Form	990-EZ

Department of the Treasury Internal Revenue Service

Short Form

OMB No. 1545-0047

Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

AF	For the	2022 calenda	ar year, or tax year beginning	01/01/2022	and ending		12/	/31/202	2	
B	Check if applicable: C Name of organization		C Name of organization				D Empl	oyer ide	ntification number	
	Address cl	hange Floatarama Inc				87-3441222				
	Name cha	nge	Number and street (or P.O. box if mail is not d	not delivered to street address) Room/suite			E Telephone number			
	Initial retur		2624 NE 34th Street				202-746-4093			
		City or town, state or province, country, and ZIP or foreign postal code				F Grou	ıp Exen	nption		
	Amended return Application pending Fort Lauderdale, FL 33306 N			Num	•					
		ing Method:	Cash Accrual Other (specify	/):		но	heck •	/ if the	organization is not	
		floataram							ch Schedule B	
			ck only one) – 🗹 501(c)(3) 🗌 501(c) () (insert no.) 4947(a	a)(1) or 527		Form 99			
			Corporation Trust							
			7b to line 9 to determine gross receipts. I			total	assets			
			500,000 or more, file Form 990 instead o					. ¢	111 500	
	art I		e, Expenses, and Changes in N						111,528 for Part I)	
	arti		· · ·		•				,	
	4		the organization used Schedule O							
	1		ns, gifts, grants, and similar amounts					1	111,528	
	2	-	ervice revenue including government				+	2	0	
	3		ip dues and assessments			•		3	0	
	4	Investment				·		4	0	
	5a		unt from sale of assets other than inv	-	5a		0			
	b		or other basis and sales expenses .		5b		0			
	С		ss) from sale of assets other than inve	entory (subtract line 5b fi	rom line 5a) .	•	· ·	5c	0	
	6	•	d fundraising events:							
~	а		ome from gaming (attach Schedu							
ЪЦ		\$15,000) .			6a		0			
Revenue	b		me from fundraising events (not inclu		0 of contrib	oution	s			
Be			aising events reported on line 1) (att							
		sum of suc	h gross income and contributions ex	ceeds \$15,000)..	6b		0			
	С	Less: direc	t expenses from gaming and fundrais	sing events	6c		0			
	d	Net incom	e or (loss) from gaming and fundrais	sing events (add lines 6	a and 6b and	l subt	ract			
		line 6c) .						6d	0	
	7a	Gross sales	s of inventory, less returns and allowa	ances	7a		0			
	b	Less: cost	of goods sold		7b		0			
	с	Gross prof	t or (loss) from sales of inventory (sul	otract line 7b from line 7	a)			7c	0	
	8	Other reve	nue (describe in Schedule O)					8	0	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, a					9	111,528	
	10		similar amounts paid (list in Schedul					10	50,000	
	11		aid to or for members	,				11	0	
Š	12		her compensation, and employee be					12	0	
JSe	13		al fees and other payments to indepe					13	2,364	
Expenses	14		/, rent, utilities, and maintenance .					14	0	
Ă	15		ublications, postage, and shipping					15	1,854	
_	16		nses (describe in Schedule O)					16	35,726	
	17		nses. Add lines 10 through 16					17	<u> </u>	
	18		deficit) for the year (subtract line 17 f					18		
∋ts	18		or fund balances at beginning of y					10	21,584	
SSE			r figure reported on prior year's retur					10	-	
Net Assets	00	-						19	0	
Ne	20		ges in net assets or fund balances (e					20	0	
	21		or fund balances at end of year. Con					21	21,584	
For	Paperv	work Reduct	ion Act Notice, see the separate instrue	ctions.	Cat. No. 10642	I			Form 990-EZ (2022)	

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Pa	rt II Balance Sheets (see the instructions f	or Part II)				
	Check if the organization used Schedule	O to respond to an	ny question in this	Part II....		🗆
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[0	22	21,584
23	Land and buildings		[0	23	0
24	Other assets (describe in Schedule O)		[0	24	0
25	Total assets			0	25	21,584
26	Total liabilities (describe in Schedule O)		[0	26	0
27	Net assets or fund balances (line 27 of column	(B) must agree with	n line 21)	0	27	21,584
Par						
	Check if the organization used Schedule	O to respond to an	ny question in this	Part III . 🔽		Expenses
Wha	t is the organization's primary exempt purpose?	See Schedule O, Sta	tement 2			quired for section (c)(3) and 501(c)(4)
as m	ribe the organization's program service accompli- neasured by expenses. In a clear and concise m	anner, describe the			org	anizations; optional for ers.)
28	ons benefited, and other relevant information for ea Floatarama donated \$50,000 to the Floatarama LGBT		aed by The Our Fund	Foundation.		
			<u>, , , , , , , , , , , , , , , , , , , </u>			
	(Grants \$ 50,000) If this amount	includes foreign gra	nts. check here		28	a 0
29		<u> </u>	-,			
	(Grants \$) If this amount	includes foreign gra	nts. check here		29	a
30				· · · · 🖵		-
•••						
	(Grants \$) If this amount	includes foreign gra	nts, check here		30	a
31	Other program services (describe in Schedule O)					-
•••		includes foreign gra			31	a o
32	Total program service expenses (add lines 28a t				32	
Par						•
	Check if the organization used Schedule					
	.		(c) Reportable			
		(b) Average	compensation	(d) Health benefits, contributions to employ	(_) Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC, 1099-NEC)	benefit plans, and		other compensation
			(if not paid, enter -0-)	deferred compensation	n	
Scot	t Schramm	15.00	0		0	0
	ident	15.00			U	U
	erick MacKenzie	15.00	0		0	0
		15.00			0	0
	President and Treasurer	10.00	0		0	0
	nie Turner	10.00	U		0	U
Secr	etary				_	
					_	
		-				
		1				
		1				
		1	L	1		

