



Agenda Report

2725 Judge Fran Jamieson
Way
Viera, FL 32940

New Business - Community Services Group

J.1.

8/12/2025

Subject:

Approval, Re: Tourist Development Council (TDC) FY 2025-2026 Marketing Support Program recommendations

Fiscal Impact:

FY 2025-2026 cycle: \$572,665 - \$332,665 from Cultural Fund 1446, \$240,000 from Marketing Fund 1441.

Dept/Office:

Tourism Development Office

Requested Action:

It is requested the Brevard County Board of County Commissioners approve the Tourist Development Council recommendations for the FY 2025-2026 Marketing Support Program, Attachment A.

Further, based on the facts specified, by approving this agenda item, the Board will make the legislative finding that Tourist Development Tax funds are authorized for sporting grants pursuant to Section 125.0104(5)(a)3., Florida Statutes, and Section 102-119(3)a, (5)a, and (6)a. of the Brevard County Code of Ordinances. Each of the tourist-oriented sporting and special events has as one of its main purposes the attraction of tourists, and the entity and the Space Coast Office of Tourism both intend to ensure marketing and promotion of these events to tourists.

Additionally, request authority for the Director, Tourism Development Office, to negotiate and sign all necessary agreements and related documents upon County Attorney's Office, Risk Management and Central Services approval and authorized the County Manager to execute necessary budget change requests.

Summary Explanation and Background:

The Marketing Support Program is designed to provide marketing support and/or financial support for event related expenses to events and year-round programming for eligible Cultural and Sports events. For qualified events or year-round programming, the Marketing Support Program will provide out-of-county advertising and marketing by the TDO and/or defray the cost of conducting an event in Brevard County. In the case of an event that does not require or want out-of-county advertising and marketing, a reimbursement (with proper supporting documentation) will be available in the amount of the awarded funding.

The program is reviewed by the Tourist Development Council and administered by the Tourism Development Office. The program promotes events and year-round programming to tourists to attend high quality cultural and and/or sports events to generate significant economic impact through participant spending.

The Tourism Development Council at their July 23, 2025, meeting unanimously (6-0) recommended the Board approve funding for FY 2025-2026 Marketing Support Program applications for each event as outlined in

Attachment A.

The FY 2025-2026 Marketing Support Program requires each application to reach a minimum of 5,001 out-of-county attendees measured by the TDO or 250 verified room nights. Forty-two (42) applications have been recommended for approval by the TDC. Of those, 4 sports events (numbers 21-24 on Attachment A) either did not meet the minimum requirement, or were ineligible for various reasons (i.e. the event missed the application deadline, or was a new event which does not meet the approved criteria). However, the TDC decided to recommend those 4 events anyway as long as they come within 10% of the required 250 room nights (225 room night minimum). All of the other events met the minimum out-of-county attendees or room nights to qualify for eligibility for support in the program.

The funding tiers for the FY 2025-2026 cycle, as per the FY 2025-2026 Marketing Support Program Criteria, Section 6.0 Available Funds are as follows: Cultural applications that attract 5,001-10,000 out-of-county attendees are eligible for up to \$12,500; 10,001-25,000 out-of-county attendees are eligible for up to \$17,500; 25,001-50,000 out-of-county attendees are eligible for up to \$22,500; and 50,001+ out-of-county attendees are eligible for up to \$45,000. Total support requests for all approved applications for the FY 2025-2026 Marketing Support Program amount to \$572,665.

For Sports events funding awards will be calculated at \$15 per room night. An event must meet the eligibility requirements in Section 5.0 and have a minimum of 250 room nights. Maximum funding per sports event is \$25,000. Room night counts will be determined by the Sports Commissioner from prior years' data and TDO staff analysis. Sports events not achieving the room night number will have their award reduced to equal the actual number of room nights multiplied by \$15.

Additionally, each County Commission district office will receive \$20,000 in funds to allocate as they choose to organizations that applied to the program but did not meet the minimum attendance. Award amounts must not exceed the minimum awards amounts in Section 6.0 and each district office must grant up to two organizations. This is to be approved by the Brevard County Board of County Commissioners at a future County Commission meeting to be determined by the Board.

Clerk to the Board Instructions:

Please return a memo of the Board's action to the Tourism Development Office and CAO.



Kimberly Powell, Clerk to the Board, 400 South Street • P.O. Box 999, Titusville, Florida 32781-0999

Telephone: (321) 637-2001
Fax: (321) 264-6972
Kimberly.Powell@brevardclerk.us

August 13, 2025

MEMORANDUM

TO: Peter Cranis, Tourism Development Office Director

RE: Item J.1., Approval of the Tourist Development Council (TDC) FY 2025-2026 Marketing Support Program Recommendations

The Board of County Commissioners, in regular session on August 12, 2025, approved the TDC recommendations for FY 2025-2026 Marketing Support Program, Attachment A; further, based on the facts specified by approving this Agenda Item, the Board makes legislative finding that Tourist Development Tax (TDT) funds are authorized for sporting grants pursuant to Section 125.0104(5)(a)3, Florida Statutes, and Section 102-119(3)a, (5)a, and (6)a of the Brevard County Code of Ordinances, each of the tourist-oriented sporting and special events has as one of its main purposes the attraction of tourists, and the entity and Space Coast Office of Tourism both intend to ensure marketing and promotion of these events to tourists; authorized you to negotiate and sign all necessary agreements and related documents upon County Attorney's Office, Risk Management, and Central Services approval; authorized the County Manager to execute necessary Budget Change Requests; and authorized each Commission District office to receive \$20,000 in funds to allocate as they choose, to organizations that applied to the program, but did not meet the minimum attendance, with awards not to exceed the minimum award amounts in Section 6.0 and each District office 'may' grant up to two organizations to be approved by the Board at the October 14, 2025, Board of County Commissioners meeting. Enclosed is Attachment A.

Your continued cooperation is always appreciated.

Sincerely,

BOARD OF COUNTY COMMISSIONERS
RACHEL M. SADOFF, CLERK

A handwritten signature in cursive script, appearing to read "Kimberly Powell".

Kimberly Powell, Clerk to the Board

Encl. (1)

cc: County Attorney
Finance
Budget

Marketing Support Program
FY 2025-26

| | Cultural Events | 2024-25 OOC# | MSP Projection |
|----|---|--------------|------------------|
| 1 | Space Coast Super Boats/Thunder on CB | 63,237 | \$45,000 |
| 2 | National Air Sea Space/CB Air Show | 62,141 | \$45,000 |
| 3 | Brevard Productions/Space Coast State Fair | 26,159 | \$22,500 |
| 4 | Merritt Island Wildlife Refuge | 24,255 | \$17,500 |
| 5 | Brevard Regional Arts Group/HenegarCenter | 23,650 | \$17,500 |
| 6 | Museum of Dinosaurs and Ancient Cultures | 21,085 | \$17,500 |
| 7 | Valiant Air Command | 17,059 | \$17,500 |
| 8 | Titusville Playhouse | 14,397 | \$17,500 |
| 9 | Melbourne Main Street | 7,004 | \$12,500 |
| 10 | US Space Walk of Fame/American Space Museum | 6,049 | \$12,500 |
| 11 | Brevard Symphony Orchestra | 5,920 | \$12,500 |
| 12 | Cocoa Beach Main Street | 5,821 | \$12,500 |
| 13 | City of Palm Bay | 5,813 | \$12,500 |
| 14 | Space Coast Symphony Orchestra | 5,586 | \$12,500 |
| 15 | Cape Canaveral Lighthouse | 5,570 | \$12,500 |
| 16 | Florida Surf Museum/surfing Santos | 5,561 | \$12,500 |
| 17 | Cocoa Village Playhouse | 5,560 | \$12,500 |
| 18 | Cocoa Village Main Street | 5,410 | \$12,500 |
| 19 | Field Manor | 4,493 | Missed minimum |
| 20 | Native Rhythm Festival | 3,160 | Missed minimum |
| 21 | Space Coast Art Festival | 2,978 | Missed minimum |
| 22 | 38th Annual Veterans Reunion/Memorial Wall | 2,990 | Missed minimum |
| 23 | Wizard of Oz | 2,900 | Missed minimum |
| 24 | Green Gables | 1,745 | Missed minimum |
| 25 | Melbourne Art Festival | 1,520 | Missed minimum |
| 26 | Space Coast Birding & Wildlife Festival | 407 | Missed minimum |
| 27 | Small SAT Conference at KSC CSE | 60 | Missed minimum |
| 28 | Maxwell King Center | 21,512 | Withdrawn |
| 29 | Renaissance Fair | 17,497 | Withdrawn |
| | Total Awards | | \$572,665 |

| | |
|---|----------|
| District Awards | \$10,000 |
| 5,001 – 10,000 (200 - 1,000 room nights) | \$12,500 |
| 10,001 – 25,000 (1,001-1,500 room nights) | \$17,500 |
| 25,001 – 50,000 (1,501+ room nights) | \$22,500 |
| 50,001+ | \$45,000 |
| Sports = Room Nights X \$15 | |

| | | |
|--|--------|---------------|
| Did not Apply (that applied or received award last year) | | |
| American Police Hall of Fame | 12,386 | Did not apply |
| Moore Center | 3,670 | Did not apply |
| Surfside Playhouse | 1,153 | Did not apply |

| | Sports Events | 2024-25 Room Nights | MSP Projection |
|----|---|---------------------|------------------|
| 1 | Cocoa Beach Spring Training | 6,953 | \$25,000 |
| 2 | Space Coast Spring Games/Softball | 2,433 | \$25,000 |
| 3 | Space Coast Cup/Soccer | 1,543 | \$23,145 |
| 4 | Florida Marathon | 1,366 | \$20,490 |
| 5 | Cocoa Beach Half Marathon | 1,127 | \$16,905 |
| 6 | Space Coast Clash/Soccer | 1,030 | \$15,450 |
| 7 | Cocoa Beach Triathlon | 644 | \$9,660 |
| 8 | Central Brevard Soccer/Winter Classic | 544 | \$8,160 |
| 9 | Central Brevard Soccer/Hurricane Classic | 537 | \$8,055 |
| 10 | NKF Rich Salick Surf Fest | 520 | \$7,800 |
| 11 | University of Louisville/Moon Golf | 442 | \$6,630 |
| 12 | USA Beach Running Championships | 409 | \$6,135 |
| 13 | ESA Surf | 453 | \$6,795 |
| 14 | Softball Mag Seniors | 372 | \$5,580 |
| 15 | Softball Mag Spring Training | 354 | \$5,310 |
| 16 | Space Coast Triathlon | 350 | \$5,250 |
| 17 | Foil Surfing Race | 300 | \$4,500 |
| 18 | American Jr Golf Association Championship | 285 | \$4,275 |
| 19 | Florida Futures Lacrosse | 255 | \$3,825 |
| 20 | Brevard Soccer Club | 250 | \$3,750 |
| 21 | Bless the Babes Bowl* | 1,730 | \$25,950 |
| 22 | Boxlike Boxing* | 250 | \$3,750 |
| 23 | 7 v 7* | 250 | \$3,750 |
| 24 | Columbia Classic Golf* | 230 | \$3,450 |
| | | | \$247,665 |

*Must have at least 225 room nights.



**BREVARD COUNTY
TOURISM DEVELOPMENT OFFICE**

Criteria

MARKETING SUPPORT PROGRAM

Fiscal Year 2025-2026

MARKETING SUPPORT PROGRAM

Fiscal Year 2025-2026

1.0 INTRODUCTION & BACKGROUND

This program is provided by the Brevard County Board of County Commissioners through the use of the Local Option Tourist Development Act, pursuant to Section 125.0104(5)(a)3., Florida Statutes, and Section 102-119(3)(5)a(6) of the Brevard County Code of Ordinances.

The Marketing Support Program will provide support to events and year-round programming. The Tourist Development Council, and the Board of County Commissioners will review and approve the final support amounts. Funds will be allocated from Fund 1446 Cultural Fund and 1441 Marketing Fund to support the program. For qualified events or year-round programming, the Marketing Support Program will provide out-of-county advertising and marketing by the TDO and/or defray the cost of renting event venues or facilities operated by Brevard County. Or in the case of an event that does not require or want out-of-county advertising and marketing, a reimbursement (with proper supporting documentation) will be available in the amount of eligible funding as designated in Section 6.0. Additionally, each County Commission district office will receive funds to allocate as they choose to organizations that applied to the program but did not meet the minimum attendance. Award amounts must not exceed the minimum awards amounts in Section 6.0 and each district office must grant up to two organizations. This is to be approved by the Brevard County Board of County Commissioners. Organizations must meet or exceed the event criteria to receive this support, and events must occur between October 1, 2025, and September 30, 2026.

2.0 STATEMENT OF APPLICANT RESPONSIBILITY

Please read this entire document carefully.

