Total assets. Add lines 1 through 15 (must e	3,677,146.	16	3,906,45		
17	7	Accounts payable and accrued expenses	17,732.	17	7,289		
18		Grants payable				18	
19		Deferred revenue		19			
20		Tax-exempt bond liabilities		20			
21		Escrow or custodial account liability. Comple				21	
22		Loans and other payables to any current or fo					
22		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of the				22	
i ₂₃		Secured mortgages and notes payable to uni				23	
24	1	Unsecured notes and loans payable to unrela	ated th			24	
25		Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin					
		of Schedule D		,	92,422.	25	84,216
26	6	Total liabilities. Add lines 17 through 25			110,154.	26	91,505
		Organizations that follow FASB ASC 958, o	check	here X			
3		and complete lines 27, 28, 32, and 33.					
27	7	Net assets without donor restrictions			-72,743.	27	-217,190
28	3	Net assets with donor restrictions			3,639,735.	28	4,032,141
<u> </u>		Organizations that do not follow FASB ASC					
<u> </u>		and complete lines 29 through 33.					
29	•	Capital stock or trust principal, or current fun	nds			29	
30		Paid-in or capital surplus, or land, building, or				30	
ຊື່ 31		Retained earnings, endowment, accumulated				31	
27 28 29 30 31 32		Total net assets or fund balances			3,566,992.	32	3,814,951
- 33		Total liabilities and net assets/fund balances			3,677,146.	33	3,906,456

Form **990** (2022)

Pa	rt 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		3,4				
2	Total expenses (must equal Part IX, column (A), line 25)	2	94	4,4	41.			
3	Revenue less expenses. Subtract line 2 from line 1	3	<u> </u>	0,9	49.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments	5	30	8,9	08.			
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	3,81	4,9	<u>51.</u>			
Pa	rt 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 X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	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?		2b	Х				
	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:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	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 Sche	edule O.						
За	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 require							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					

SCHEDULE A

(Form 990)

<u>Total</u>

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.

ZUZZ

OMB No. 1545-0047

Open to Public Inspection

Name of the organization FLAGLER COUNTY EDUCATION DIRECT

Employer identification number 59 – 3006312

				ZATION INC.				9-3000312			
Pa	ırt I	Reason for Public (Charity Status.	All organizations must c	omplete th	nis part.) S	ee instructions.				
The	organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, cl	heck only	one box.)					
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).				
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	า 990).)						
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).				
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,			
		city, and state:									
5		An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental unit describe	ed in			
_		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				nental unit described in	section 17	70(b)(1)(A)	(v)				
	X	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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). (C	•	itiai part of its support if	om a gove	on in the state of	anit or norm the general p	dabile described in			
			-	4VAVvi) (Complete Day	L II \						
8	\mathbb{H}	A community trust describe									
9		An agricultural research org				-	-	•			
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city,	, and state of the college	eor			
		university:									
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	is, membership fees, and	d gross receipts from			
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment			
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acquir	red by the organization a	after June 30, 1975.			
		See section 509(a)(2). (Con	mplete Part III.)								
11		An organization organized a	and operated exclusi	vely to test for public saf	fety. See	section 50	9(a)(4).				
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functior	ns of, or to carry out the	purposes of one or			
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r 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 com	plete lines	12e, 12f, and 12g.				
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted orga	anization(s), typically by	giving			
		the supported organization	· · · · · · · · · · · · · · · · · · ·		•	_					
		organization. You must o			, ,			11 3			
b		Type II. A supporting org	· · · · · · · · · · · · · · · ·		ion with it	s sunnorte	d organization(s), by hav	vina			
_		control or management o	•					•			
		organization(s). You mus			arric perso	ilo tilat coi	itioi oi manage trie supp	Jorted			
_		7	-		in connoct	tion with a	and functionally integrate	od with			
С		☐ Type III functionally inte	-				• •	eu witti,			
	. —	its supported organization									
d	'	☐ Type III non-functionally					• • • • • •	* *			
		that is not functionally int	-		•			/eness			
		requirement (see instructi	•								
е		☐ Check this box if the orga					Type I, Type II, Type III				
		functionally integrated, or	Type III non-function	nally integrated supporting	ng organiz	ation.					
f	Ente	er the number of supported o	organizations								
g		vide the following information			(iv) Is the oran	nization listed					
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of monetary	(vi) Amount of other			
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)			

SUPPORT ORGANIZATION INC. 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.)