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Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	33		~
04	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		~
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b		
С	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		V
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	000		•
	during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
b	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		~
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b	30a		•
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
b	section 4911:0; section 4912:0; section 4955:0 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
5	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		~
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
41	transaction? If "Yes," complete Form 8886-T	40e		~
42a		02.74	6-4093	2
	Located at: 2624 NE 34th Street, Fort Lauderdale, FL 33306 ZIP + 4	333		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		~
	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
с	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		~
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		103	110
	completed instead of Form 990-EZ	44a		~
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
_	completed instead of Form 990-EZ	44b		<u> </u>
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		~
u	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	4		
	Form 990-EZ. See instructions	45b		V

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			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition			
	to candidates for public office? If "Yes," complete Schedule C, Part I	46		~

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

	Check if the organization used Schedule O to respond to any question in this Part VI			
			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax			
	year? If "Yes," complete Schedule C, Part II	47		~
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		~
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		~
b	If "Yes," was the related organization a section 527 organization?	49b		
50	Complete this table for the examination is five bighest some example one (athen then officers divertees t			aller

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

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

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		
d Total number of other independent contractors each receiving	over \$100,000	

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

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

Sign	Signature of officer			Date					
Here	Roderick MacKenzie, Treasurer								
	Type or print name and title								
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date		Check if self-employed	PTIN			
Use Only	Firm's name	Firm's EIN							
	Firm's address			Phone no.					
May the IRS	Aay the IRS discuss this return with the preparer shown above? See instructions								

SCHE	DULE	Α
(Form	990)	

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.

Internal Revenue Service Na

Department of the Treasury

F

_ (B)

(C)

(D)

(E)

Total

Interna	Revenue Service	Go	to www.irs.gov/Foi	rm990 for instructions ar	nd the late	st informa	tion.	Insp	pection
Name	of the organization		Employer identification number						
Float	arama Inc	87-3441222							
Par	t I Reason	for Public Cha	rity Status. (All	l organizations mus	t comple	ete this p	art.) See instructi	ons.	
The c	organization is no	ot a private founda	ation because it i	s: (For lines 1 through	12, chec	k only or	ne box.)		
1	🗌 A church, co	nvention of churc	hes, or associati	on of churches descri	bed in se	ction 17	0(b)(1)(A)(i).		
2	A school des	cribed in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990)	.)			
3	A hospital or	a cooperative ho	spital service org	ganization described in	n section	170(b)(1)(A)(iii).		
4		search organization me, city, and stat	•	onjunction with a hosp	oital desc	ribed in s	ection 170(b)(1)(A)	(iii) . Ent	er the
5	_ •	ion operated for (b)(1)(A)(iv) . (Com		college or university	owned o	r operate	d by a government	al unit	described in
6	A federal, sta	ate, or local gover	nment or govern	mental unit described	in sectio	on 170(b)	(1)(A)(v).		
7		ion that normally section 170(b)(1)		tantial part of its sup te Part II.)	port from	a gover	nmental unit or fron	n the ge	eneral public
8	A community	/ trust described i	n section 170(b))(1)(A)(vi). (Complete I	Part II.)				
9				d in section 170(b)(1) iculture (see instructio					
10	receipts from support from	 activities related gross investmen 	to its exempt fu t income and uni	e than 33 ¹ / ₃ % of its su nctions, subject to ce related business taxal 75. See section 509(a	rtain exce ole incom	eptions; a le (less se	nd (2) no more than action 511 tax) from	⊨33¹/₃%	of its
11		•		sively to test for public		•	,		
		•		vely for the benefit of,	-			out the	purposes of
				escribed in section 50 the type of supporting					
а	the supp	orted organization	n(s) the power to	l, supervised, or contr regularly appoint or e ete Part IV, Sections	lect a ma	jority of t			
b	control o	r management of	the supporting o	ed or controlled in co organization vested in V, Sections A and C .	the same				
c				ting organization oper ons). You must comp l				ally inte	grated with,
d	that is no	t functionally inte	grated. The orga	pporting organization nization generally mus complete Part IV, Sec	st satisfy	a distribu	ition requirement ar		
е				a written determination				e II, Typ	e III
f		per of supported of						.	
g	Provide the fol	lowing informatio	n about the supp	oorted organization(s).					
	(i) Name of supporte	ed organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization Ir governing ment?	(v) Amount of monetary support (see instructions)	other	Amount of support (see structions)
					Yes	No			
(A)									

OMB No. 1545-0047

2022

Open to Public

Part IISupport 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.)