The Tourism Development Office (TDO) will review the submitted applications when the deadline closes to determine if the application is complete and has met the criteria for support. If the request is deemed eligible and has met all the criteria, support will be awarded according to the Support Amount Tier in Section 6.0. The Support Amount Tier is determined by out-of-county attendance (for Sports- the per room night calculation as determined by the Tourism Development Office) for events and year-round programming. Once the eligibility level has been determined, the organization will be notified. The event organizer/organization is bound by these Criteria and the County's Terms and Conditions. If the event is canceled or postponed and the event already received support, the organization may be restricted for applying for support in future years. Incomplete or incorrect requests will not be accepted and will not be considered for support. Organizer/organizations must comply with deadlines set by TDO staff for submitting

event information and assets or support will not be able to be provided. Applications that arrive after the due date will not be reviewed or considered. If you have any questions, please contact Deborah Webster at Deborah.Webster@VisitSpaceCoast.com.

3.0 ANTI-LOBBYING

All applicants are restricted from lobbying Tourist Development Council members, TDC sub-committee members, or TDO staff from the time the request window is open until final determination of support. Applicants may not attempt to influence their deliberations to secure support, either verbally or in writing. Any questions concerning support or the process from either applicants or committee members should be directed to the designated staff at the Tourism Development Office.

4.0 PROCESS AND KEY DATES

The FY 2025-2026 Marketing Support Program will provide out-of-county advertising/marketing support for qualified events or year-round programing and/or defray the costs of renting event venues or facilities operated by Brevard County. Or in the case of an event that does not require or want out-of-county advertising/marketing, a reimbursement (with proper supporting documentation) will be available in the amount of eligible funding as designated in Section 6.0. Additionally, each commissioner district office will receive funds to allocate as they chose to organizations/events that applied to the program but did not meet the minimum attendance (award amounts must not exceed the minimum awards amounts in Section 6.0 and each district office must grant up to two organizations). This is to be approved by the Brevard County Board of County Commissioners. Organizations must meet or exceed the event criteria to receive this support, and events must occur between October 1, 2025, and September 30, 2026.

| | |
|--------------------|---|
| March 26, 2025 | FY2025-2026 Marketing Support Program TDC for recommendations |
| April 22, 2025 | FY2025-2026 MSP criteria & application to BoCC for approval |
| May 1, 2025 | FY2024-2025 Marketing Support Program application window opens |
| May 1, 2025 | FY2024-2025 Non-mandatory Information meetings |
| June 9, 2025 | FY2024-2025 Marketing Support Program application window closes at 9am ET |
| July 23, 2025 | TDC for review & funding recommendations |
| August 12, 2025 | BoCC for final approval |
| September 30, 2026 | Program ends and final reports due |

The above dates are subject to change. Changes will be publicized in advance.

The Tourism Development Office will oversee the Marketing Support Program. The TDC will review and recommend approval of the program Criteria, Application, and Support Tier Amounts and the Brevard County Board of County Commissioner will approve the Criteria and Application. The program will be administered by the Tourism Development Office (TDO). In the event that the total applicants' support exceeds the total budget for the Marketing Support Program, support awards may be reduced proportionately in order to stay within the total budget amount allocated to the program.

5.0 ELIGIBILITY

The primary purpose of the Marketing Support Program is to promote Brevard County as an event destination and to attract out-of-county visitors. For qualified events or year-round programming, the Marketing Support Program will provide out-of-county advertising and marketing by the TDO and/or defray the cost of renting event venues or facilities operated by Brevard County. Or in the case of an event that does not require or want out-of-county advertising and marketing, a reimbursement (with proper supporting documentation) will be available in the amount of eligible funding as designated in Section 6.0. *Additionally, each County commission district office will receive funds to allocate as they chose to organizations/events that applied to the program but did not meet the minimum attendance (award amounts must not exceed the minimum awards amounts in Section 6.0 and each district office must grant up to two organizations).* This is to be approved by the Brevard County Board of County Commissioners. These events/year-round activities can be categorized as the following:

- Events for organizations - single day and multi-day festivals, fairs, sports tournaments & events, etc.
- Year-round programming for arts & cultural organizations – that operate year-round such as: theaters, symphonies, concerts, museums, etc.

To qualify for the FY 2025-2026 Marketing Support Program, the event/year-round programming must meet all of the following criteria:

1. In order to be eligible for the FY 2025-2026 cycle, organizations must complete and submit a FY 2025-2026 Marketing Support Program application
2. Each event/year-round programming should attract a minimum of 5,001 out-of-county attendees for Sports- the per room night calculation as determined by the Tourism Development Office)
3. The event/year-round programming must have at least (1) year of relative prior event/year-round programming experience for measurement
4. Events/year-round programming must be held at an ADA-compliant facility and must be conducted in compliance with current ADA guidelines
5. All events/year-round programming supported by the Brevard County Board of County Commissioners must be suitable for viewing by people of all ages and non-political in

FY 2025-2026 Marketing Support Program

nature.

6. Marketing and other support will be given in preference to organizations operated in Brevard County before those outside of Brevard County.
7. If an event is canceled or relocates outside Brevard County after the Notice of Award has been fully executed and reimbursement is complete, the reimbursement amount must be returned to Brevard County and no other funds may be requested. Likewise, if a Brevard County organization providing year-round programming closes or relocates outside Brevard County within the grant cycle, all or a portion of any reimbursements must be returned to Brevard County and no further reimbursements may be requested.

Organizations may submit only one application per event.

To be considered for this program, the event/year-round programming must be held in-person with in-person attendees, with the goal of attracting out-of-county visitors to Brevard County. Virtual events or media outlets will not qualify for this support. To be considered for this support at least 5,001 attendees must be from out-of-county. The out-of-county attendee measurement shall be conducted by TDO staff as a combined effort of an online tracking tool and/or organization's verified ticketing system.

To be eligible to apply for participation in the Marketing Support Program an organization must:

- a. Submit required documentation - Certificate of Insurance and associated Endorsement pages (COI) if requested, proof of incorporation in the State of Florida, and most recent 990 form.
- b. Be incorporated for a minimum of two (2) years as a 501(C)(3), or a for-profit business.
- c. Have held the event/year-round programming for at least one (1) year.
- d. Organizers must fully cooperate with TDO staff on any requests for guest information, surveys, and any other information.

6.0 AVAILABLE FUNDS

Funds may be available for the fiscal year 2025-2026 Marketing Support Program to support events/year-round programming in Brevard County that attract out-of-county visitors. This program is on an annual cycle only.

For FY 2025-2026 the Marketing Support Program will provide up to \$500,000, or available unincumbered funds, whichever is lower, from the Cultural Fund (1446) (funds to be moved into the 1441 Marketing Fund). Also, up to \$240,000 may be used from 1441 Marketing Fund in addition.

Support Amount Tiers**Cultural-**

| # of Out-of-County attendees (as determined by cellular data) | Funding (up to....) | Program |
|---|---------------------|---------------------------|
| District Office Awards | Up to \$20,000 | Marketing Support Program |
| 5,001 – 10,000 | \$12,500 | Marketing Support Program |
| 10,001 – 25,000 | \$17,500 | Marketing Support Program |
| 25,001 – 50,000 | \$22,500 | Marketing Support Program |
| 50,001+ | \$45,000 | Marketing Support Program |

Sports-

Sports funding awards will be calculated at \$15 per room night. An event must meet the eligibility requirements in Section 5.0 and have a minimum of 250 room nights. Maximum funding per event is \$25,000. Room night counts will be determined by the Sports Commissioner from prior years' data and TDO staff analysis. Sports events not achieving the room night number will have their award reduced to equal the actual number of room nights multiplied by \$15.

The Marketing Support Program will provide support to events and year-round programming by three categories to be chosen by the organization after they have been awarded funding. Organizations may allocate their award funds as they desire by the following categories:

Category #1 - For qualified events or year-round programming, the Marketing Support Program will provide out-of-county advertising and marketing by the TDO staff. TDO staff will select, place and pay for advertising/marketing for organizations as determined by Support Amount Tiers above. Organizations may select the events to be included in their MSP campaign but may not exceed three events.

Category #2 – For qualified events or year-round programming, the Marketing Support Program will defray the cost of renting event venues or facilities operated by Brevard County. TDO staff will coordinate and pay on behalf of organizations for support amount as determined by Support Amount Tiers above based on Sports awards to be determined by the Sports Commissioner from prior years' data and TDO staff analysis.

Category #3 – For qualified events that do not require or want out-of-county advertising and marketing (i.e. invitationals, championships, all-stars, etc.), a reimbursement (with proper supporting documentation) will be available in the amount of eligible funding as designated in Section 6.0. This will be coordinated by the TDO staff and the organization.

The TDO Marketing staff will select media partners and place out-of-county advertising and marketing for each eligible organization as per the Support Amount Tier table above. TDO staff

will execute a plan and purchase appropriate advertising and marketing up to the awarded support amount. TDO staff will coordinate with the organizations that wish to utilize the option to defray rental costs for event venue or facilities operated by Brevard County and/or those eligible for the sports sponsorship.

The Tourist Development Office reserves the right to cancel/withdraw funding to this program at any time without cause. Organizations submit applications at their own cost and risk, without expectation of or reliance of receiving support. Funding amounts are based on Tourism Development Council recommendations and may be reduced based on available funding and the number of events receiving support. Annual funding of this program is subject to the Brevard County budgeting approval process and adequate receipt of Tourist Development Tax revenues within Cultural fund.

Organizations/organizers must cooperate with TDO staff and meet all deadlines for receiving requested items, if organizations/organizers do not supply item by the deadline there is no guarantee of full marketing support. Support is contingent on event organizer supplying requested event information to TDO 90 days prior to the event date. The TDO will work with the organizers, gain approvals, and execute the plan before the event. See Section 6.0 for details on the Support Amount Tier packages.

7.0 ELIGIBLE USE OF FUNDS

Funds must be used for the event or year-round programming as proposed in the applicant's submitted application, as well as the Notice of Award agreement.

- Funds may **not** be used to finance projects that are already fully funded unless a project can be significantly enhanced with additional funds.
- Funds may **not** be used to pay debt obligations.
- Funds may **not** be used for grant applications or routine maintenance.

Allowable and non-allowable:

Allowable Costs:

- Expenditures within the grant period specified on the application and/or the period specified by the Brevard County Budget Department; and,
- They are solely for the purposes of the event or year-round programming and can be easily identified as such.

Non-Allowable Costs:

- Expenditures before or after the grant period;
- Lobbying or attempting to influence federal, state, or local legislation;
- Capital improvements, including but not limited to new construction, renovation, and

- installation or replacement of fixtures in the permanent facility of the organization;
- Bad debts, contingencies, fines and penalties, interest, other financial costs and costs of litigation or tuition;
- Plaques, awards, scholarships, gift cards, prize money or certificates;
- Items for resale
- Projects which are restricted to private or exclusive participation;
- Regranting (using County funds to underwrite local grants programs) contributions and donations;
- Any other expenditure not authorized by Chapter 125 of the Florida Statutes or Brevard County Codes and Policies or any other law.

8.0 APPLICATION SUBMITTAL PROCEDURES

The Marketing Support Program application may only be submitted electronically through an online portal link that will be available to interested organizations on May 1, 2025.

A non-mandatory information meeting will be conducted for Cultural and Sports on May 1, 2025. The application deadline is no later 9am June 9, 2025 to be considered for support.

If you have questions about the application or program, please make them in writing to Deborah Webster at Deborah.Webster@VisitSpaceCoast.com until the application deadline.

CULTURAL

Topic: Marketing Support Program – Cultural

Time: May 1, 2025, at 10AM Eastern Time (US and Canada)

Join Zoom Meeting

<https://us06web.zoom.us/j/81186405182>

811 8640 5182

SPORTS

Topic: Marketing Support Program – Sports

Time: May 1, 2025, at 11AM Eastern Time (US and Canada)

Join Zoom Meeting

<https://us06web.zoom.us/j/kUUUs0o1lv>

896 2817 6815

9.0 EVALUATION CRITERIA AND APPROVAL PROCESS

On the close of the application window, Monday, June 9, 2025, 9am EST, TDO staff will receive and review all applications to ensure they have met eligibility for the program:

1. Applications must be submitted by the deadline; no later arrivals will be accepted.
2. Applications must be complete and contain all required information.
3. Applications are for eligible events/year-round programming only.
4. Applications must meet the minimum out-of-county visitor requirements.
5. TDO staff will review the applications for eligibility and have direction and authority to disqualify those who do not meet the minimum requirements.
6. TDO staff will create a worksheet listing all received applications who meet the minimum requirements and eligibility. Support amounts will be assigned to each organization as per Section 6.0 Available Funds.
7. Eligible applicants will be sent to the Tourist Development Council and the Board of County Commissioners for review and approval of recommended funding levels. The Board of County Commissioners may choose to increase or decrease the amount recommended by the TDC.