Sec	Section A. Public Support						
Cale	ndar 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.")	509,422.	837,838.	816,827.	728,061.	788,320.	3680468.
2	Tax revenues levied for the organ-						
	ization'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	509,422.	837,838.	816,827.	728,061.	788,320.	3680468.
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)						369,647.
6	Public support. Subtract line 5 from line 4.						3310821.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	509,422.	837,838.	816,827.	728,061.	788,320.	3680468.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	56,415.	56,569.	47,666.	56,869.	33,267.	250,786.
9	Net income from unrelated business						_
	activities, whether or not the						
	business is regularly carried on					61,905.	61,905.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	93,142.	72,882.				166,024. 4159183.
11	Total support. Add lines 7 through 10						4159183.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	79.60 %
	Public support percentage from 2021					15	77.48 %
16a	33 1/3 % support test - 2022. If the o	organization did no	t check the box or	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies as a publicly supported organization						
b	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 qual	•	• •				
17a	7a 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 orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, 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-circu		-	•	• • •		
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar		
						Calaaalula 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.)

Sec	ction A. Public Support						
Cale	ndar 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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	T			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	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						
	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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•		•	•		· —
0-	check this box and stop here						
	ction C. Computation of Publi					T T	
	Public support percentage for 2022 (I	, (,,	,	(//		15	<u>%</u>
	Public support percentage from 2021 ction D. Computation of Investigation					16	%
	•			no 13 column (f)		17	0/
	Investment income percentage for 20						<u>%</u>
	Investment income percentage from 3					18 3 1/3% and line 1	7 is not
198	33 1/3% support tests - 2022. If the						
L	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the						
i.	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
•		
2		
За		
3b		
3с		
_		
4a		
4b		
4c		
_		
5a		
5b		
5c		
6		
7		
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9a		
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9b		
9c		
40-		
10a		
10b		
ule A (Forn	n 990)	2022

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Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
С	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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in 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			
2	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,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
000	tion 6. Type it oupporting organizations		Vaa	NI.
_	Managaratik, af the conscious and a discontinuous and a second of the decrease and a second of the alternation		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			
<u>Sac</u>	the supported organization(s). tion D. All Type III Supporting Organizations	1		
000	Hon B. All Type in Supporting Organizations		V	
_	Did the average time was ide to each of its average to describe the last day of the fifth wealth of the		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			
<u> </u>	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	ıs).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.			
а	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				
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

59-3006312 Page 6 SUPPORT ORGANIZATION INC. Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 」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. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions **3** Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 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) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 3 Subtract line 2 from line 1d. 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 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 3

Schedule A (Form 990) 2022

5

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

4 5

6

Enter greater of line 2 or line 3.

instructions)

Income tax imposed in prior year

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

		Y EDUCATION DIF	RECT	_	2006212
	dule A (Form 990) 2022 SUPPORT ORGAN TV Type III Non-Functionally Integrated 509		nizations (continu		9-3006312 Page 7
Secti	ion D - Distributions	· // / / · ·	Ţ OOM	1	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	<u> </u>			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets	,,		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	orraio diotano ni		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.	5		8	
9	Distributable amount for 2022 from Section C. line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	Section E - Distribution Allocations (see instructions) (i) Excess Distributions Underdistribution Pre-2022			าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	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: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
_	Domaindar Subtract lines 4s and 4h from line 4				

Schedule A (Form 990) 2022

5 Remaining underdistributions for years prior to 2022, if

7 Excess distributions carryover to 2023. Add lines 3j

than zero, explain in **Part VI.** See instructions.

6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Part VI. See instructions.

and 4c.
 B Breakdown of line 7:
 a Excess from 2018
 b Excess from 2019
 c Excess from 2020
 d Excess from 2021
 e Excess from 2022

any. Subtract lines 3g and 4a from line 2. For result greater

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

Identification of Excess Contributions Included on Part II, Line 5

2022

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
QUANTUM ELECTRICAL	85,115.	1,931.
PETER AND SUE FREYTAG	119,252.	36,068.
BEAVER TOYOTA	126,750.	43,566.
RON & DIANA TORTELLI	99,150.	15,966.
PAUL HUNTER AND CONSTANCE HUNTER CHARITABLE FOUNDATIONS - 990PF	355,300.	272,116.
Total Excess Contributions to Schedule A, Part II, Line 5		369,647.

Schedule B

(Form 990)

Schedule of Contributors
Attach to Form 990 or Form 990-PF.

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

Name of the organization

FLAGLER COUNTY EDUCATION DIRECT SUPPORT ORGANIZATION INC.

