Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form, as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A F	or the	2022 calenda	r year, or tax year beginning 10/01/20	22 and	ending	09	/30/202	23	
B 0	heck if ap	oplicable:	C Name of organization			D Empl	oyer ide	entification number	
=	Address change PROTECT KEY WEST INC dba Last Stand						5-0005784		
Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telepl							hone nu	ımber	
=	☐ Initial return Final return/terminated PO BOX 146							5-394-7555	
=	Amended		City or town, state or province, country, and ZIP or foreign	postal code		F Grou	ıp Exen	nption	
	Applicatio	n pending	KEY WEST, FL 33041-0146			Nun	nber		
		ting Method:			H	l Check	\Box if the	organization is not	
			YSLASTSTAND.ORG			required	to atta	ach Schedule B	
J Ta	ax-exen	npt status (che	ck only one) — 🗹 501(c)(3) 🗌 501(c) () (insert	no.) 4947(a)(1) or	r 🗌 527	(Form 9	90).		
			✓ Corporation ☐ Trust ☐ Assoc						
			7b to line 9 to determine gross receipts. If gross rece						
(Par	t II, coli		500,000 or more, file Form 990 instead of Form 990				. \$	34,642	
Pa	art I		e, Expenses, and Changes in Net Asset						
		Check if	the organization used Schedule O to respor	nd to any question i	in this Part	Ι		<u>v</u>	
	1	Contribution	ns, gifts, grants, and similar amounts received				1	34,628	
	2	Program se	ervice revenue including government fees and	contracts			2	0	
	3	Membersh	p dues and assessments				3	0	
	4	Investment	income				4	14	
	5a	Gross amo	unt from sale of assets other than inventory	5 a		0			
	b	Less: cost	or other basis and sales expenses	5b		0			
	С	Gain or (los	5c	0					
	6	Gaming an	Gaming and fundraising events:						
	а	Gross inco	ome from gaming (attach Schedule G if g	greater than					
Ĕ		\$15,000) .		6a		0			
Revenue	b	Gross inco	me from fundraising events (not including \$	0	of contribut	ions			
Be		from fundraising events reported on line 1) (attach Schedule G if the							
		sum of suc	h gross income and contributions exceeds \$15	5,000) 6b		0			
	С		t expenses from gaming and fundraising event			0			
	d		e or (loss) from gaming and fundraising even	ts (add lines 6a and	d 6b and s	ubtract			
		line 6c) .					6d	0	
	7a	Gross sale:	s of inventory, less returns and allowances .	7a		0			
	b	Less: cost	of goods sold	7b		0			
	С		t or (loss) from sales of inventory (subtract line	·			7c	0	
	8	Other rever	nue (describe in Schedule O)			<u></u>	8	0	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 .				9	34,642	
	10	Grants and	similar amounts paid (list in Schedule O) .				10	0	
	11	•	id to or for members				11	0	
es	12		her compensation, and employee benefits .				12	21,342	
sus	13		al fees and other payments to independent cor				13	5,152	
Expenses	14		r, rent, utilities, and maintenance				14	0	
Ш	15		ublications, postage, and shipping				15	238	
	16		nses (describe in Schedule O) .See Schedule				16	20,136	
	17		nses. Add lines 10 through 16				17	46,868	
ts	18		deficit) for the year (subtract line 17 from line 9				18	-12,226	
Se	19		or fund balances at beginning of year (from						
As			r figure reported on prior year's return)				19	16,500	
Net Assets	20		ges in net assets or fund balances (explain in S			<u></u>	20	0	
_	21	Net assets	or fund balances at end of year. Combine lines	s 18 through 20 .			21	4,274	