10.0 REPORTING REQUIREMENTS

For FY 2025-2026 cycle applicants are required to complete one final event report. Applicants will be provided a reporting link to complete the final report by 30 days after the completed event or by September 30, 2026.

11.0 CREDIT & LOGO

Event/year-round programming organizers must agree to prominently place the Space Coast Office of Tourism logo on all marketing materials, advertising, website, and other marketing-related communications promoting the event/year-round programming, including display advertising, printed collateral, email marketing, etc. The logo must be easily legible and should be displayed in a manner which does not distort or warp the original logo file. Logo usage standards will be provided as well as high resolution vector logos to be included in event materials. Additionally, the following language should be included in all marketing materials as space allows;

This event is supported by the Brevard County Board of County Commissioners and the Space Coast Office of Tourism.

Logos are available for download at <https://tinyurl.com/SpaceLogo24-25> or may be request via an email to marketing@visitspacecoast.com.

12.0 GRANT REIMBURSEMENT REQUESTS

The funds for these reimbursements are strictly regulated by Florida State Statutes, Brevard County Code of Ordinances, and Brevard County policies/procedures. The aforementioned regulations relate to the use and disbursement of Tourist Development Tax (TDT) revenue funds.

Prior to preparing your reimbursement, ensure that the expenses/costs for which you are requesting reimbursement are consistent with your grant agreement. Also, note all Tourism Development Office Grants are reimbursement based. They ARE NOT direct vendor payments or pre-payments.

All documents and invoices provided will become subject to Public Records laws. All documents submitted for reimbursement must have all sensitive information redacted or documents will not be accepted.

Please submit your TDO Grant Reimbursement Request Form in Excel provided to you by your liaison and the reimbursement backup listed below in Adobe PDF format.

Submit reimbursement requests including supporting documentation within 30 days for events that have already occurred and 60 days for events post signature on the Notice of Award agreement. Deadline for ALL reimbursement requests for FY 2025-26 is close of business Friday, October 2, 2026.

Each Reimbursement Request submission package must contain the following four (4) Items (in this order):

1. The TDO Reimbursement Request Form (RRF, a provided Excel document).
 - A. Vendor invoices must be listed line by line.
 - B. Vendor name, vendor invoice #, description of grant related service and amount of reimbursement being requested must be included.
 - C. Invoice numbers on the form are not the 1, 2, 3 numbers shown on the right side of the form, they are the actual vendor invoice number.

2. Vendor Invoices and Receipts for Allowable Expenses.
 - A. Invoices and receipts must have the line # (the 1, 2, 3... numbers shown on the right side of the form) on the top of each page of backup that corresponds with line # on the Grant Reimbursement Request Form.
 - B. This includes the invoice and/or receipt for any grant reimbursable product or service.
3. Financial Proof of Goods and Services purchased with grant funding in the form of cancelled checks (front and back copy), ACH direct payment receipts, credit card receipts and statements. ALL account numbers, bank routing numbers, social security numbers, authorizing signatures and other credit card transactions MUST be redacted (blacked out).
4. Backup Proof of Completed Grant Related Goods and Services which focus on promoting Brevard County tourism to include:
 - Copies of any advertising whose purpose is to drive tourism to Brevard County
 - Photos of rental tents or equipment
 - Photos of equipment purchased in support of the grant
 - Screenshots of website and social media
 - Copies of the printed material
 - Copies or photos of the signs to ensure they were not used for some other purpose
 - If payroll is being requested for reimbursement, the line on reimbursement cover sheet requires an abbreviated personnel description that is grant related along with the pay period dates. Leave the invoice field blank for payroll items
 - Copies of vendor reports or materials lists
 - Any other allowable, reimbursable expense that was listed in the grant application budget and grant agreement.

Refer to Section 7.0 "Eligible Use of Funds" for descriptions of allowable and unallowable expenses that can be reimbursed under this grant program.

13.0 TERMS & CONDITIONS

By submitting an application for this program, the applicant agrees to be bound by the following terms and conditions should the support be awarded:

The terms County shall mean the Brevard County Board of County Commissioners acting through the TDO and Awardee means the Applicant. The term Parties means both the County and Awardee.

This program is contingent upon the availability of applicable tourist development tax funds and

subject to any limitations provided by Section 125.0104(5)(a)3., Florida Statutes, and Section 102-119(3)a, (5), and (6) of the Brevard County Code, as either may be amended from time to time. Should funds no longer be available, the COUNTY shall provide written notice to the AWARDEE. This program and funding are not a lien, either legal or equitable, on any of the COUNTY's non-tourist development related revenues.

As a condition for receiving support under this program, the AWARDEE certifies that it has appropriate criminal background screening procedures in place to evaluate any employee, contractor, subcontractor, agent, representative or volunteer supported by this funding who is expected to have unsupervised access to or direct substantial contact with at-risk populations. The AWARDEE certifies that it shall disqualify any employee, contractor, subcontractor, agent, representative or volunteer who is a sexual predator (as defined in section 775.21, Florida Statutes) or sexual offender (as defined in section 944.606, Florida Statutes) from working on projects, programs, or events funded, in whole or in part, by this program, if such employee, contractor, or volunteer is expected to have unsupervised access to or direct substantial contact with at-risk populations.

"At-risk populations" means children, the elderly, the disabled, and those who cannot defend themselves. "Unsupervised access" means any in-person contact with one or more members of an at-risk population outside of the direct, line-of sight supervision of a supervisor who has passed the appropriate criminal background screening. "Direct substantial contact" means contact that is regular, continuous, and personal in nature. Compliance with the terms of this section is made an express condition of this program and the COUNTY may treat the AWARDEE's failure or refusal to perform the requirements herein as grounds for immediate termination of funding. Such termination is effective upon the AWARDEE's receipt of a Notice of Termination from the COUNTY. Upon termination, COUNTY has no further obligations to AWARDEE. If the AWARDEE knowingly or recklessly allows a sexual predator or sexual offender to work or volunteer on projects, programs, or events funded, in whole or in part, by this program, in a position having unsupervised access to or direct substantial contact with at risk populations, then in addition to the immediate termination of this grant, the AWARDEE will be barred from receiving future County-sponsored funding.

AWARDEE agrees and understands that all funding authorized through this support shall be used only for eligible activities in accordance with Federal, State and Local law, and this program.

I. Legal Responsibilities and Waiver of Trial by Jury

The Parties agree that, in the case of a dispute, the Parties will first work to resolve the dispute informally. In case of legal action, each Party agrees to the following terms: To bear its own attorney's fees and costs; that venue is in a court of competent jurisdiction in Brevard County; **TO WAIVE ANY RIGHT TO A JURY TRIAL**; and that this program is governed according to the laws of the State of Florida.

AWARDEE agrees to comply with all federal, state and local laws, and is responsible for any and all permits, fees, and licenses necessary to perform the event or activity. Nothing in this support shall be construed as a waiver by COUNTY of any requirements for local permits, fees, and licenses.

AWARDEE shall perform the services independently and nothing contained in this Agreement shall be construed to be inconsistent with this relationship or status. Nothing in this support shall be interpreted or construed to make AWARDEE, or any of its agents, or employees to be the agent, employee or representative of the COUNTY.

AWARDEE shall not engage the services of any person or persons now employed by Brevard County, on a private basis, to provide services relating to this support without written consent from Brevard County. This does not prevent AWARDEE from using, reserving, or renting Brevard County facilities. The waiver by COUNTY of any of AWARDEE's obligations or duties under this support shall not constitute a waiver of any other obligation or duty of the other Party under this support, nor shall a waiver of any such obligation or duty constitute a continuing waiver of that obligation of duty.

This support shall not obligate or make COUNTY or AWARDEE liable to any Party other than the Parties. Oversight of any AWARDEE staff will be the responsibility of AWARDEE.

If any provision of this program is held invalid, the remainder of this t shall not be affected if such remainder continues to conform to the terms and requirements of applicable law.

II. Indemnification and Hold Harmless

AWARDEE shall indemnify, defend, and hold harmless COUNTY for the negligent acts and omissions of AWARDEE's own employees and agents in the performance of event or activity sponsored by this support, to the extent permitted by law, and against any and all third-party claims, suits, proceedings, losses, liabilities, damages, fees and expenses (including reasonable attorney's fees and expenses) related to the event or activity. AWARDEE expressly agrees that COUNTY has no liability to AWARDEE for AWARDEE's event or activity or AWARDEE's operation. Nothing in this support is intended to inure to the benefit of any third party for the purpose of allowing any claim which would otherwise be barred under the doctrine of sovereign immunity or by operation of law. Nothing herein shall constitute a waiver of COUNTY's sovereign immunity protection as set forth in section 768.28, Florida Statutes. The Parties acknowledge specific consideration has been exchanged for this provision.

III. Assignment of Agreement

AWARDEE shall not assign any portion of this support without the written permission of COUNTY. All conditions and assurances required by this support are binding on the Parties and

their authorized successors in interest.

IV. Insurance

If you are awarded support under this program, you will be required to procure and maintain, at your own expense and without cost to the COUNTY, policies on insurance known as General Liability Insurance covering the Contractor against any and all claims, demands and causes of action whatsoever for injuries received and damages to property in connection with the use, occupation, management or control, including errors and omissions coverage upon TDO request. Depending on the event sponsored, the TDO may require additional insurance. Award recipients shall provide TDO staff with a Certificate of Insurance (COI) prior to October 1, 2024, for year-round programming and 30 days prior the event beginning. The insurance coverage enumerated above constitutes the minimum requirements and shall in no way lessen or limit the liability of grantee under the terms of the Grant. The following items are required of each COI;

- Box labeled "Certificate Holder" – shall read "Brevard County, 150 Cocoa Isles Blvd, St. 401, Cocoa Beach, FL 32931"
- Box labeled "Description of Operations/locations/vehicles" – shall read "Brevard County is listed as an Additional insured"
- Provide Endorsements pages which provide that your entity is endorsed as an additional insured.

It is the responsibility of the AWARDEE to provide insurance documents to the TDO staff and to re-submit updated insurance prior to their expiration if this occurs during the program period.

AWARDEE agrees to procure and maintain, at its own expense and without cost to COUNTY, the following types of insurance. In the sole discretion of the TDO, the TDO may require additional amounts or types of insurance depending on the type of event or activity. Any additional requirements will be included in notice to the AWARDEE. The policy limits required are to be considered minimum amounts:

- a. General Liability Insurance policy with a \$1,000,000 combined single limit for each occurrence to include personal injury, contractual liability, and errors and omissions coverage.
- b. Auto Liability Insurance policy which includes coverage for all owned, non-owned and rented vehicles with a \$1,000,000 combined single limit for each occurrence, as well as, Full Coverage Vehicle Insurance to include Liability (as above), Collision, Comprehensive, PIP and Uninsured Motorists.
- c. Workers' Compensation and Employers Liability insurance policy covering all employees of AWARDEE that work on this Grant, as required by law. Coverage shall be for all employees directly or indirectly engaged in work on this Grant, with limits of coverage as required by State law.

d. AWARDEE will provide certificates of insurance to COUNTY demonstrating that the insurance requirements have been met prior to the commencement of work under this program.

The insurance coverage enumerated above constitutes the minimum requirements and shall in no way lessen or limit the liability of AWARDEE under the terms of the program.

VI. Termination

If either Party fails or refuses to perform any of the provisions required under the program Criteria, application, or otherwise fails to timely satisfy the program provisions, either Party may notify the other Party in writing of the nonperformance and terminate the support or such part of the program award as to which there has been a delay or a failure to properly perform. Such termination is effective upon the Party's receipt of the Notice of Termination. Upon termination, COUNTY has no further obligation to AWARDEE.

VII. Right to Audit Records

In performance of the event or activity under this program, AWARDEE shall keep books, records, and accounts of all activities related to this support, in compliance with generally accepted accounting procedures. All documents, papers, books, records and accounts made or received by AWARDEE in conjunction with and their performance or shall be open to inspection during regular business hours by an authorized representative of the office and shall be retained by AWARDEE for a period of five (5) years after the end of the program period, unless returned to COUNTY sooner.

VIII. Scrutinized Companies

A. The AWARDEE certifies that it and its Subcontractors are not on the Scrutinized Companies that Boycott Israel List. Pursuant to Section 287.135, Florida Statutes, the COUNTY may immediately terminate this award at its sole option if the AWARDEE or its Subcontractors are found to have submitted a false certification; or if the AWARDEE, or its Subcontractors are placed on the Scrutinized Companies that Boycott Israel List or is engaged in a boycott of Israel during the program period.

B. If this support is for more than one million dollars, the AWARDEE further certifies that it and its Subcontractors are also not on the Scrutinized Companies with Activities in Sudan, Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List or engaged with business operations in Cuba or Syria as identified in Section 287.135, Florida Statutes.