Employer identification number

59-3006312

Organization type (check one):						
Filers of	:	Section:				
Form 990	or 990-EZ	\overline{X} 501(c)($\overline{3}$) (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				
Note: Or	nly a section 501(c)(s covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special I	Rules					
	X 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 \$					
answer "	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).					

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization
FLAGLER COUNTY EDUCATION DIRECT
SUPPORT ORGANIZATION INC.

Employer identification number

59-3006312

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additional contributors.	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FLAGLER PALM COAST KIWANIS P.O. BOX 351328 PALM COAST, FL 32135	\$20,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THE ABLE TRUST 3320 THOMASVILLE ROAD, SUITE 200 TALLAHASSEE, FL 32208		Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 CONSORTIUM OF FLORIDA EDUCATION FOUNDATIONS PO BOX 358719 GAINESVILLE, FL 32635	* \$ 53,167.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	TAKE STOCK IN CHILDREN 8600 NW 36TH ST., STE 500 MIAMI, FL 33166	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	BEAVER TOYOTA 2995 US 1 SOUTH ST. AUGUSTINE, FL 32086	\$30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	RON AND DIANA TORTELLI 20 PORTO MAR #603	\$ 33,050.	Person X Payroll Noncash
223452 11-15	PALM COAST, FL 32137		(Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Page **2**

Name of organization
FLAGLER COUNTY EDUCATION DIRECT
SUPPORT ORGANIZATION INC.

Employer identification number

59-3006312

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	UNITED WAY OF VOLUSIA-FLAGLER COUNTIES, INC. 1530 CORNERSTONE BLVD DAYTONA BEACH, FL 32117	\$ 32,542.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	ADVENTIST HEALTH SYSTEM 902 INSPIRATION AVE. ALTAMONTE SPRINGS, FL 32714	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	PAUL B. HUNTER FOUNDATION, INC. 555 WEST GRANADA BOULEVARD ORMOND BEACH, FL 32174	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	QUANTUM ELECTRICAL CONTRACTORS, INC 1325 W HWY 100 BUNNELL, FL 32110	\$ 27,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_	BROWN AND BROWN OF FLORIDA, INC. 300 N BEACH ST DAYTONA BEACH, FL 32114	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	CHIUMENTO AND ASSOCIATES, INC. 145 CITY PLACE SUITE 301 PALM COAST, FL 32164	\$\$18,050.	Person X Payroll

Schedule B (Form 990) (2022)

Name of organization
FLAGLER COUNTY EDUCATION DIRECT
SUPPORT ORGANIZATION INC.

Employer identification number

59-3006312

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	DIAMOND ASSETS, LLC 1850 PUTNAM PKWY MILTON, WI 53563	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	KHANH-LIEN AND JOHN BANKO 601 NW 23RD ST GAINESVILLE, FL 32607	\$18,515.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	KELLY A. AND JOSEPH WRIGHT 13 WINTERBERRY PL PALM COAST, FL 32164	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	PUBLIX SUPER MARKETS CHARITIES, INC. PO BOX 407 LAKELAND, FL 33802	\$17,423.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	ROTARY CLUB OF FLAGLER COUNTY FOUND., INC. PO BOX 353004 PALM COAST, FL 32135	\$16,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

FLAGLER COUNTY EDUCATION DIRECT

SUPPORT ORGANIZATION INC.

59-3006312

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I

Employer identification number Name of organization FLAGLER COUNTY EDUCATION DIRECT SUPPORT ORGANIZATION INC. 59-3006312 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 info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (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

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 Inspection

FLAGLER COUNTY EDUCATION DIRECT

Employer identification number 59-3006312

	SUPPORT ORGANIZATION INC.	59-3006312
Pai	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Ac	counts. 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 fund	<u> </u>
Ū	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used or	
U	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring	•
	impermissible private benefit?	
Pai	til Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV,	line 7
		ille 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	via allu i ina na automat la contra contra
		rically important land area
	Protection of natural habitat Preservation of a certif	ried 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 condition of the transfer of the	
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	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	zation 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	n easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation eas	ements 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 statements	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	t describes the
_	organization's accounting for conservation easements.	
Pai	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other Si	milar 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 bala	nce sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	ce 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, p	
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	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