Form 990-EZ (2022) Page **2**

Pa	t II Balance Sheets (see the instructions f	,				
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part II		<i>v</i>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[15,562	22	11,881
23	Land and buildings			0	23	0
24	Other assets (describe in Schedule O) See.Sche	edule O, Statement 2.		1,002	24	501
25	Total assets			16,564	25	12,382
26	Total liabilities (describe in Schedule O) See Sc	hedule O, Statement.	3	64	26	8,108
27	Net assets or fund balances (line 27 of column			16,500	27	4,274
Par	Statement of Program Service Accom	plishments (see th	e instructions for F	Part III)		
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part IÍI 🔝 🔲		Expenses
Wha	t is the organization's primary exempt purpose?	See Schedule O, Sta	tement 4			uired for section c)(3) and 501(c)(4)
Daer	ribe the organization's program service accomplis	shments for each of	f its three largest n	rogram services		c)(3) and 501(6)(4) inizations; optional fo
as m	leasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the			othe	
						T
28	Advocacy program includes nonpartisan research or					
	quality of life in the Florida Keys. The Last Stand boa	ard continued to prov	ide written commen	ts and speak at		
	(Continued on Schedule O, Statement 5)					
		includes foreign gra	· · · · · · · · · · · · · · · · · · ·		28a	13,610
29	Education events included updates on current issue					
	effects of over tourism. The annual meeting program			authors with		
	their thoughts on what makes the Florida Keys uniqu					
	(Grants \$ 0) If this amount	includes foreign gra	nts, check here .	📙	29a	4,154
30						
		includes foreign gra			30a	
31	Other program services (describe in Schedule O)					
	(Grants \$ 0) If this amount	includes foreign gra	nts, check here .		31a	0
	Total program service expenses (add lines 28a t				32	17,764
Par	List of Officers, Directors, Trustees, and Key				nstrud	ctions for Part IV)
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part IV		
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio	Ċ	Estimated amount of other compensation
Λnn	Olsen	30.00	C		0	0
	ident, Director	30.00	١		١	U
	rea Strawn	8.00	C		0	0
	Director	0.00	٦		١	U
	e Newman	8.00	C		0	0
	etary,Director	0.00	٦		١	U
	er McVeigh	10.00	C		0	0
	surer, Director	10.00	٦		١	U
	DeMaria	4.00	C		0	0
Dire		4.00	١		١	U
	DeMaria Demaria	4.00	C		0	0
Dire		4.00	١		١	U
	e Moses	8.00	C		0	0
		8.00			١	U
Dire		10.00				
	ert Gold	10.00	C		0	0
Dire		4.00			_	
	s Hamilton	4.00	C	1	0	0
Dire			_		_	
	Songer	4.00	C	1	0	0
Dire	CIOT				+	
		i e	İ	1	- 1	

Part V

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	۷.	
			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 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		V
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		
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 0			
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			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	-		
b 40-	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			
b	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 transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed: FL	100		
42a	The organization's books are in care of: Roger McVeigh Telephone no.	305-39	4-7555	5
	Located at: 427 Simonton Street KEV WEST EL 22040	330)40	
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		V
	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? . If "Yes," enter the name of the foreign country:	42c		'
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		V	NI -
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
770	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		~
С	Did the organization receive any payments for indoor tanning services during the year?	44c		~
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		V
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-F7 See instructions	15h	ı	./

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

orm 99	10-EZ (21	J22)								P	age 🕶
										Yes	No
46		ne organization engage, directly or in ndidates for public office? If "Yes," c							46		~
Part '	VI	Section 501(c)(3) Organizations	s Only								
		All section 501(c)(3) organizations	s must answer que	stions 47–49b ar	nd 52, and	d comb	olete th	e tab	les fo	or line	es
		50 and 51.									
		Check if the organization used Sch	nedule O to respond	to any question i	n this Par	: VI .					
										Yes	No
47		ne organization engage in lobbying If "Yes," complete Schedule C, Part		section 501(h) elec			ing the	tax	47	V	
48	Is the	organization a school as described in	n section 170(b)(1)(A)(i	i)? If "Yes," comple	te Schedu	еЕ .		.	48		~
49a		ne organization make any transfers to							49a		~
b	If "Ye	s," was the related organization a se	ection 527 organizatio	n?					49b		
50		olete this table for the organization's									d key
	emplo	oyees) who each received more than	\$100,000 of comper	nsation from the or	ganization	. If there	e is non	e, ent	er "N	one."	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribu SC/ benefit p	lealth ben itions to e plans, and	mployee deferred			d amou pensati	
			devoted to position	1099-NEC)	cc	mpensati	on				
None											
f 51	Comp	number of other employees paid over plete this table for the organization' 000 of compensation from the organ	s five highest compe	ensated independe	ent contrac	_ ctors w	ho each	n rece	eived	more	than
	(a)	Name and business address of each independ	ent contractor	(b) Type of s	service		(c)) Comp	ensatio	on	
None											
				_							
						+					
				1							
d	Total	number of other independent contra	actors each receiving	over \$100 000							
52		the organization complete Schedu	_		nanization	s mus	t attack	 า a			
-		1 - 41 O -11- 1 - A			_			_	Yes		lo
Under p	enalties	of perjury, I declare that I have examined this r	eturn, including accompan	ying schedules and state	ements, and	to the bes	t of my kr	nowled	ge and	belief,	it is
		d complete. Declaration of preparer (other than						,	•	,	
Sign		Signature of officer				Date					
Here		Roger McVeigh, Treasurer									
		Type or print name and title									
Paid		Print/Type preparer's name	Preparer's signature		Date	(Check 🗌	if F	PTIN		
Prepa	arer						self-emplo				
Use (Firm's name				Firm's E	IN				
		Firm's address				Phone r	10.				
May th	ne IRS	discuss this return with the preparer	shown above? See i	nstructions				. [Yes		lo