C. Pursuant to Section 287.135, Florida Statutes, the COUNTY may immediately terminate this support at its sole option if the AWARDEE, its affiliates, or its Subcontractors are found to have submitted a false certification; or if the AWARDEE, its affiliates, or its Subcontractors are placed on the Scrutinized Companies that Boycott the Scrutinized Companies with Activities in Sudan

List, or Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or engaged with business operations in Cuba or Syria during the term of the program.

D. The AWARDDEE agrees to observe the above requirements for applicable subcontracts entered into for the performance of work under this program.

E. As provided in Subsection 287.135(8), Florida Statutes, if federal law ceases to authorize these contracting prohibitions, this section shall become inoperative and unenforceable.

IX. Public Records Disclosures

AWARDEE agrees that Florida has broad public disclosure laws, and that any written communications with AWARDDEE, to include emails, email addresses, a copy of this program, and any supporting documentation related to this program are subject to public disclosure upon request, unless otherwise exempt or confidential under Florida Statute.

Public records are defined as all documents, papers, letters, maps, books, tapes, photographs, films, sound recordings, data processing software, or other material, regardless of the physical form, characteristics, or means of transmission, made or received pursuant to law or ordinance or in connection with the transaction of official business by any agency. In this case, the portion of the AWARDDEE's records relating to the acceptance and use of the COUNTY funding are public records that may be subject to production upon request. The AWARDDEE agrees to keep and maintain these public records until completion of the event or activity. Upon completion, AWARDDEE may continue to retain the public records for five years, or transfer, at no cost, to the COUNTY, any public records in its possession in an electronic format readable by COUNTY.

Upon a request for public records related to this program, AWARDDEE will forward any such request to the COUNTY. COUNTY will respond to any public records request. Upon request, as to records in the AWARDDEE possession, AWARDDEE will provide access or electronic copies of any pertinent public records related to this program to COUNTY within a reasonable time at a cost that does not exceed the cost provided in Chapter 119, Florida Statutes.

AWARDEE agrees that COUNTY will consider all documentation submitted to Brevard County related to this program may be subject to public records disclosure.

IF AWARDDEE HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO AWARDDEE'S DUTY TO PROVIDE PUBLIC RECORDS CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT THE OFFICE OF TOURISM, C/O ADMINISTRATIVE SECRETARY, 150 Cocoa Isles Blvd., Cocoa Beach, FL 32931, PHONE (321) 433-4470.

X. Notices

Any notices required or permitted by this program shall be in writing and shall be deemed delivered upon hand delivery, or three (3) days following deposit in the United States postal system, postage prepaid, return receipt requested, addressed to the parties at the following addresses:

COUNTY:

Brevard County Tourism Development Office
c/o Executive Director
150 Cocoa Isles Blvd.
Cocoa Beach, Florida 32931
Phone: (321) 433-4470

AWARDEE:

Contact information listed on AWARDEE's application.

XI. Foreign Disclosures

AWARDEE will complete COUNTY's foreign disclosure form and make any required disclosures to the State of Florida.

Marketing Support Program – FY 2025-26

Table of Contents- click on an item below to be redirected to the first page in the packet for that item.

Cultural events

- Space Coast Super Boats/Thunder on CB
- National Air Sea Space/CB Air Show
- Brevard Productions/Space Coast State Fair
- Merritt Island Wildlife Refuge
- Brevard Regional Arts Group/HenegarCenter
- Museum of Dinosaurs and Ancient Cultures
- Valiant Air Command
- Titusville Playhouse
- Melbourne Main Street

Space Coast Super Boats/Thunder on Cocoa Beach

[Return to Table of Contents](#)



**Tourism Development Office
 FY 2025-2026 Marketing Support Program
 Application Packet checklist**

Applicant Organization Name: Space Coast Super Boats

Applicant Event Name: Thunder on Cocoa Beach

| | Yes | No | Comment |
|--|-----|----|---------|
| 1. Completed application | X | | |
| 2. Copy of IRS Articles of Incorporation – (if applicable) | X | | |
| 3. Copy of IRS Determination letter – (if applicable) | | X | N/A |
| 4. Copy of SunBiz.org (if applicable) | X | | |
| 5. Copy of 990 (if applicable) | | X | N/A |
| 6. Copy of completed W-9 (March 2024) | X | | |
| 7. Income/Expense worksheet (required for all applicants) | X | | |
| 8. Copy of the Applicant checklist | X | | |

This application meets the minimum requirement of 5,001 out-of-county attendees (Cultural) or 250 room nights (Sports).

YES NO

All documents have been submitted, reviewed and/or addressed in the comments.

Peter Cranis 7/2/2025

Peter Cranis, Executive Director

FY 2025-2026 Marketing Support Program application

Response ID:70 Data

2. (untitled)

1. I have read and understand the policies/procedures within the FY 2025-2026 Marketing Support Program Criteria.



Signature of: Kerry Bartlett

3. (untitled)

2. Which best describes your event/year-round programming?

Cultural

4. (untitled)

3. ORGANIZATION INFORMATION

Name of organization hosting event/year-round programming

Space Coast Super boat LLC

Organization address

950 Mullet rd

State

FL

City

Cape Canaveral

Zip

32920

Primary contact name

Kerry Bartlett

Primary contact phone number

3218635228

Primary contact email

kerry.beachline@gmail.com

Secondary contact name

Michael Schwarz

Secondary contact phone number

3217844533

Secondary contact email

fishlipsbar@aol.com

Organization website address

610 Glen Cheek Dr

5. (untitled)

4. Which best describes your organization?

For profit, LLC, Inc., etc.

6. (untitled)

5. What is your Federal Employee ID number?

80-0656657

7. (untitled)

6. Are you completing this application for an event or year-round programming?

Event - single or multi-day festival, surfing contest, running race, Main Street organizations, etc.

8. (untitled)

7. EVENT INFORMATION - #1

Name of event

Thunder on Cocoa Beach

Event website address (if different from organization website)

thunderoncocoabeach.com

Event location

Port Canaveral/Cocoa Beach

9. (untitled)

8. What is the first date of your event?

05/14/2026

10. (untitled)

9. In total, how many days will your event be held?

4

11. (untitled)

10. Do you have a second event?

No

12. (untitled)

1. **EVENT INFORMATION - #2**

Name of event

Event website address (if different from organization website)

Event location

13. (untitled)

What is the first date of your event?

14. (untitled)

In total, how many days will your event be held?

15. (untitled)

Do you have a third event?

16. (untitled)

5. **EVENT INFORMATION - #3**

Name of event

Event website address (if different from organization website)

Event location

17. (untitled)

What is the first date of your event?

18. (untitled)

In total, how many days will your event be held?

19. (untitled)

11. What types of marketing do you plan to do for this event?

Billboards

Digital advertising (banner ads, etc.)

Radio

Social media (Facebook, Instagram, YouTube, etc.)

TV/Video

20. (untitled)

What types of marketing do you plan to do for your year-round programming?

21. (untitled)

12. What are your social media handles?

Facebook : Thunder on Cocoa Beach offshore race

Instagram : Thunder on Cocoa Beach

YouTube : Thunder on Cocoa Beach

22. (untitled)

13. What hashtags do you currently use?

#thunderoncocoabeach

23. (untitled)

Upload a copy of your organization's IRS Determination letter.

24. (untitled)

Upload a copy of your organization's 990 form.

25. (untitled)

14. Upload a copy of your organization's Articles of Incorporation.

[2025_Sunbiz_TOCB.pdf](#)

26. (untitled)

15. If you are a Florida organization, please upload a copy of your SunBiz.com account associated with your organization.

[2025_Sunbiz_TOCB.pdf](#)

27. (untitled)

16. Upload your completed W-9 form.

[W9_TOCB.pdf](#)

28. (untitled)

17. Upload your completed Event Income/Expense report.

[2025_Thunder_Final_.pdf](#)

29. (untitled)

18. Upload your completed Checklist.

[2025_TDC_Checklist.pdf](#)

30. (untitled)

19.

ATTESTATION

I attest that all information in this questionnaire is true and correct. I further attest that will comply with the requirements set forth, if awarded support.



Signature of: Kerry Bartlett

31. Thank You!

New Send Email

Jun 07, 2025 13:52:46 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com;
Terrence.Parks@VisitSpaceCoast.com



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 14, 2010

KERRY D BARTLETT
950 MULLET RD
CAPE CANAVERAL, FL 32920 US

Re: Document Number L10000040324

The Articles of Amendment to the Articles of Organization for SPACE COAST SUPER BOAT, LLC, a Florida limited liability company, were filed on September 13, 2010.

Should you have any questions regarding this matter, please telephone (850) 245-6051, the Registration Section.

Gina McLeod
Regulatory Specialist II
Division of Corporations

Letter Number: 910A00021798

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Limited Liability Company
SPACE COAST SUPER BOAT, LLC

Filing Information

| | |
|-------------------------|---------------|
| Document Number | L10000040324 |
| FEI/EIN Number | 80-0656667 |
| Date Filed | 04/14/2010 |
| Effective Date | 04/12/2010 |
| State | FL |
| Status | ACTIVE |
| Last Event | REINSTATEMENT |
| Event Date Filed | 02/11/2013 |

Principal Address

950 MULLET RD
CAPE CANAVERAL, FL 32920

Changed: 09/13/2010

Mailing Address

950 MULLET RD
CAPE CANAVERAL, FL 32920

Changed: 09/13/2010

Registered Agent Name & Address

BARTLETT, KERRY D
950 MULLET RD
CAPE CANAVERAL, FL 32920

Name Changed: 09/13/2010

Address Changed: 09/13/2010

Authorized Person(s) Detail

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

| | |
|--|---|
| Print or type. See Specific Instructions on page 3. | <p>1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Space Coast Super Boat LLC</p> <p>2 Business name/disregarded entity name, if different from above.</p> |
| | <p>3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) P <small>Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.</small> <input type="checkbox"/> Other (see Instructions) </p> <p>3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See Instructions <input type="checkbox"/></p> |
| | <p>4 Exemptions (codes apply only to certain entities, not individuals; see Instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i></p> |
| | <p>5 Address (number, street, and apt. or suite no.). See Instructions. 950 Mullet Rd.</p> <p>6 City, state, and ZIP code Cape Canaveral, FL 32920</p> <p>7 List account number(s) here (optional)</p> |
| | Requester's name and address (optional) |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

| | | | | |
|---|-----------|-----------|--|--|
| Social security number | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table> | | | | |
| | | | | |
| or | | | | |
| Employer identification number | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px; text-align: center;">80</td> <td style="width: 25%; border: 1px solid black; height: 20px; text-align: center;">- 0656657</td> </tr> </table> | 80 | - 0656657 | | |
| 80 | - 0656657 | | | |

Note: If the account is in more than one name, see the Instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the Instructions for Part II, later.

| | | |
|------------------|--|--|
| Sign Here | Signature of U.S. person King Bannell | Date 6-6-25 |
|------------------|--|--|