232051 09-01-22

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

Sche		COUNTY EDU ORGANIZATI	CATION DIE	RECT	59-3	006312 _{Page} 2
	t III Organizations Maintaining Co	llections of Art	, Historical Tre	asures, or Oth	er Similar Asse	ts (continued)
3	Using the organization's acquisition, accession					
	collection items (check all that apply):		•	-	-	
а	Public exhibition	d	Loan or exc	hange program		
b	Scholarly research	е		5 . 5		
С	Preservation for future generations					
4	Provide a description of the organization's coll	ections and explain	how they further th	ne organization's ex	empt purpose in Pa	rt XIII.
5	During the year, did the organization solicit or					
	to be sold to raise funds rather than to be mair				_	Yes No
Par	t IV Escrow and Custodial Arrange					
	reported an amount on Form 990, Part		J		,	,
1a	Is the organization an agent, trustee, custodiar	n or other intermedi	ary for contributions	s or other assets no	t included	
	on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIII ar					
						Amount
С	Beginning balance				1c	
	Additions during the year					
	Distributions during the year					
	Ending balance					
	Did the organization include an amount on For					Yes No
b	If "Yes," explain the arrangement in Part XIII. C	heck here if the exp	olanation has been	provided on Part XI	II	
Par	t V Endowment Funds. Complete if	the organization and	swered "Yes" on Fo	rm 990, Part IV, line	e 10.	_
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years bac	k (e) Four years back
1a	Beginning of year balance	1,519,559.	1,519,559.	1,519,559	1,519,559	1,519,559.
b	Contributions					
С	Net investment earnings, gains, and losses					
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
f	Administrative expenses					
	End of year balance	1,519,559.	1,515,559.	1,515,559	1,519,559	1,519,559.
2	Provide the estimated percentage of the current	nt year end balance	(line 1g, column (a)) held as:		
а	Board designated or quasi-endowment		_%			
b	Permanent endowment100	%				
С	Term endowment%	1				
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.				
За	Are there endowment funds not in the possess	sion of the organiza	tion that are held ar	nd administered for	the	
	organization by:					Yes No
	(i) Unrelated organizations					3a(i) X
	(ii) Related organizations					
b	If "Yes" on line 3a(ii), are the related organization	ons listed as require	ed on Schedule R?			3b
4	Describe in Part XIII the intended uses of the o	rganization's endov				
Par	t VI Land, Buildings, and Equipme	nt.				
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part 2	K, line 10.	
	Description of property	(a) Cost or ot	ther (b) Cost	or other (c)	Accumulated	(d) Book value
		basis (investm	nent) basis	(other) c	lepreciation	
1a	Land					

Schedule D (Form 990) 2022

e Other

b Buildings c Leasehold improvements d Equipment

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

No. at N/III Louis and a section of the	A11 A	-	
chedule D (Form 990) 2022	SUPPORT	ORGANIZATION	INC.
	LUAGUUK	COUNTI EDUCA.	TION DINECT

	ANIZATION INC.	. 59	-3006312 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	I1b. 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	d-of-vear market value
	(b) Dook value	(c) meaned or raidalierii dest er ein	201 / 041 111411101 14140
(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 900 Part IV line 1	I1c Soc Form 990 Part V line 13	
			d of common death and common
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	a-or-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 000 Bort IV line 1	Id Con Form 000 Dort V line 15	
		Tru. See Form 990, Fart A, line 15.	(b) Dealership
	Description		(b) Book value
(1) FLORIDA PREPAID SCHOLARSH	IPS		546,074.
(2)			
(3)			
(4)			
			<u> </u>
(5)			
(6)			<u> </u>
<u>(7)</u>			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	2.15.)		546,074.
Part X Other Liabilities.	<i>=</i> 15.)		31070711
	on Form 000 Dod 11/ 15 4	Ido or 11f Coo Form 000 Bart V III 05	:
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	тте ог тті. 5ее ғотіп 990, Рап X, IINe 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DUE TO FLAGLER COUNTY SCH	OOLS		84,216.
(3)			, ,
			
(4)			
(5)			
(6)			
(7)			<u> </u>
(8)			
(9)			
	05.)		84,216.
Total. (Column (b) must equal Form 990, Part X, col. (B) line	,		•
2. Liability for uncertain tax positions. In Part XIII, provide		· · · · · ·	
organization's liability for uncertain tax positions under	FASB ASC 740. Check he	re if the text of the footnote has been pro	ovided in Part XIII X

Schedule D (Form 990) 2022

SUPPORT ORGANIZATION INC.