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization PROTECT KEY WEST INC dba Last Stand 65-0005784 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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.) ☐ 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). (Complete Part II.) ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12a, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (iii) Type of organization (v) Amount of monetary (vi) Amount of (i) Name of supported organization (ii) EIN (iv) Is the organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 **(e)** 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 25,215 37,022 39,627 28,042 34,628 164,534 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 0 0 0 0 0 The value of services or facilities 3 furnished by a governmental unit to the organization without charge 0 0 0 0 0 **Total.** Add lines 1 through 3 4 25,215 37.022 28,042 34,628 39,627 164,534 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) 85,987 **Public support.** Subtract line 5 from line 4 78,547 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Amounts from line 4 28,042 25,215 37.022 39,627 34,628 164,534 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 11 14 74 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.) **Total support.** Add lines 7 through 10 11 164,608 Gross receipts from related activities, etc. (see instructions) 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 47.72 % 14 15 Public support percentage from 2021 Schedule A, Part II, line 14 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this ~ 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

18

Schedule A (Form 990) 2022 Page **3**

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			•			
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	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
_	'						
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<u> </u>	line 6.)						
	on B. Total Support	() 0040	#1.0040	() 0000	/ I) 0004	() 0000	(O.T.)
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
D	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						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
4.4	and 12.)			thind facult	or fifth tower	00.00.00.00.00.00.00.00.00.00.00.00.00.	n F01/c\/0\
14	organization, check this box and stop he	_			-	ear as a secuo	
Secti	on C. Computation of Public Suppor						<u> </u>
15	Public support percentage for 2022 (line			13. column (f))		15	%
16	Public support percentage from 2021 Scl		•			16	%
	on D. Computation of Investment In				<u> </u>	1 1	,,
17	Investment income percentage for 2022 (by line 13, colu	ımn (f))	17	%
18	Investment income percentage from 202			-			%
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 organize	zation did not c	heck a box on	line 14 or line	19a, 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	s as a publicly s	upported organ	nization .
20	Private foundation. If the organization di	id not check a	box on line 14	19a or 19h	check this hox	and see instru	ctions

Schedule A (Form 990) 2022 Page 4

Supporting Organizations Part IV

(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.)

Se

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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).	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.	3a		
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.	3b		
С	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.	3c		
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.	4a		
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.	4b		
С	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.	4c		
5а	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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	6		
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
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).	8		
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 .	9a		
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 .	9b		
С	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.	9с		
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.	10a		

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.)

10b

Schedule A (Form 990) 2022 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c **Section B. Type I Supporting Organizations** Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 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 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations 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. 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 instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No 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 Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

3b

Schedule A (Form 990) 2022

	Tune III New Functionally Integrated 500(a)(2) Supporting Ora		inations	rage C		
Part						
1	Check here if the organization satisfied the Integral Part Test as a qualifying					
Sect	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. Section A—Adjusted Net Income (A) Prior Year (B) Current Year (optional)					
1	Net short-term capital gain	1		(Optional)		
_ <u>.</u>	Recoveries of prior-year distributions	2				
_ _ _	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
<u>.</u>	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-functional (see instructions)	ally i	integrated Type III suppor	ting organization		

Schedule A (Form 990) 2022 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 a From 2017 From 2018 **c** From 2019 **d** From 2020 **e** From 2021 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: Applied to underdistributions of prior years Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: Excess from 2018 . . . Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . .

Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI 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 C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization **Employer identification number** PROTECT KEY WEST INC dba Last Stand 65-0005784 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for 1 definition of "political campaign activities." Volunteer hours for political campaign activities. See instructions Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . Yes No Yes No If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations for section 2 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, 3 Did the filing organization file Form 1120-POL for this year? Yes Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received and funds. If none, enter -0-. promptly and directly delivered to a separate political organization. If none, enter -0-. (1) (2)(3)(4)(5) (6)