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

| Marketing Support Program - SPACE COAST SUPER BOATS | | | | | | | |
|---|----------------------|---------------------|------------------|---|----------------------|-------------------|-------------|
| FY 2025-2026 | | | | | | | |
| Event Income/Expense Report | | | | | | | |
| Expenses | 2025-2026 projection | 2024-2025 actuals | VAR+10% Increase | Income | 2025-2026 projection | 2024-2025 actuals | VAR |
| Helicopters | \$19,800.06 | \$18,000.05 | \$1,800.01 | Fishlips | \$5,500.00 | \$5,000.00 | \$500.00 |
| BC Ocean Rescue/Paramedic | \$4,787.68 | \$4,352.44 | \$435.24 | FL. Distributers | \$5,000.00 | \$5,000.00 | \$0.00 |
| Steve Byle Hotels | \$2,993.76 | \$2,721.60 | \$272.16 | Grills | \$2,000.00 | \$2,000.00 | \$0.00 |
| LLC filing fee | \$247.50 | \$225.00 | \$22.50 | Explorer Media | \$150,000.00 | \$124,820.00 | \$25,180.00 |
| Patrol boat captains | \$3,080.00 | \$2,800.00 | \$280.00 | Motel assco. | \$5,000.00 | \$5,000.00 | \$0.00 |
| APBA Membership | \$210.63 | \$191.48 | \$19.15 | Teal Reef (Tickets,vend | \$85,000.00 | \$85,000.00 | \$0.00 |
| Subtotal Expense | \$31,119.63 | \$28,290.57 | \$2,829.06 | Merchandise | \$6,866.77 | \$6,242.52 | \$624.25 |
| Other Expenses | | | | Subtotal Income | \$259,366.77 | \$233,062.52 | \$26,304.25 |
| Port Fee | \$8,945.20 | \$8,132.00 | \$813.20 | Income Sponsors | \$0.00 | \$0.00 | \$0.00 |
| BCSO | \$3,478.20 | \$3,162.00 | \$316.20 | | | | |
| CCVFD | \$6,450.95 | \$5,864.50 | \$586.45 | | | | |
| United Services Porta Potties | \$2,985.40 | \$2,714.00 | \$271.40 | | | | |
| Tactical Elite night security | \$3,238.40 | \$2,944.00 | \$294.40 | | | | |
| City pool testing | \$247.17 | \$224.70 | \$22.47 | Cash in Bank to start | \$0.00 | \$2,111.19 | -\$2,111.19 |
| Hampton Inn (Wet pit guard) | \$0.00 | \$0.00 | \$0.00 | Income Other | \$259,366.77 | \$233,062.52 | \$26,304.25 |
| Cocoa Water utilities | \$1,540.00 | \$1,400.00 | \$140.00 | TDC grant funding | \$45,000.00 | \$50,000.00 | -\$5,000.00 |
| Catering Beach | \$6,250.56 | \$5,682.33 | \$568.23 | Total Income | \$304,366.77 | \$283,062.52 | \$21,304.25 |
| Hotel room for Wet Hot pit guys | \$0.00 | \$0.00 | \$0.00 | Total Expenses Paid | \$307,227.19 | \$284,383.81 | \$22,843.38 |
| Arrive Alive Road Closure ** | \$6,600.00 | \$6,000.00 | \$600.00 | Profit/Loss | -\$2,860.42 | -\$1,321.29 | |
| Trash/waste pro roll aways | \$1,897.50 | \$1,725.00 | \$172.50 | | | | |
| CCB Chamber | \$401.50 | \$365.00 | \$36.50 | Note: these numbers are the best numbers we can offer at this point | | | |
| Scorpien Marine Launch site | \$4,400.00 | \$4,000.00 | \$400.00 | but we are still settling things from our May 2025 event which will raise the | | | |
| Island craft beach chair LWP | \$2,640.00 | \$2,400.00 | \$240.00 | expenses but not increase the income. 6.30.2025. | | | |
| barricades/tents/chairs | \$27,288.80 | \$24,808.00 | \$2,480.80 | | | | |
| Media/sound beach chalet | \$10,555.60 | \$9,596.00 | \$959.60 | | | | |
| Fishlips break down staff | \$3,428.70 | \$3,117.00 | \$311.70 | | | | |
| CCB Basefall, Lacrosse, etc. | \$2,200.00 | \$2,000.00 | \$200.00 | | | | |
| Right Coast merch | \$7,648.48 | \$6,953.16 | \$695.32 | | | | |
| commission Explorer spons | \$34,333.75 | \$31,212.50 | \$3,121.25 | | | | |
| commission Explorer bonus | \$1,100.00 | \$1,000.00 | \$100.00 | | | | |
| banners, print programs | \$6,669.30 | \$6,063.00 | \$606.30 | | | | |
| Pat Kaury labor | \$550.00 | \$500.00 | \$50.00 | | | | |
| volunteer shirts | \$1,805.82 | \$1,641.65 | \$164.17 | | | | |
| wristbands/ tap and go | \$4,092.00 | \$3,720.00 | \$372.00 | | | | |
| G Daddy Domain renewals | \$33.18 | \$30.16 | \$3.02 | | | | |
| Cocoa Beach event fee | \$9,158.11 | \$8,325.55 | \$832.56 | | | | |
| Florida Today | \$2,250.85 | \$2,046.23 | \$204.62 | | | | |
| MIHS beach volunteers | \$1,100.00 | \$1,000.00 | \$100.00 | | | | |
| Paid social ads - Fb Google | \$286.00 | \$260.00 | \$26.00 | | | | |
| Misc. | \$84.22 | \$76.56 | \$7.66 | | | | |
| Teal Reef comm | \$35,325.04 | \$32,113.67 | \$3,211.37 | | | | |
| poster distribution | \$220.00 | \$200.00 | \$20.00 | | | | |
| Subtotal Other Expenses | \$197,204.71 | \$179,277.01 | \$17,927.70 | | | | |
| Marketing Out-of-County P1 | \$73,000.00 | \$71,450.00 | \$1,550.00 | | | | |
| Florida Today | \$2,250.85 | \$2,046.23 | \$204.62 | | | | |
| Spectrum Ads Orlando/Tampa | \$3,300.00 | \$3,000.00 | \$300.00 | | | | |
| Spectrum commerials Orlando/T | \$352.00 | \$320.00 | \$32.00 | | | | |
| Subtotal Marketing | \$78,902.85 | \$76,816.23 | \$2,086.62 | | | | |
| Total Expenses 2025-2026 | \$307,227.19 | \$284,383.81 | | | | | |

Space Coast FLORIDA

**Tourism Development Office
FY 2025-2026 Marketing Support Program
Applicant checklist**

Applicant organization name: Space Coast Super Boat LLC

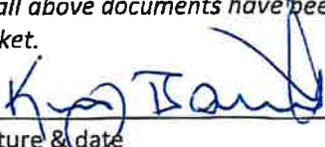
Applicant event name: Thunder on Cocoa Beach

Applicant name completing this form: Kerry Bartlett

Applicant- Use this checklist to confirm that you have completed all elements of the application prior to submitting. Initial next to each item. Items (2-9) must be uploaded within the application.

| | | Applicant initial | TDO staff initial | TDO staff comments |
|----|--|-------------------|-------------------|--------------------|
| 1. | Application – | KB | DW | |
| 2. | Copy of IRS Articles of Incorporation – (submit if for-profit) | | DW | |
| 3. | Copy of IRS Determination Letter – (submit if 501(c)(3)) | | DW | N/A |
| 4. | Copy of SunBiz.com - (if applicable, see application for details) | KB | DW | |
| 5. | Copy of 990 form (if applicable, see application) | | DW | N/A |
| 6. | Copy of completed W-9 form (March 2024) | KB | DW | |
| 7. | Income/Expense worksheet (required for all applicants) | KB | DW | |
| 8. | Copy of this checklist – (completed, initialed, and signed by applicant) | KB | DW | |

I, consent that all above documents have been submitted completely by uploading within the application packet.


Applicant signature & date

National Air Sea Space/CB Air Show

[Return to Table of Contents](#)



**Tourism Development Office
 FY 2025-2026 Marketing Support Program
 Application Packet checklist**

Applicant Organization Name: National Air Sea Space Foundation

Applicant Event Name: Cocoa Beach Air Show

| | Yes | No | Comment |
|--|-----|----|---------|
| 1. Completed application | X | | |
| 2. Copy of IRS Articles of Incorporation – (if applicable) | | X | N/A |
| 3. Copy of IRS Determination letter – (if applicable) | X | | |
| 4. Copy of SunBiz.org (if applicable) | X | | |
| 5. Copy of 990 (if applicable) | X | | |
| 6. Copy of completed W-9 (March 2024) | X | | |
| 7. Income/Expense worksheet (required for all applicants) | X | | |
| 8. Copy of the Applicant checklist | X | | |

This application meets the minimum requirement of 5,001 out-of-county attendees (Cultural) or 250 room nights (Sports).

| | |
|-----|----|
| YES | NO |
|-----|----|

All documents have been submitted, reviewed and/or addressed in the comments.



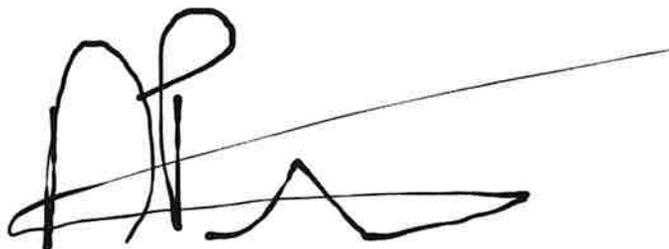
Peter Cranis, Executive Director

FY 2025-2026 Marketing Support Program application

Response ID:51 Data

2. (untitled)

1. I have read and understand the policies/procedures within the FY 2025-2026 Marketing Support Program Criteria.



Signature of: Dawson Pritchett

3. (untitled)

2. Which best describes your event/year-round programming?

Cultural

4. (untitled)

3. ORGANIZATION INFORMATION

Name of organization hosting event/year-round programming

National Air Sea and Space Foundation

Organization address

5700 North Harbor City Blvd. Suite 280

State

FL

City

Melbourne

Zip

32940

Primary contact name

Dawson Pritchett

Primary contact phone number

4077617699

Primary contact email

Dawson@air.show

Secondary contact name

Bryan Lilley

Secondary contact phone number

321-368-3808

Secondary contact email

Bryan@air.show

Organization website address

www.air.show

5. (untitled)

4. Which best describes your organization?

501(C)(3)

6. (untitled)

5. What is your Federal Employee ID number?

27-3459716

7. (untitled)

6. Are you completing this application for an event or year-round programming?

Event - single or multi-day festival, surfing contest, running race, Main Street organizations, etc.

8. (untitled)

7. EVENT INFORMATION - #1

Name of event

Air Dot Show Cocoa Beach

Event website address (if different from organization website)

air.show/cocoabeach

Event location

Cocoa Beach, show center at Lori Wilson Park

9. (untitled)

8. What is the first date of your event?

04/11/2026

10. (untitled)

9. In total, how many days will your event be held?

2

11. (untitled)

10. Do you have a second event?

No

12. (untitled)

1. **EVENT INFORMATION - #2**

Name of event

Event website address (if different from organization website)

Event location

13. (untitled)

What is the first date of your event?

14. (untitled)

In total, how many days will your event be held?

15. (untitled)

Do you have a third event?

16. (untitled)

5. **EVENT INFORMATION - #3**

Name of event

Event website address (if different from organization website)

Event location

17. (untitled)

What is the first date of your event?

18. (untitled)

In total, how many days will your event be held?

19. (untitled)

11. What types of marketing do you plan to do for this event?

Digital advertising (banner ads, etc.)
Search advertising (pay-per-click, etc.)
Social hashtags
Social media (Facebook, Instagram, YouTube, etc.)
TV/Video
Other - Please be specific.....: Email Marketing

20. (untitled)

What types of marketing do you plan to do for your year-round programming?

21. (untitled)

12. What are your social media handles?

Facebook : @cocoaBeachAirShow & @AirDotShow
Instagram : @cocoaBeachAirShow & @AirDotShow
YouTube : @AirDotShow

22. (untitled)

13. What hashtags do you currently use?

#SpaceCoast, #CocoaBeach, #CocoaBeachAirShow, #AirDotShow

23. (untitled)

14. Upload a copy of your organization's IRS Determination letter.

[NASSF-IRS_Cert_of_Status.pdf](#)

24. (untitled)

15. Upload a copy of your organization's 990 form.

[NASSFI_US_2023_990_Tax_Return.pdf](#)

25. (untitled)

Upload a copy of your organization's Articles of Incorporation.

26. (untitled)

16. If you are a Florida organization, please upload a copy of your SunBiz.com account associated with your organization.

[Sunbiz_National_Air_Sea_Space_Foundation.pdf](#)

27. (untitled)

17. Upload your completed W-9 form.

[NASSF_Signed_W-9.pdf](#)

28. (untitled)

18. Upload your completed Event Income/Expense report.

[Event_Income_Expense_Report_template_FY25-26.pdf](#)

29. (untitled)

19. Upload your completed Checklist.

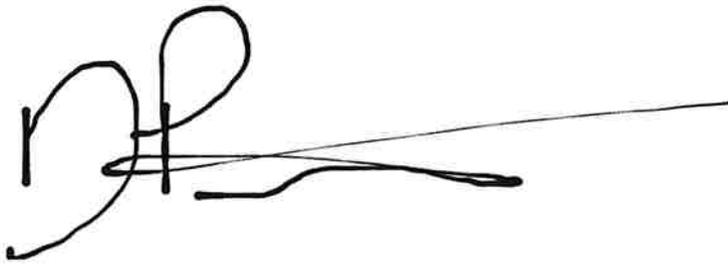
[Cocoa_Grant_applicant_checklist_4.30.2025.pdf](#)

30. (untitled)

20.

ATTESTATION

I attest that all information in this questionnaire is true and correct. I further attest that will comply with the requirements set forth, if awarded support.

A handwritten signature in black ink, appearing to read 'DP', with a long horizontal line extending to the right.

Signature of: Dawson Pritchett

31. Thank You!

New Send Email

Jun 05, 2025 12:41:35 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com;
Terrence.Parks@VisitSpaceCoast.com

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **NOV 21 2010**

NATIONAL AIR SEA AND SPACE
FOUNDATION
PO BOX 321330
COCOA BEACH, FL 32932

Employer Identification Number:
27-3459716
DLN:
200300063
Contact Person:
DEL TRIMBLE ID# 31309
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
August 13, 2010
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

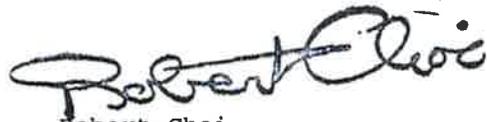
Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)

23453

NATIONAL AIR SEA AND SPACE

Sincerely,

A handwritten signature in black ink that reads "Robert Choi". The signature is written in a cursive style with a large, prominent "R" and "C".

Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Enclosure: Publication 4221-PC

Letter 947 (DO/CG)



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Not For Profit Corporation
 NATIONAL AIR, SEA AND SPACE FOUNDATION, INC.

Filing Information

Document Number N10000007708
FEI/EIN Number 27-3459716
Date Filed 08/13/2010
State FL
Status ACTIVE

Principal Address

5700 North Harbor City Blvd
 Suite 280
 Melbourne, FL 32940

Changed: 03/22/2022

Mailing Address

PO Box 360857
 Melbourne, FL 32936

Changed: 01/08/2017

Registered Agent Name & Address

NASH, CHARLES I
 440 South Babcock Street
 Melbourne, FL 32901

Name Changed: 02/23/2025

Address Changed: 02/23/2025

Officer/Director Detail

Name & Address

Title DIR

LILLEY, BRYAN S
 PO Box 360857
 Melbourne, FL 32936

Title DIR

HEARD, MARSHALL
 PO Box 360857
 Melbourne, FL 32936

Title Director

Griffin, Gwen
 PO Box 360857
 Melbourne, FL 32936

Title Director

Plans, Barry
 PO Box 360857
 Melbourne, FL 32936

Annual Reports

| Report Year | Filed Date |
|-------------|------------|
| 2023 | 01/23/2023 |
| 2024 | 04/02/2024 |
| 2025 | 02/23/2025 |

Document Images

| | |
|---|--|
| 02/23/2025 -- ANNUAL REPORT | View image in PDF format |
| 04/02/2024 -- ANNUAL REPORT | View image in PDF format |
| 01/23/2023 -- ANNUAL REPORT | View image in PDF format |
| 03/22/2022 -- ANNUAL REPORT | View image in PDF format |
| 01/14/2021 -- ANNUAL REPORT | View image in PDF format |
| 01/12/2020 -- ANNUAL REPORT | View image in PDF format |
| 03/18/2019 -- ANNUAL REPORT | View image in PDF format |
| 01/24/2018 -- ANNUAL REPORT | View image in PDF format |
| 01/08/2017 -- ANNUAL REPORT | View image in PDF format |
| 03/25/2016 -- ANNUAL REPORT | View image in PDF format |
| 01/06/2015 -- ANNUAL REPORT | View image in PDF format |
| 01/26/2014 -- ANNUAL REPORT | View image in PDF format |
| 01/20/2013 -- ANNUAL REPORT | View image in PDF format |
| 07/25/2012 -- ANNUAL REPORT | View image in PDF format |
| 09/22/2011 -- ANNUAL REPORT | View image in PDF format |
| 08/13/2010 -- Domestic Non-Profit | View image in PDF format |

Form **8879-TE**

**IRS E-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning _____ 2023, and ending _____ 20

2023

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

**NATIONAL AIR SEA SPACE
FOUNDATION, INC.**

EIN or SSN

27-3459716

Name and title of officer or person subject to tax **BRYAN S. LILLEY
CHAIRMAN**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

| | | |
|---|---|--------------------------|
| 1a Form 990 check here <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b <u>317,861</u> |
| 2a Form 990-EZ check here <input type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2b _____ |
| 3a Form 1120-POL check here <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b _____ |
| 4a Form 990-PF check here <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part V, line 5) | 4b _____ |
| 5a Form 8868 check here <input type="checkbox"/> | b Balance due (Form 8868, line 3c) | 5b _____ |
| 6a Form 990-T check here <input type="checkbox"/> | b Total tax (Form 990-T, Part III, line 4) | 6b _____ |
| 7a Form 4720 check here <input type="checkbox"/> | b Total tax (Form 4720, Part III, line 1) | 7b _____ |
| 8a Form 5227 check here <input type="checkbox"/> | b FMV of assets at end of tax year (Form 5227, Item D) | 8b _____ |
| 9a Form 5330 check here <input type="checkbox"/> | b Tax due (Form 5330, Part II, line 19) | 9b _____ |
| 10a Form 8038-CP check here <input type="checkbox"/> | b Amount of credit payment requested (Form 8038-CP, Part III, line 22) | 10b _____ |

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **HAMILTON & MUSSER, PC, CPAS** to enter my PIN **59716** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____

Date **11/13/24**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

23319933199

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature *Matthew A. Wilton CPA*

Date **11/13/24**

**ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see back of form.
DAA

Form **8879-TE** (2023)

Form **990**

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2023
 Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

| | | | |
|--|--|---|--|
| A For the 2023 calendar year, or tax year beginning _____, and ending _____ | | D Employer identification number 27-3459716 | |
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization NATIONAL AIR SEA SPACE FOUNDATION, INC. | | E Telephone number 321-368-3808 |
| | Doing business as | | F Telephone number |
| | Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5700 N US HWY 1, SUITE 280 | | G Gross receipts \$ 317,861 |
| | City or town, state or province, country, and ZIP or foreign postal code MELBOURNE FL 32935 | | |
| F Name and address of principal officer: BRYAN S. LILLEY 5700 N US HWY 1, SUITE 280 MELBOURNE FL 32935 | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | H(c) Group exemption number | |
| J Website: WWW.AIRSEASPACE.ORG | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | L Year of formation: 2010 | M State of legal domicile: FL |

Part I Summary

| | | | | |
|---|---|---------------------------|--------------|------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: THE NATIONAL AIR, SEA AND SPACE FOUNDATION IS AN EDUCATIONAL, NONPROFIT ORGANIZATION DEDICATED TO THE ADVANCEMENT OF MILITARY, COMMERCIAL, AND CIVIL ENTERPRISES IN AIR, SEA, AND SPACE. | | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | | 3 | 4 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | | 4 | 4 |
| | 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) | | 5 | 0 |
| | 6 Total number of volunteers (estimate if necessary) | | 6 | 150 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | | 7a | 0 |
| b Net unrelated business taxable income from Form 990-T, Part I, line 11 | | 7b | 0 | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year | |
| | 9 Program service revenue (Part VIII, line 2g) | 127,762 | 117,669 | |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 222,349 | 200,192 | |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | 0 |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 350,111 | 317,861 | |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 29,042 | | 0 |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | | | 0 |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | | 0 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | | | 0 |
| | b Total fundraising expenses (Part IX, column (D), line 25) 838 | 269,902 | 336,688 | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 298,944 | 336,688 | |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 51,167 | -18,827 | | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | | | | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year | |
| | 21 Total liabilities (Part X, line 26) | 50,708 | 31,985 | |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 610 | 714 | |
| | | 50,098 | 31,271 | |

Part II Signature Block

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

| | | | | |
|-------------------------------|---|--|-------------------------|---|
| Sign Here | Signature of officer BRYAN S. LILLEY | | Date | |
| | Type or print name and title CHAIRMAN | | | |
| Paid Preparer Use Only | Print/Type preparer's name MATTHEW A WITMER, CPA | Preparer's signature <i>Matthew A. Witmer CPA</i> | Date 11/13/24 | Check <input type="checkbox"/> if self-employed <input type="checkbox"/> if PTIN P01282790 |
| | Firm's name HAMILTON & MUSSER, PC, CPAS | Firm's EIN 23-2213999 | | |
| | Firm's address 176 CUMBERLAND PARKWAY MECHANICSBURG, PA 17055 | Phone no 717-697-3888 | | |

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

Form **990** (2023)

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE NATIONAL AIR, SEA AND SPACE FOUNDATION IS AN EDUCATIONAL, NONPROFIT ORGANIZATION DEDICATED TO THE ADVANCEMENT OF MILITARY, COMMERCIAL, AND CIVIL ENTERPRISES IN AIR, SEA, AND SPACE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 329,100 including grants of \$) (Revenue \$ 196,792)

THE FOUNDATION ACHIEVED ITS PROGRAM SERVICE OBJECTIVES THIS YEAR THROUGH ONE SIGNATURE PROGRAM. THE FOUNDATION CONDUCTED THE COCOA BEACH AIR SHOW, APRIL 15-16, 2023, AN AVIATION EXPEDITION OPEN TO THE PUBLIC WITH A DIVERSE REPRESENTATION OF MILITARY AND CIVILIAN AIRCRAFT, EDUCATING OVER 175,000 SPECTATORS ABOUT THE OPPORTUNITIES IN THE GROWING INDUSTRY ON "FLORIDA'S SPACE COAST".

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$ 3,400)

MAJOR STEPHEN "CAJUN" DEL BANGO, THUNDERBIRD #4, WAS KILLED WHEN HIS F-16 CRASHED JUST 10 DAYS AFTER PERFORMING IN THE 2018 MELBOURNE AIR SHOW. IN HONOR OF CAJUN, THE NATIONAL AIR SEA AND SPACE FOUNDATION IS PARTNERING WITH THE FLORIDA INSTITUTE OF TECHNOLOGY AND BROWARD COLLEGE TO CREATE THE STEPHEN "CAJUN" DEL BANGO MEMORIAL SCHOLARSHIP. EVERY YEAR THE CAJUN SCHOLARSHIP WILL GO TO HELP STUDENTS IN NEED TO GET THEIR WINGS AND PURSUE A FUTURE IN AVIATION.

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

N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 329,100

Part IV Checklist of Required Schedules

| | Yes | No |
|--|----------|----------|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | | X |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | | X |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | | X |
| b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | | X |
| c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | | X |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | | X |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions | | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | | X |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | | X |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|----------|----------|
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | | X |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). | | |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | | X |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

| Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | Yes | No |
|---|--|------------|----------|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a <u>0</u> | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | X |
| b | If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 10a | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders 11a | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. | 13a | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b | | |
| c | Enter the amount of reserves on hand 13c | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. | 15 | X |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | X |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069. | 17 | |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 5 columns: Question ID, Question Text, 1a, 1b, Yes, No. Rows include questions 1a through 9 regarding governing body members, relationships, and documentation.

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

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include questions 10a through 16b regarding local chapters, conflict of interest policies, whistleblower policies, and joint ventures.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records.

BRYAN S. LILLEY 5700 N US HWY 1, SUITE 280 FL 32935 321-368-3808 MELBOURNE

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) BRYAN S. LILLEY CHAIRMAN | 5.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| (2) MARSHALL HEARD DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (3) GWEN GRIFFIN DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (4) BARRY PLANS DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (5) | | | | | | | | | | |
| (6) | | | | | | | | | | |
| (7) | | | | | | | | | | |
| (8) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes rows 12-19 and summary rows 1b-1d.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

Table with 3 columns: Question, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes rows for contractor details.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|--|----------------|----------------------|--|--------------------------------------|---|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | | |
| | b Membership dues | 1b | | | | |
| | c Fundraising events | 1c | | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) | 1e | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 117,669 | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ | | | |
| | h Total. Add lines 1a-1f | | 117,669 | | | |
| Program Service Revenue | 2a AIR SHOW | Business Code | 196,792 | | | 196,792 |
| | | 713990 | | | | |
| | b FLIGHT SUIT SOCIAL | 900099 | 3,400 | | | 3,400 |
| | c | | | | | |
| | d | | | | | |
| | e | | | | | |
| | f All other program service revenue | | | | | |
| g Total. Add lines 2a-2f | | 200,192 | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | | | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | | | | |
| | 6a Gross rents | (i) Real | | | | |
| | | (ii) Personal | | | | |
| | b Less: rental expenses | 6b | | | | |
| | c Rental inc. or (loss) | 6c | | | | |
| | d Net rental income or (loss) | | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | | | | |
| | | (ii) Other | | | | |
| | | | 7a | | | |
| | b Less: cost or other basis and sales exps. | 7b | | | | |
| | c Gain or (loss) | 7c | | | | |
| | d Net gain or (loss) | | | | | |
| | 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | |
| b Less: direct expenses | 8b | | | | | |
| c Net income or (loss) from fundraising events | | | | | | |
| 9a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | |
| b Less: direct expenses | 9b | | | | | |
| c Net income or (loss) from gaming activities | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | 10a | | | | | |
| b Less: cost of goods sold | 10b | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | 11a | Business Code | | | | |
| | b | | | | | |
| | c | | | | | |
| | d All other revenue | | | | | |
| | e Total. Add lines 11a-11d | | | | | |
| 12 Total revenue. See instructions | | 317,861 | 0 | 0 | 200,192 | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | | | | |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | | | | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | | | | |
| 11 Fees for services (nonemployees): | | | | |
| a Management | 18,243 | 18,243 | | |
| b Legal | | | 4,613 | |
| c Accounting | 4,613 | | 4,613 | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 1,205 | 1,205 | | |
| 12 Advertising and promotion | 16,767 | 15,929 | | 838 |
| 13 Office expenses | 2,097 | | 2,097 | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | | | | |
| 17 Travel | 7,313 | 7,313 | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | | | | |
| 23 Insurance | 6,670 | 6,670 | | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a EVENT SITE OPERATIONS | 112,180 | 112,180 | | |
| b HOSPITALITY | 99,059 | 99,059 | | |
| c FLIGHT OPERATIONS | 55,296 | 55,296 | | |
| d VOLUNTEER MEALS | 7,776 | 7,776 | | |
| e All other expenses | 5,469 | 5,429 | 40 | |
| 25 Total functional expenses. Add lines 1 through 24e | 336,688 | 329,100 | 6,750 | 838 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|---------------|--------------------|
| Assets | 1 Cash—non-interest-bearing | 50,383 | 1 | 31,660 |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 325 | 4 | 325 |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | | 9 | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | | |
| | b Less: accumulated depreciation | 10b | 10c | |
| | 11 Investments—publicly traded securities | | 11 | |
| | 12 Investments—other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | | 15 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 50,708 | 16 | 31,985 | |
| Liabilities | 17 Accounts payable and accrued expenses | | 17 | |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | 610 | 24 | 714 |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 25 | |
| | 26 Total liabilities. Add lines 17 through 25 | 610 | 26 | 714 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 50,098 | 27 | 24,662 |
| | 28 Net assets with donor restrictions | | 28 | 6,609 |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 50,098 | 32 | 31,271 |
| 33 Total liabilities and net assets/fund balances | 50,708 | 33 | 31,985 | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|----------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 317,861 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 336,688 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -18,827 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 50,098 |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 31,271 |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|-----------|---|-----|----------|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| 2b | Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| 2c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | X |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | |

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

**NATIONAL AIR SEA SPACE
FOUNDATION, INC.**

Employer identification number

27-3459716

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

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

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

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

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

Schedule A (Form 990) 2023

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

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

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

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

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | 4,447 | 177,617 | 127,762 | 117,669 | 427,495 |
| 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 | 465,290 | | 152,312 | 222,349 | 200,192 | 1,040,143 |
| 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 | 465,290 | 4,447 | 329,929 | 350,111 | 317,861 | 1,467,638 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | 1,467,638 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | 465,290 | 4,447 | 329,929 | 350,111 | 317,861 | 1,467,638 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | 465,290 | 4,447 | 329,929 | 350,111 | 317,861 | 1,467,638 |
| 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|----------|
| 15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) | 15 | 100.00 % |
| 16 Public support percentage from 2022 Schedule A, Part III, line 15 | 16 | 100.00 % |

Section D. Computation of Investment Income Percentage

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

- 19a 33 1/3% support tests — 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests — 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

| Section A – Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |
| Section B – Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C – Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

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

| Section D – Distributions | | Current Year | | |
|---|---|-----------------------------|--|---|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 | | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 | | |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 | | |
| 4 | Amounts paid to acquire exempt-use assets | 4 | | |
| 5 | Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) | 5 | | |
| 6 | Other distributions (describe in Part VI). See instructions. | 6 | | |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 | | |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8 | | |
| 9 | Distributable amount for 2022 from Section C, line 6 | 9 | | |
| 10 | Line 8 amount divided by line 9 amount | 10 | | |
| Section E – Distribution Allocations (see instructions) | | (i) Excess Distributions | (ii) Underdistributions Pre-2023 | (iii) Distributable Amount for 2023 |
| 1 | Distributable amount for 2023 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2023 | | | |
| a | From 2018 | | | |
| b | From 2019 | | | |
| c | From 2020 | | | |
| d | From 2021 | | | |
| e | From 2022 | | | |
| f | Total of lines 3a through 3e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2023 distributable amount | | | |
| i | Carryover from 2018 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 | Distributions for 2023 from Section D, line 7: \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2023 distributable amount | | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 | Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2024. Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | Excess from 2019 | | | |
| b | Excess from 2020 | | | |
| c | Excess from 2021 | | | |
| d | Excess from 2022 | | | |
| e | Excess from 2023 | | | |

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization NATIONAL AIR SEA SPACE FOUNDATION, INC.

Employer identification number 27-3459716

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2023)

Name of organization **NATIONAL AIR SEA SPACE** Employer identification number **27-3459716**

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|---|
| 1 | COCOA BEACH HOTEL ASSOCIATION 3425 N ATLANTIC AVE COCOA BEACH FL 32931-3455 | \$ 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | EXPLORER MULTIMEDIA LLC 13615 103RD STREET FELLSMERE FL 32948 | \$ 52,575 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | FISHLIPS 610 GLEN CHEEK DR PORT CANAVERAL FL 32920 | \$ 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | FLORIDA DISTRIBUTING 3964 SHADER RD ORLANDO FL 32808 | \$ 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | FLORIDA POWER & LIGHT COMPANY 9001 ELLIS ROAD WEST MELBOURNE FL 32904 | \$ 17,500 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | LEIDOS 12901 SCIENCE DR ORLANDO FL 32826 | \$ 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Schedule B (Form 990) (2023)

Name of organization
NATIONAL AIR SEA SPACE

Employer identification number
27-3459716

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 7 | SANFORD AIRPORT AUTHORITY 1200 RED CLEVELAND BLVD SANFORD FL 32773 | \$ 15,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

NATIONAL AIR SEA SPACE FOUNDATION, INC.

Employer identification number

27-3459716

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (Yes/No), 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (Yes/No)

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included on line 2a, 2d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No), 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No), 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table.
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Table with columns for Amount and rows for 1c, 1d, 1e, 1f. Includes Yes/No checkboxes for 2a and 2b.

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

- 1a Beginning of year balance
b Contributions
c Net investment earnings, gains, and losses
d Grants or scholarships
e Other expenditures for facilities and programs
f Administrative expenses
g End of year balance
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) Unrelated organizations?
(ii) Related organizations?
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Table with columns for Yes/No and rows for 3a(i), 3a(ii), 3b.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with columns for (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value and rows for 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other.

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

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other (A-H), and Total.

Part VIII Investments - Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes (1) Federal income taxes, rows (2) through (9), and Total.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Includes columns for line numbers and descriptions.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Includes columns for line numbers and descriptions.

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X - FIN 48 FOOTNOTE

MANAGEMENT EVALUATED THE TAX POSITIONS TAKEN AND CONCLUDED THAT THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE. WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE DECEMBER 31, 2020.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

**NATIONAL AIR SEA SPACE
FOUNDATION, INC.**

Employer identification number

27-3459716

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
BOARD OF DIRECTORS IS PROVIDED WITH A COPY OF THE RETURN PRIOR TO
SUBMISSION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
ARTICLES OF INCORPORATION ARE AVAILABLE UNDER SUNBIZ.ORG, THE STATE OF
FLORIDA'S WEBSITE FOR CORPORATE REGISTRATION.

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

| | |
|--|---|
| Name NATIONAL AIR SEA SPACE FOUNDATION, INC. | Taxpayer Identification Number 27-3459716 |
|--|---|

| | | 2022 | 2023 | Differences |
|--------------------------|--|----------------|----------------|----------------|
| Revenue | 1. Contributions, gifts, grants | 54,762 | 117,669 | 62,907 |
| | 2. Membership dues and assessments | | | |
| | 3. Government contributions and grants | 73,000 | | -73,000 |
| | 4. Program service revenue | 222,349 | 200,192 | -22,157 |
| | 5. Investment income | | | |
| | 6. Proceeds from tax exempt bonds | | | |
| | 7. Net gain or (loss) from sale of assets other than inventory | | | |
| | 8. Net income or (loss) from fundraising events | | | |
| | 9. Net income or (loss) from gaming | | | |
| | 10. Net gain or (loss) on sales of inventory | | | |
| | 11. Other revenue | | | |
| | 12. Total revenue. Add lines 1 through 11 | 350,111 | 317,861 | -32,250 |
| Expenses | 13. Grants and similar amounts paid | 29,042 | | -29,042 |
| | 14. Benefits paid to or for members | | | |
| | 15. Compensation of officers, directors, trustees, etc. | | | |
| | 16. Salaries, other compensation, and employee benefits | | | |
| | 17. Professional fundraising fees | | | |
| | 18. Other professional fees | 19,907 | 24,061 | 4,154 |
| | 19. Occupancy, rent, utilities, and maintenance | 5,635 | | -5,635 |
| | 20. Depreciation and Depletion | | | |
| | 21. Other expenses | 244,360 | 312,627 | 68,267 |
| | 22. Total expenses. Add lines 13 through 21 | 298,944 | 336,688 | 37,744 |
| | 23. Excess or (Deficit). Subtract line 22 from line 12 | 51,167 | -18,827 | -69,994 |
| Other Information | 24. Total exempt revenue | 350,111 | 317,861 | -32,250 |
| | 25. Total unrelated revenue | | | |
| | 26. Total excludable revenue | 222,349 | 200,192 | -22,157 |
| | 27. Total assets | 50,708 | 31,985 | -18,723 |
| | 28. Total liabilities | 610 | 714 | 104 |
| | 29. Retained earnings | 50,098 | 31,271 | -18,827 |
| | 30. Number of voting members of governing body | 3 | 4 | |
| | 31. Number of independent voting members of governing body | 3 | 4 | |
| | 32. Number of employees | 0 | 0 | |
| | 33. Number of volunteers | 150 | 150 | |

| | | | |
|-----------------|---|--|---|
| Form 990 | Tax Return History | | 2023 |
| Name | NATIONAL AIR SEA SPACE FOUNDATION, INC. | | Employer Identification Number 27-3459716 |

| | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|-----------------------------------|------|------|----------------|----------------|----------------|------|
| Contributions, gifts, grants | | | 177,617 | 127,762 | 117,669 | |
| Membership dues | | | | | | |
| Program service revenue | | | 152,312 | 222,349 | 200,192 | |
| Capital gain or loss | | | | | | |
| Investment income | | | | | | |
| Fundraising revenue (income/loss) | | | | | | |
| Gaming revenue (income/loss) | | | | | | |
| Other revenue | | | | | | |
| Total revenue | | | 329,929 | 350,111 | 317,861 | |
| Grants and similar amounts paid | | | 8,996 | 29,042 | | |
| Benefits paid to or for members | | | | | | |
| Compensation of officers, etc. | | | | | | |
| Other compensation | | | | | | |
| Professional fees | | | 23,724 | 19,907 | 24,061 | |
| Occupancy costs | | | 5,129 | 5,635 | | |
| Depreciation and depletion | | | | | | |
| Other expenses | | | 313,489 | 244,360 | 312,627 | |
| Total expenses | | | 351,338 | 298,944 | 336,688 | |
| Excess or (Deficit) | | | -21,409 | 51,167 | -18,827 | |
| Total exempt revenue | | | 329,929 | 350,111 | 317,861 | |
| Total unrelated revenue | | | | | | |
| Total excludable revenue | | | 152,312 | 222,349 | 200,192 | |
| Total Assets | | | 9,394 | 50,708 | 31,985 | |
| Total Liabilities | | | 10,463 | 610 | 714 | |
| Net Fund Balances | | | -1,069 | 50,098 | 31,271 | |

NASSFI National Air Sea Space
 27-3459716
 FYE: 12/31/2023

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

| Description | Total Expenses | Program Service | Management & General | Fund Raising |
|------------------|----------------|-----------------|----------------------|--------------|
| AIR SHOW | \$ | | \$ | \$ |
| SALES COMMISSION | 1,205 | 1,205 | | |
| TOTAL | \$ 1,205 | \$ 1,205 | \$ 0 | \$ 0 |

Form 990, Part IX, Line 24e - All Other Expenses

| Description | Total Expenses | Program Service | Management & General | Fund Raising |
|--------------------------|----------------|-----------------|----------------------|--------------|
| COGS | \$ 2,318 | 2,318 | | |
| MISC EVENT EXPENSE | 2,112 | 2,112 | | |
| CHARITABLE CONTRIBUTIONS | 945 | 945 | | |
| LICENSES & PERMITS | 54 | 54 | | |
| PENALTY | 40 | | 40 | |
| TOTAL | \$ 5,469 | \$ 5,429 | \$ 40 | \$ 0 |

HAMILTON & MUSSER, PC

Certified Public Accountants · Consultants to Management

DAVID A. HAMILTON, CPA · BARRY E. MUSSER, CPA, CFP® (1959 - 2020)
JAMES A. KRIMMEL, MBA, CPA, CFE, CFF · ROBERT D. MAST, CPA · WILLIAM P. ASHMAN, CPA
NICHOLAS L. SHEARER, CPA, CGFM, CFE · LISA M. STATLER, CPA · MATTHEW A. WITMER, CPA

November 13, 2024

National Air Sea Space
Foundation, Inc.
5700 N US Hwy 1, Suite 280
Melbourne, FL 32935

For professional services rendered in connection with the preparation of the annual regulatory filings for the year ended 12/31/23 :

| | | |
|---|----|-----------------|
| IRS Form 990 & Required Schedules | \$ | <u>1,395.00</u> |
| Amount due | \$ | <u>1,395.00</u> |

MATTHEW A WITMER, CPA
NASSFI

Members of the American and Pennsylvania Institutes of CPAs
176 CUMBERLAND PARKWAY · MECHANICSBURG, PA 17055 · Phone (717) 697-3888 · Fax (717) 697-6943 · www.hnmcpas.com

Financial Policy of Hamilton & Musser, PC

All fees are due upon receipt of invoice.