Part XI Reconciliation of Revenue per Audited Financial Stat		Revenue per Re	turn.		
Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		Т. Г	1 222 605	
			1	1,332,605.	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	اما	200 000			
a Net unrealized gains (losses) on investments		308,908.	-		
b Donated services and use of facilities			-		
c Recoveries of prior year grants			-		
d Other (Describe in Part XIII.) e Add lines 2a through 2d			-	308,908.	
•			2e 3	1,023,697.	
 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 				1,023,037.	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b Other (Describe in Part XIII.)		-140,205.			
			4c	-140,205.	
c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	883,492.	
Part XII Reconciliation of Expenses per Audited Financial Sta	tements With	Expenses per F		1.	
Complete if the organization answered "Yes" on Form 990, Part IV, lin					
Total expenses and losses per audited financial statements			1	1,084,646.	
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					
c Other losses					
d Other (Describe in Part XIII.)		140,205.			
e Add lines 2a through 2d		-	2e	140,205.	
3 Subtract line 2e from line 1			3	944,441.	
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.)					
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	3.)		5	944,441.	
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	l; Part X	K, line 2; Part XI,	
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	y additional inforr	mation.			
PART V, LINE 4:					
THE ORGANIZATION'S ENDOWMENT CONSISTS OF T	WO INDIV	IDUAL FUNDS	EST	rablished	
BY DONORS TO PROVIDE ANNUAL FUNDING FOR SO	HOLARSHII	PS.			
PART X, LINE 2:					
THE FOUNDATION IS GENERALLY EXEMPT FROM FE	DERAL INC	COME TAXES	UNDI	SR THE	
PROVIDED OF GREETON FOLICE TO THE TARREST OF THE TA					
PROVISIONS OF SECTION 501(C)(3) OF THE INT	ERNAL RE	VENUE CODE.	IAM	NAGEMENT	
OF MUR HOURINGTON CONCERNS MUR LIVELTHOOF		20 <i>2</i> DV 03VI			
OF THE FOUNDATION CONSIDERS THE LIKELIHOOD	OF CHANG	JES BY TAXI	.NG		
AUMIODIMIEG IN IMC EILED INCOME MAY DEMUDA	IC AND DE	CONTERE A	T T 7 T	OTT TON HOD	
AUTHORITIES IN ITS FILED INCOME TAX RETURN	IS AND REC	COGNIZES A	ТТА	SILITY FOR	
OD DIGGIOGEG DOMENMINI GIONIETONIM GUANGEG	י הנואה אנייי	ALV CEMENUM DE	יהד דו	7EC 10E	
OR DISCLOSES POTENTIAL SIGNIFICANT CHANGES	THAT MAI	NAGEMENT BE	.т.т. <u>г</u> ./	LD AKE	
MORE LIKELY THAN NOT TO OCCUR, INCLUDING O	ישאאומפים שי		አጥተ ⁄	אז ' פ	
MORE LIKELI IMAN NOT TO OCCUR, INCLUDING C	ламсьэ ТС	O THE FOUND	'ATT(ט אני	
STATUS AS A NOT-FOR-PROFIT ENTITY. MANAGEMENT BELIEVES THE FOUNDATION MET					

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Schedule D (Form 990) 2022

Part XIII Supplemental Information (continued)
THE REQUIREMENTS TO MAINTAIN ITS TAX-EXEMPT STATUS AND HAS NO INCOME
SUBJECT TO UNRELATED BUSINESS INCOME TAX, THEREFORE NO PROVISION FOR
INCOME TAXES HAS BEEN PROVIDED IN THESE FINANCIAL STATEMENTS. THE
FOUNDATION'S INCOME TAX RETURNS FOR THE PAST THREE YEARS ARE SUBJECT TO
EXAMINATION BY TAX AUTHORITIES, AND MAY CHANGE UPON EXAMINATION
PART XI, LINE 4B - OTHER ADJUSTMENTS:
SPECIAL EVENT DIRECT EXPENSE, 990 PART VIII, LINE 8B -140,205.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
SPECIAL EVENT DIRECT EXPENSE, 990 PART VIII, LINE 8B 140,205.

SCHEDULE G (Form 990)

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 FLAGLER COUNTY EDUCATION DIRECT SUPPORT ORGANIZATION INC.