Secti	on A. Public Support			-		-	
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support		1	1	1	1	
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc					12	
13 <u>Sooti</u>	First 5 years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Support	re				ear as a sectio	
<u>3ecu</u> 14	Public support percentage for 2022 (line 6	-		11 column (f))		14	%
15	Public support percentage from 2021 Sch					15	%
16a	331 /3% support test—2022. If the organization qua	ization did not	check the box	x on line 13, a	nd line 14 is 3	3 ¹ /3% or more,	check this
b	331 /3% support test—2021. If the organi this box and stop here . The organization						
17a	10%-facts-and-circumstances test — 20 10% or more, and if the organization m Part VI how the organization meets the organization	eets the facts facts	-and-circumst umstances tes	ances test, ch	eck this box a zation qualifies	and stop here.	Explain in
b	10%-facts-and-circumstances test — 20 15 is 10% or more, and if the organizatio in Part VI how the organization meets the organization	n meets the fa e facts-and-cir	acts-and-circu cumstances te	mstances test, est. The organ	, check this bo ization qualifie	ox and stop he s as a publicly	re. Explain supported
18	Private foundation. If the organization of instructions						x and see
						.	. /=

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.)

Secti	on A. Public Support			e, p.e.ee ee		,	
	dar 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.")					86,595	86,595
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose					24,933	24,933
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513					0	0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf					0	0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge					0	0
6	Total. Add lines 1 through 5	0	0	0	0	111,528	111,528
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						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
U							111,528
Secti	on B. Total Support						111,520
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	0	0	0	0	111,528	111,528
10a	Gross income from interest, dividends,					,020	,020
	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						
С	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						
10	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)		-			111 500	111 500
14	First 5 years. If the Form 990 is for the	0 organization's	0 s first second	0 third fourth	0 or fifth tax ve	111,528 Par as a sectio	$\frac{111,528}{110,000}$
14	organization, check this box and stop he	•					
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2022 (line 8	•		13 column (fl)		15	%
16	Public support percentage from 2021 Scl					16	<u> </u>
	on D. Computation of Investment In						,,,
17	Investment income percentage for 2022 (-	by line 13, colu	mn (f))	17	%
18	Investment income percentage from 202					18	%
19a	331/3% support tests-2022. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2021. If the organiz	ation did not c	heck a box on	line 14 or line 1	9a, and line 16	is more than 3	
	line 18 is not more than 331/3%, check this	box and stop h	ere . The organ	ization qualifies	as a publicly s	upported organ	ization .
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, c	heck this box	and see instrue	ctions .
						Schedule A	A (Form 990) 2022

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

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

Yes No

1

2

1

3

2a

2b

3a

3b

Yes No

Yes No

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			ions A through E.
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	allv i	ntegrated Type III suppo	rting organization

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization 7 (see instructions).

Schedule A (Form 990) 2022

Schedu	le A (Form 990) 2022			Page 7		
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	zations (continued)			
Sect	on D-Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish e	exempt purposes	1			
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted			
	nizations 2					
3						
4	4 Amounts paid to acquire exempt-use assets 4					
5	Qualified set-aside amounts (prior IRS approval required-	•	· · · · · · · · · · · · · · · · · · ·			
	Other distributions (describe in Part VI). See instructions.		6			
7 8	Total annual distributions. Add lines 1 through 6.	h the everesimetics is use	7			
0	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	in the organization is res	8 sponsive			
9	Distributable amount for 2022 from Section C, line 6		9			
10	Line 8 amount divided by line 9 amount		10			
Sect	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022		
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required — <i>explain in Part VI</i>). See instructions.					
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018					
C	From 2019					
d	From 2020					
e	From 2021					
f	Total of lines 3a through 3e					
<u> </u>	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
	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					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI . See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j and 4c.					
8	Breakdown of line 7:					
а	Excess from 2018					
b	Excess from 2019					
С	Excess from 2020					
d	Excess from 2021					
e	Excess from 2022					

Schedule A (Form 990) 2022

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

SCHEDULE O (Form 990)

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.



Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer	ider	ntification	numbe

87-3441222

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Form 990-EZ, Part III, Line (28-31) - Floatarama donated \$50,000 to the Floatarama LGBTQ Youth Fund managed by The Our Fund
Foundation.

Cat. No. 51056K

Schedule O, Statement 1	Floatarama Inc
Form: Form 990-EZ (2022)	EIN: 87-3441222
Page: 1	Part I, Line 16
Other Expenses Structur	ed Explanation
Description	Amount
Advertising	9,085
Bank Fees	1,178
Insurance	2,661
Office Supplies and Software	1,575
Flotilla Expenses	19,816
Other Misc	1,411
Total:	35,726

Form: Form 990-EZ (2022)

Page: 2

Primary Exempt Purpose

Floatarama Inc EIN: 87-3441222 Part III

Primary Exempt Purpose

The primary exempt purpose of Floatarama Inc is to raise awareness and funds to support at-risk LGBTQ youth through the FLoatarama Flotilla and associated activities.