WILTON SIMPSON
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Consumer Services

SOLICITATION OF CONTRIBUTIONS
ANNUAL FINANCIAL REPORTING FORM

Chapter 496, Florida Statutes
Rule 5J-7.004, Florida Administrative Code

1-800-HELP-FLA (435-7352) • (850) 410-3800

Remit completed form to:
charities@FDACS.gov
or
FDACS
Solicitation of Contributions
2005 Apalachee Pkwy.
Tallahassee, FL 32399-6500

Cross the Line Foundation, INC — *Organization Name*
CH# 60428 — *(Registration #)*
DTN 3987146 — *(as listed on the preprinted renewal application)*

1101 S. 19th St Fernandina Beach, FL 32034
Organization Physical Address | *City* | *State* | *Zip*

FISCAL YEAR ENDING 9 /30 /2,024

☐ Yes ■ No Is this a proposed budget? (newly formed organizations only)

☐ Yes ■ No Is this a consolidated financial statement for chapters, branches and affiliates?

REVENUE

1.	**Federated campaigns:**	0.00
2.	**All Fundraising events:**	10,593.00
3.	**Related Organizations:**	750.00
4.	**Government Grants:**	0.00
5.	**All other contributions, gifts, grants & similar amounts:**	16,071.40
6.	**In-kind contributions (non- cash contributions):**	0.00
7.	**Program service revenue:**	3,868.45
8.	**Income from gaming activities:**	0.00
9.	**Sales of inventory revenue:**	189.43
10.	**Misc./Other revenue**	0.00
11.	**Membership Dues and assessments**	0.00
12.	**TOTAL REVENUE**	31,472.48

EXPENSES

1.	**Program services (including payments to affiliates)**	10,654.80
2.	**Management and general**	2,361.64
3.	**Fundraising**	5,220.77
4.	**TOTAL EXPENSES (add lines 1 through 3)**	18,237.21

Statement of Functional Expenses for Cross the Line Foundation, INC (Organization Name) CH 60428 (Renewals Only)

ITEMS	(A) Program Services	(B) Management & General	(C) Fundraising	TOTAL for A, B, C
Grants & allocations (cash_____ Non cash_____) Attach schedule				
Assistance to individuals	9,366.25			9,366.25
Benefits to or for members				
Compensation to officers, etc.				
Other salaries, wages, etc.				
Fees for service non employees	1,000.00	201.75		1,201.75
Other benefits, pensions, etc.				
Payroll taxes				
Professional fundraising fees				
Investment management fees				
Accounting fees		820.00		820.00
Management				
Legal fees				
Lobbying				
Office supplies		299.43		299.43
Telephone				
Postage & shipping		29.55		29.55
Equipment rental	100.00			100.00
Occupancy				
Printing	88.55	9.63	156.95	255.13
Travel				
Conferences & meetings	100.00			100.00
Interest				
Insurance		501.28		501.28
Advertising & promotions				
Information technology		500.00		500.00
Royalties				
Payments to affiliates				
Depreciation, depletion & amortization				
Other (List Item)			5,063.82	5,063.82
Other (List Item)				
Other (List Item)				
TOTAL EXPENSES	(A) 10,654.80	(B) 2,361.64	(C) 5,220.77	TOTAL 18,237.21

BALANCE SHEET:	(A) BEGINNING OF YEAR	(B) END OF YEAR
CASH, SAVINGS AND INVESTMENTS	16,505.03	32,840.10
TOTAL ASSETS	16,505.03	32,840.10
EXCESS (OR DEFICIT) FOR THE YEAR		16,335.07

Statement of Functional Expenses for Cross the Line Foundation, INC (*Organization Name*) **CH** 60428 (*Renewals Only*)

SUPPLEMENTAL CONSOLIDATED FINANCIAL STATEMENT

You must submit financial statements for the parent organization and **each** chapter, branch, or affiliate listed in question 4 on the Registration Application. However, *if* all contributions received by the chapters, branches, or affiliates are remitted directly into a depository account which feeds directly into the parent organization's centralized accounting system from which all disbursements are made, the parent organization may submit one consolidated financial statement and IRS form 990 with all attachments, or form 990-EZ and Schedule O, for the parent organization and each chapter, branch, or affiliate that is required to file such forms. If submitting one consolidated financial statement, financial information for all branches should be combined into the amounts requested below. Please note: this form is required and may be reproduced to accommodate all affiliate locations. Additional pages using the same format may be attached if more space is needed.

Chapter, Branch, or Affiliate Name: _____

Street Address: _____ **City/State/Zip:** _____

Telephone Number: _____ **Email:** _____

Total contributions received in the name of the Chapter, Branch or Affiliate $_____

Total administrative costs assessed by Parent to Chapter, Branch or Affiliate $_____

Total payments to Chapter, Branch or Affiliate $_____

If a professional fundraising consultant, professional solicitor, or commercial co-venturer was utilized during any portion of this reporting period, please provide the following information for each contract entered:

☐ **Professional Fundraising Consultant** ☐ **Professional Solicitor** ☐ **Commercial Co-Venturer**

Name: _____

Street Address: _____ **City/State/Zip:** _____

Amount Received following the campaign, fundraiser, promotion or event: $_____

PLEASE NOTE: Financial statements from organizations that receive at least $500,000 but less than $1 million in annual contributions must be audited or reviewed by an independent certified public accountant. Financial statements from organizations that receive $1 million or more in annual contributions must be audited by an independent certified public accountant. If this applies to your organization, you must submit the review or audit with this document.

I am authorized to complete this financial reporting form.

William K Cimino
Signature

William K Cimino
Printed Name

Co-Director
Title

October 19, 2024
Date

410-218-4330
Telephone Number

wkcimino@yahoo.com
Email Address