Employer identification number 59-3006312

Part I Fundraising Activities.	Complete if the organization answe	red "Y	es" or	Form 990, Part IV, I	ine 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						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	ıstody trol of	(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			
3 List all states in which the organization or licensing.	n is registered or licensed to solicit c	ontrib	 utions	or has been notified	it is exempt from re	gistration

232081 10-27-22

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

Schedule G (Form 990) 2022

59-3006312 Page 2

	וונו	of fundraising event contributions and gr	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	•
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				GOLF	_	(add col. (a) through
			MARDI GRAS	TOURNAMENT	5	col. (c))
ne			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	58,062.	62,298.	218,342.	338,702.
	2	Less: Contributions	26,536.	31,049.	79,007.	136,592.
	3	Gross income (line 1 minus line 2)	31,526.	31,249.	139,335.	202,110.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages	232.		465.	697.
_	8	Entertainment	1	F0 010	5 4 044	120 500
	9	Other direct expenses		•	71,011.	139,508.
	10	,				140,205. 61,905.
Pa	ırt I	Net income summary. Subtract line 10 from lill Gaming. Complete if the organization		000 Part IV line 10 or r		01,905.
		\$15,000 on Form 990-EZ, line 6a.	answered res on rom	1 990, Fait IV, line 19, 01 1	eported more triair	
		ψ·ο,σοο σ··· σ···· σσο <u></u> ,σ σα.		(b) Pull tabs/instant		(d) Total gaming (add
une			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue	1	Gross revenue				
ses	2	Cash prizes				
xbens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
			Yes%	Yes%	Yes%	
	6	Volunteer labor	No	☐ No	No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)			
		ter the state(s) in which the organization condu	_			
		the organization licensed to conduct gaming a		states?		Yes No
b	If "	No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:	evoked, suspended, or te	erminated during the tax y	ear?	Yes No
N		то, одрант				
	_					
2320	32 10)-27-22			Sche	dule G (Form 990) 2022

FLAGLER COUNTY EDUCATION DIRECT SUPPORT ORGANIZATION INC.

Sch	edule G (Form 990) 2022 SUPPORT ORGANIZATION INC. 59-	-3006	<u> 312</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No No
	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
12			103	110
	Indicate the percentage of gaming activity conducted in:	ا ء٥٠ ا		0.4
	The organization's facility			<u>%</u>
	An outside facility	13b		<u>%</u>
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
h	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
~				
	of gaming revenue retained by the third party \$			
С	s If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	·			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		Yes	□ No
	retain the state gaming license?	Ш	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 \$			
Pa	Tt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	'art III, lin	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

FLAGLER COUNTY EDUCATION DIRECT SUPPORT ORGANIZATION INC. 59-3006312 Page 4 Schedule G (Form 990) Part IV Supplemental Information (continued)

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.
FLAGLER COUNTY EDUCATION DIRECT

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

SUPPORT O	59-3006312							
Part I General Information on Grants a	nd Assistance							
1 Does the organization maintain records t	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection		
criteria used to award the grants or assis	stance?						X Yes No	
2 Describe in Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	States.				
Part II Grants and Other Assistance to I recipient that received more than \$\frac{1}{2}\$					anization answered "\	es" on Form 990, Part	IV, line 21, for any	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
SCHOOL BOARD OF FLAGLER COUNTY								
1769 E. MOODY BLVD., BUILDING 2							OPERATING GRANTS AND	
BUNNELL, FL 32110	59-6000609	115(1)	194,504.	0.			TEACHER/STUDENT SUPPORT	
2 Enter total number of section 501(c)(3) at	nd government org	ganizations listed in th	e line 1 table				1.	
3 Enter total number of other organizations	s listed in the line 1	I table					0.	
LHA For Paperwork Reduction Act Notice,	⊣A For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) 2022							

Schedule I (Form 990) 2022 SUPPORT ORGANIZ	ZATION INC	C.			59-3006312	Page
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	s. Complete if the	e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash a	assistance
FLORIDA PREPAID SCHOLARSHIPS AND TAKE STOCK IN						
CHILDREN	17	294,205.	0.			
Part IV Supplemental Information. Provide the information re-	 quired in Part I, lin	l le 2; Part III, column	(b); and any other ac	I Iditional information.		
PART I, LINE 2:						
THERE IS AN APPLICATION PROCESS FO	R GRANTS.	THERE IS	AN INDEPEN	DENT PANEL		
THAT SELECTS THE RECIPIENTS USING	A SCORING	RUBRIC. F	RECIPIENTS	ARE REQUIRED		
TO COMPLETE MID TERM AND POST SURV				~		
TO COMPLETE MED TERM AND TOST BORV	<u> </u>	THE CREAT				
SCHEDULE I, PART III, LINE 1(C)						
THIS FIGURE INCLUDES THE COST OF S	CHOLARSHI	P CONTRACT	'S PURCHASE	D FROM		
THE FLORIDA PREPAID COLLEGE FOUNDA	TION, INC.	THAT HAVE	E NOT YET B	EEN		
AWARDED TO ELIGIBLE STUDENTS. SCHO	LARSHIP C	REDITS USE	ED BY STUDE	NTS FOR		