Sched	iule C (Form 990) 2022					Page ∠
Par	t II-A Complete if the organization section 501(h)).	n is exempt u	nder section 50	01(c)(3) and file	d Form 5768 (ele	ection under
A (Check if the filing organization belongs			art IV each affiliate	ed group member's	name, address,
	EIN, expenses, and share of exc		•			
B (Check if the filing organization checked			sions apply.	T	
		oying Expenditu		•	(a) Filing organization's totals	(b) Affiliated
_	(The term "expenditures" m		·		9	group totals
1a	, , ,				1,650	
b	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_			666	
C	3 1 1 1 1 (•			2,316	
d					44,552	
e			•		46,868	
f	Lobbying nontaxable amount. Enter columns.	the amount in	om the following	table in both	0.274	
	If the amount on line 1e, column (a) or (b) is	The lebbying	nontaxable amount	tio	9,374	
	Not over \$500,000		nount on line 1e.	l is:		
	Over \$500,000 but not over \$1,000,000		15% of the excess of	over \$500,000		
	Over \$1,000,000 but not over \$1,500,000		10% of the excess of			
	Over \$1,500,000 but not over \$17,000,000		5% of the excess or			
	Over \$17,000,000	\$1,000,000.	370 OF THE CACCSS OF	VCI Ψ1,300,000.		
g		. , ,			2,344	
h		•			0	
i	Subtract line 1f from line 1c. If zero or le				0	
i	If there is an amount other than zero	,	1h or line 1i. did	the organization	file Form 4720	
•	reporting section 4911 tax for this year'					Yes No
	(Some organizations that made a se	ction 501(h) ele	Period Under Sec ection do not have uctions for lines	e to complete all	of the five colum	ns below.
	Lobbying	Expenditures	During 4-Year Av	eraging Period	1	
	Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2 a	Lobbying nontaxable amount	8,364	5,423	5,564	9,374	28,725
b	Lobbying ceiling amount (150% of line 2a, column (e))					43,088
C	Total lobbying expenditures	764	1,436	1,226	2,316	5,742

2,091

633

1,356

1,108

1,391

975

d Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990) 2022

7,182

10,773

4,366

2,344

1,650

Schedule C (Form 990) 2022

Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	5768		
For ea	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(a	a)		(b)	
	iption of the lobbying activity.	Yes	No	Aı	mount	t
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
į	Other activities?					
j	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
d Part	<u> </u>	\(5\))	otion		
rait	501(c)(6).)(5), t	or se	Cuon		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			3		
3 Part	Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)	-	-			
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" O answered "Yes."				ine 3	, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
а	Current year		2a			
b	Carryover from last year		2b			
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb					
	and political expenditures next year?		4			
5	Taxable amount of lobbying and political expenditures. See instructions		5			
	Supplemental Information le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groundstructions); and Part II-B, line 1. Also, complete this part for any additional information.	up lis	t); Par	t II-A, I	nes 1	and

SCHEDULE 0 (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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization	Employer identification number
PROTECT KEY WEST INC dba Last Stand	4E 000E704
PROTECT KET WEST INC UDA LAST STATIO	65-0005784

Schedule O, Statement 1 PROTECT KEY WEST INC

Form: **Form 990-EZ (2022)** EIN: **65-0005784**

Page: 1 Part I, Line 16

Other Expenses Structured Explanation

Description	Amount
Information Technology	708
Depreciation	501
Liability Insurance	1,868
Web site design	12,000
Program and adm expenses	5,059
Total:	20,136

Description	EOY Amount
8	Structured Explanation
Page: 2	Part II, Line 24
Form: Form 990-EZ (2022)	EIN: 65-0005784

PROTECT KEY WEST INC

Description	EOY Amount
Fixed Assets net of depreciation	501
Total:	501

Schedule O, Statement 2

Schedule O, Statement 3 PROTECT KEY WEST INC

Form: Form 990-EZ (2022) EIN: 65-0005784

Page: 2 Part II, Line 26

Other Liabilities Structured Explanation

Description	EOY Amount
Accounts Payable	8,108
Total:	8,108

Schedule O, Statement 4 PROTECT KEY WEST INC

Form: **Form 990-EZ (2022)** EIN: **65-0005784**

Page: 2 Part III

Primary Exempt Purpose

Primary Exempt Purpose

PROTECTION OF THE FLORIDA KEYS QUALITY OF LIFE AND ENVIRONMENT THROUGH PROGRAMS AND EDUCATION CONCERNING WATER QUALITY, LAND DEVELOPMENT, AND AFFORDABLE WORKFORCE HOUSING.

Schedule O, Statement 5 PROTECT KEY WEST INC

Form: Form 990-EZ (2022) EIN: 65-0005784
Page: 2 Part III, Line 28

First Program Service Accomplishments Description

Description

- (continued from Part III Line 28) many Key West City and Monroe County meetings. Topics where the organization provided information to elected officials included promoting water quality, advocating for affordable housing solutions that increase supply near employment centers; supporting safer hurricane evacuation by limiting growth in Monroe County, and opposing expansion of offshore oil & gas development.