Schedule I (Form 990)

SCHEDULE 0 (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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

FLAGLER COUNTY EDUCATION DIRECT

Employer identification number

59-3006312 SUPPORT ORGANIZATION INC. FORM 990, ITEM C, DOING BUSINESS AS: FLAGLER COUNTY EDUCATION FOUNDATION FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TO DEVELOP A PARTNERSHIP BETWEEN THE COMMUNITY AND THE FLAGLER COUNTY SCHOOL DISTRICT FOR THE ENHANCEMENT AND SUPPORT OF PUBLIC EDUCATION IN FLAGLER COUNTY, FLORIDA. FORM 990, PAGE 1, PART 1, LINE 6 VOLUNTEER ASSISTANCE IS PROVIDED BY VARIOUS MEMBERS OF THE COMMUNITY ON AN AS-NEEDED BASIS TO ASSIST THE ENTITY IN THE PREPARATION AND CONDUCTING OF ITS VARIOUS FUNDRAISING ACTIVITIES. IN ADDITION, MEMBERS OF THE COMMUNITY ACTIVELY PARTICIPATE IN STUDENT MENTORING PROGRAMS THAT ARE ONGOING THROUGHOUT THE ENTIRE SCHOOL YEAR; SEVENTY-SEVEN MENTORS FOR TAKE STOCK AND SIXTY MENTORS FOR CAREER COACHING. FORM 990, PART V, LINE 2A THE NUMBER OF EMPLOYEES REPORTED ON PART V, LINE 2A REPRESENTS THE NUMBER OF EMPLOYEES OF THE FILING ORGANIZATION DURING THE TAX YEAR 2022, WHICH WERE REPORTED ON FORM W-3 BY THE SCHOOL BOARD OF FLAGLER COUNTY, A RELATED ENTITY.

FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE SHALL HAVE, AND MAY EXERCISE, ONLY THE POWERS AND

AUTHORITY SO DESIGNATED BY THE BOARD OF DIRECTORS WHEN THE BOARD OF

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page **2**

Name of the organization FLAGLER COUNTY EDUCATION DIRECT SUPPORT ORGANIZATION INC.

Employer identification number 59-3006312

DIRECTORS IS NOT IN SESSION. THE EXECUTIVE COMMITTEE SHALL HAVE NO
AUTHORITY TO ALTER, AMEND, OR REPEAL THE ARTICLES OF INCORPORATION, BYLAWS,
OR POLICIES AND PROCEDURES, OR TO APPOINT DIRECTORS, OR TO APPROVE OR
RECOMMEND TO MEMBERS ACTIONS OR PROPOSALS REQUIRED BY LAW TO BE APPROVED BY
MEMBERS. ALL ACTIONS OF THE EXECUTIVE COMMITTEE SHALL BE INCLUDED IN THE
MINUTES OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 4:

THE BYLAWS WERE AMENDED NOVEMBER 9, 2022. THE DUTIES OF THE BOARD WERE MODIFIED AND ARE NOW STATED AS SUCH:

BOARD OF DIRECTORS ROLES AND RESPONSIBILITIES SHALL BE AS FOLLOWS:

ESTABLISH THE IDENTITY AND DIRECTION OF FCEF BY:

- -ATTEND AND PARTICIPATE IN THE STRATEGIC PLAN SESSION ANNUALLY.
- -ENSURE TO MONITOR THE BUDGET AND THAT THE STRATEGIC PLAN IS IN ALIGNMENT.
- -ENHANCE FCEF'S PUBLIC STANDING BY CLEARLY ARTICULATING THE ORGANIZATION'S

MISSION, ACCOMPLISHMENTS, AND GOALS TO THE PUBLIC AND GARNERING SUPPORT

FROM THE COMMUNITY.

- -SUPPORT FCEF'S MISSION, PURPOSE, GOALS, POLICIES, AND PROGRAMS.
- ENSURING THE NECESSARY RESOURCES FOR FCEF BY:
- -SUPPORT A FUNDRAISING/STEWARDSHIP PLAN.
- -DONATE PERSONALLY.
- -STRATEGICALLY CULTIVATE NEW MEMBERSHIP, BOARD DEVELOPMENT AND ALLIANCES.
- -ATTEND THE MEETINGS AND/OR EVENTS FOR FOUNDATIONAL SUPPORT (THREE

CONSECUTIVE MEETINGS).

- -ATTEND AT LEAST TWO MAJOR EVENTS THROUGHOUT THE YEAR.
- -MAINTAIN CONFIDENTIALITY OF MATTERS DISCUSSED IN BOARD AND COMMITTEE

PROVIDING OVERSIGHT CONCERNING FCEF BY:

MEETINGS.

Schedule O (Form 990) 2022 Page **2**

Name of the organization FLAGLER COUNTY EDUCATION DIRECT SUPPORT ORGANIZATION INC.

Employer identification number 59-3006312

-ENSURE EFFECTIVE PLANNING BY PARTICIPATING IN THE OVERALL PLANNING PROCESS

AND ASSISTING IN IMPLEMENTING AND MONITORING THE PLAN'S GOALS.

-FOLLOW THE POLICIES AND PROCEDURES OF THE BOARD AND FCEF.

-PROTECT THE ASSETS OF FCEF AND PROVIDE PROPER FINANCIAL OVERSIGHT.

-SUPPORT THE EXECUTIVE DIRECTOR TO ENSURE THAT S/HE CAN FURTHER FCEF'S

MISSION.

BOARD OPERATIONS OF FCEF

-ENSURE LEGAL AND ETHICAL INTEGRITY OF FCEF AS THE BOARD IS ULTIMATELY

RESPONSIBLE FOR ADHERENCE TO LEGAL STANDARDS AND ETHICAL NORMS.

-RESPONSIBLE FOR ARTICULATING CANDIDATES' PREREQUISITES, ORIENTING NEW

MEMBERS ANNUALLY AND COMPREHENSIVELY EVALUATING THEIR OWN PERFORMANCE.

-ACTIVELY ENGAGE IN MEETINGS AND SERVE ON AT LEAST ONE COMMITTEE.

CONFLICTS OF INTEREST OF FCEF:

-SERVE FCEF AS A WHOLE, NOT AS A SPECIAL INTEREST GROUP (PERSONAL AGENDAS).

-AVOID EVEN THE APPEARANCE OF A CONFLICT OF INTEREST.

-ENSURE THAT BEHAVIOR IS ETHICAL AND MAINTAIN THE HIGHEST ETHICAL

STANDARDS.

-MAKE ANY POTENTIAL PERSONAL CONFLICT OF INTEREST KNOWN AND TAKE

APPROPRIATE ACTION.

-NEVER ACCEPT OR OFFER FAVORS TO ANYONE WHO DOES BUSINESS WITH THE FCEF.

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

THE COMPLETED FORM 990 IS SUBMITTED TO THE BOARD FOR EXAMINATION OF ALL ITS

CONTENTS, CURSORY REVIEW AND FORMAL VOTED ACCEPTANCE PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

MANAGEMENT AND STAFF MAKE REASONABLE EFFORTS TO OBTAIN INFORMATION ON AN

ANNUAL BASIS FROM ALL OFFICERS AND DIRECTORS AS MAY BE NECESSARY TO ENFORCE

Schedule O (Form 990) 2022	Page 2
Name of the organization FLAGLER COUNTY EDUCATION DIRECT	Employer identification number
SUPPORT ORGANIZATION INC.	59-3006312
THIS POLICY.	
11110 1011011	
FORM 000 DARM WE GEOWTON C I THE 10.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION PROVIDES A COPY OF FORM 990 ON ITS LOCAL	WEBSITE FOR
REVIEW BY THE GENERAL PUBLIC. THIS WEBSITE IS ALSO LINKED	TO THE WEBSITE OF
THE SCHOOL DISTRICT OF FLAGLER COUNTY.	

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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. Name of exempt organization or other filer, see instructions. Type or Taxpayer identification number (TIN) FLAGLER COUNTY EDUCATION DIRECT print SUPPORT ORGANIZATION INC. 59-3006312 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 1769 E MOODY BLVD BLDG 2 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. 32110-5991 BUNNELL, FL Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 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) THE ORGANIZATION • The books are in the care of ▶ 1769 E MOODY BLVD BLDG 2 - BUNNELL, FL 32110-5991 Telephone No. \blacktriangleright (386) 437-7526 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. MAY 15, 2024 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or , and ending JUN 30, 2023 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. 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 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. 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 For Privacy Act and Paperwork Reduction Act Notice, see instructions.

223841 04-01-22

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Form 8868 (Rev. 1-2022)