We accept: cash, check, money order or credit card. (Visa, MasterCard, American Express & Discover)

Returned Check Fee:

There will be a \$25.00 fee for all returned checks.

Overdue Accounts:

If fees are not received within 30 days, a finance charge will be added to your account balance at a standard monthly rate of 1.5% (Annual Percentage Rate of 18%).

If payment of service is not received within 90 days, your account will be turned over to a collection agency. If your account is turned over to our collection agency, collection fees will be added to your account. These fees are up to 100% of your account balance plus \$100. If your account has been turned over to a collection agency, services will be suspended and your credit score may be affected.

INVOICE PAYMENT OPTIONS:

If you choose to pay by check, please detach this slip at the dotted line above and return it with your payment. Your cancelled check will be your receipt of payment unless you specifically request a separate receipt.

If you choose to pay by credit card, complete the information below. A receipt will be mailed to you at the address you provide, when your credit card payment has been successfully processed.

Client ID: NASSFI **Name:** National Air Sea Space

Payment by Check #: _____ Send Receipt for Check Payment: ___Y ___N

Credit Card Type: ___Visa ___MasterCard ___American Express ___Discover

Credit Card #: _____ Exp. Date: _____

Card Id Number: (3 digits on back of card) _____ Zip Code: _____

Amount to Charge \$ _____

Address to send receipt: _____

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

| | | |
|--|---|--|
| Print or type. See Specific Instructions on page 3. | <p>1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)</p> <p>National Air Sea Space Foundation Inc</p> | |
| | <p>2 Business name/disregarded entity name, if different from above.</p> | |
| | <p>3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____</p> <p>Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) _____</p> | <p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) <u>5</u></p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p><i>(Applies to accounts maintained outside the United States.)</i></p> |
| | <p>3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/></p> | |
| | <p>5 Address (number, street, and apt. or suite no.). See instructions.</p> <p>5700 N. US Hwy 1, Suite 280</p> | Requester's name and address (optional) |
| | <p>6 City, state, and ZIP code</p> <p>Melbourne, FL 32940</p> | |
| | <p>7 List account number(s) here (optional)</p> | |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

| | | | | | | | | | |
|--------------------------------|---|---|---|---|---|---|---|---|---|
| Social security number | | | | | | | | | |
| | - | | - | | | | | | |
| or | | | | | | | | | |
| Employer identification number | | | | | | | | | |
| 2 | 7 | - | 3 | 4 | 5 | 9 | 7 | 1 | 6 |

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign this certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person

Erin S. Johnson

Date **05/29/2025**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

| Marketing Support Program - NATIONAL AIR SEA SPACE FOUNDATION | | | | | | | |
|---|----------------------|---------------------|------------------|----------------------------|----------------------|---------------------|--------------|
| FY 2025-2026 | | | | | | | |
| Event Income/Expense Report | | | | | | | |
| Expenses | 2025-2026 projection | 2023-2024 actuals | VAR+10% increase | Income | 2025-2026 projection | 2023-2024 actuals | VAR |
| Event Site Operations | \$140,000.00 | \$135,689.00 | \$4,311.00 | Corporate Partnerships | \$160,000.00 | \$145,000.00 | \$15,000.00 |
| Flight/Performer Operations | \$100,000.00 | \$146,086.00 | -\$46,086.00 | Premium Ticket Sales | \$260,000.00 | \$322,000.00 | -\$62,000.00 |
| General Operating Expenses | \$75,000.00 | \$78,900.00 | -\$3,900.00 | Vendor Income | \$10,000.00 | \$18,300.00 | -\$8,300.00 |
| Hospitality Expenses | \$80,000.00 | \$74,567.00 | -\$5,433.00 | Merchandise Sales | \$10,000.00 | \$8,550.00 | \$1,450.00 |
| Expenses subtotal | \$395,000.00 | \$435,242.00 | -\$51,108.00 | Income subtotal | \$440,000.00 | \$493,850.00 | -\$53,850.00 |
| Other Expenses | | | | Income Sponsors | | | |
| | | | | Cash in Bank to start | \$0.00 | \$0.00 | \$0.00 |
| | | | | Income Other | | | |
| | | | | TDC grant funding | \$45,000.00 | \$0.00 | \$45,000.00 |
| | | | | Total Income | \$485,000.00 | \$493,850.00 | -\$8,850.00 |
| | | | | Total Expenses Paid | \$472,500.00 | \$513,940.00 | -\$41,440.00 |
| | | | | Profit/Loss | \$12,500.00 | -\$20,090.00 | |
| Marketing - please specify Brevard/Out-of-County | | | | | | | |
| Out of County Digital Marketing | \$7,500.00 | \$7,357.00 | \$143.00 | | | | |
| Advertising and Promotion | \$70,000.00 | \$71,341.00 | -\$1,341.00 | | | | |
| Marketing subtotal | \$77,500.00 | \$78,698.00 | \$1,198.00 | | | | |
| Total Expenses 2025-2026 | \$472,500.00 | \$513,940.00 | | | | | |



**Tourism Development Office
 FY 2025-2026 Marketing Support Program
 Applicant checklist**

Applicant organization name: National Air See and Space Foundation

Applicant event name: Air Dot Show Cocoa Beach

Applicant name completing this form: Dawson Pritchett

Applicant- Use this checklist to confirm that you have completed all elements of the application prior to submitting. Initial next to each item. Items (2-9) must be uploaded within the application.

| | | Applicant initial | TDO staff initial | TDO staff comments |
|----|---|-------------------|-------------------|--------------------|
| 1. | Application – | DP | DW | |
| 2. | Copy of IRS Articles of Incorporation – (submit if for-profit) | DP | DW | N/A |
| 3. | Copy of IRS Determination Letter – (submit if 501(c)(3)) | DP | DW | |
| 4. | Copy of SunBiz.com - (if applicable, see application for details) | DP | DW | |
| 5. | Copy of 990 form (if applicable, see application) | DP | DW | |
| 6. | Copy of completed W-9 form (March 2024) | DP | DW | |
| 6 | Copy of this checklist – (completed, initialed, and signed by applicant) | DP | DW | |

I, consent that all above documents have been submitted completely by uploading within the application packet.

Dawson Pritchett

Applicant signature & date

Brevard Productions/Space Coast State Fair

[Return to Table of Contents](#)



**Tourism Development Office
 FY 2025-2026 Marketing Support Program
 Application Packet checklist**

Applicant Organization Name: Brevard Productions, Inc

Applicant Event Name: Space Coast State Fair, Space Coast Strawberry, Space Coast Key Lime

| | Yes | No | Comment |
|--|-----|----|---------|
| 1. Completed application | X | | |
| 2. Copy of IRS Articles of Incorporation – (if applicable) | X | | |
| 3. Copy of IRS Determination letter – (if applicable) | | X | N/A |
| 4. Copy of SunBiz.org (if applicable) | X | | |
| 5. Copy of 990 (if applicable) | | X | N/A |
| 6. Copy of completed W-9 (March 2024) | X | | |
| 7. Income/Expense worksheet (required for all applicants) | X | | |
| 8. Copy of the Applicant checklist | X | | |

This application meets the minimum requirement of 5,001 out-of-county attendees (Cultural) or 250 room nights (Sports).

YES NO

All documents have been submitted, reviewed and/or addressed in the comments.

Peter Cranis 7/2/2025

Peter Cranis, Executive Director

FY 2025-2026 Marketing Support Program application

Response ID:39 Data

2. (untitled)

1. I have read and understand the policies/procedures within the FY 2025-2026 Marketing Support Program Criteria.



Signature of: Giles Malone

3. (untitled)

2. Which best describes your event/year-round programming?

Cultural

4. (untitled)

3. ORGANIZATION INFORMATION

Name of organization hosting event/year-round programming

Brevard Production Inc.

Organization address

2230 Sykes Creek Drive

State

FL

City

Merritt Island

Zip

32953

Primary contact name

Giles Malone

Primary contact phone number

3213026565

Primary contact email

gilesmalone@gmail.com

Secondary contact name

Tom Palermo

Secondary contact phone number

3216158111

Secondary contact email

palermo.tom@gmail.com

Organization website address

750 Avocado Drive

5. (untitled)

4. Which best describes your organization?

For profit, LLC, Inc., etc.

6. (untitled)

5. What is your Federal Employee ID number?

204569017

7. (untitled)

6. Are you completing this application for an event or year-round programming?

Event - single or multi-day festival, surfing contest, running race, Main Street organizations, etc.

8. (untitled)

7. EVENT INFORMATION - #1

Name of event

40th Annual Space Coast State Fair

Event website address (if different from organization website)

www.SpaceCoastStateFair.com

Event location

Space Coast Daily Park, 5775 Stadium Parkway, Viera, FL 32940

9. (untitled)

8. What is the first date of your event?

10/30/2025

10. (untitled)

9. In total, how many days will your event be held?

18

11. (untitled)

10. Do you have a second event?

Yes

12. (untitled)

11. **EVENT INFORMATION - #2**

Name of event

Space Coast Key Lime Pie Festival

Event website address (if different from organization website)

www.SpaceCoastKeyLimePieFestival.com

Event location

Space Coast Daily Park, 5775 Stadium Parkway, Viera, FL 32940

13. (untitled)

12. What is the first date of your event?

02/21/2026

14. (untitled)

13. In total, how many days will your event be held?

2

15. (untitled)

14. Do you have a third event?

Yes

16. (untitled)

15. **EVENT INFORMATION - #3**

Name of event

Space Coast Strawberry Festival

Event website address (if different from organization website)

www.SpaceCoastStrawberryFestival.com

Event location

Space Coast Daily Park, 5775 Stadium Parkway, Viera, FL 32940

17. (untitled)

16. **What is the first date of your event?**

03/14/2026

18. (untitled)

17. **In total, how many days will your event be held?**

2

19. (untitled)

18. **What types of marketing do you plan to do for this event?**

Billboards

Digital advertising (banner ads, etc.)

Direct mail

Radio

Search advertising (pay-per-click, etc.)

Social hashtags

Social media (Facebook, Instagram, YouTube, etc.)

TV/Video

Other - Please be specific.....: Posters, fliers, banners, Orlando hotel front desks with discount coupons, fliers etc.

20. (untitled)

What types of marketing do you plan to do for your year-round programming?

21. (untitled)

19. **What are your social media handles?**

Facebook : <https://www.facebook.com/spacecoastfair>

Instagram : <https://www.instagram.com/spacecoaststatefair?igsh=MXJhaTh2ZHd5OHV3Yw==>

YouTube : https://www.youtube.com/results?search_query=space+coast+state+fair

22. (untitled)

20. What hashtags do you currently use?

[#spacecoaststatefair](#)

23. (untitled)

Upload a copy of your organization's IRS Determination letter.

24. (untitled)

Upload a copy of your organization's 990 form.

25. (untitled)

21. Upload a copy of your organization's Articles of Incorporation.

[BPI_Articles_of_Incorporation.pdf](#)

26. (untitled)

22. If you are a Florida organization, please upload a copy of your SunBiz.com account associated with your organization.

[SunBiz_Annual_Report.pdf](#)

27. (untitled)

23. Upload your completed W-9 form.

[Brevard_Productions_W9.pdf](#)

28. (untitled)

24. Upload your completed Event Income/Expense report.

[TDC_Grant_request_Income_and_Expenses_-_Sheet1.pdf](#)

29. (untitled)

25. Upload your completed Checklist.

30. (untitled)

26.

ATTESTATION

I attest that all information in this questionnaire is true and correct. I further attest that will comply with the requirements set forth, if awarded support.

A handwritten signature in black ink that reads "Giles Malone". The signature is written in a cursive style with a large initial 'G'.

Signature of: Giles Malone

31. Thank You!

New Send Email

Jun 01, 2025 21:33:03 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com;
Terrence.Parks@VisitSpaceCoast.com

**Electronic Articles of Incorporation
For**

P05000165265
FILED
December 20, 2005
Sec. Of State
shawkes

BREVARD PRODUCTION, INC.

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

BREVARD PRODUCTION, INC.

Article II

The principal place of business address:

750 AVOCADO DR.
MERRITT ISLAND, FL. 32953

The mailing address of the corporation is:

750 AVOCADO DR.
MERRITT ISLAND, FL. 32953

Article III

The purpose for which this corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The number of shares the corporation is authorized to issue is:

100

Article V

The name and Florida street address of the registered agent is:

THOMAS J PALERMO
750 AVOCADO DR.
MERRITT ISLAND, FL. 32953

I certify that I am familiar with and accept the responsibilities of registered agent.

P05000165265
FILED
December 20, 2005
Sec. Of State
shawkes

Registered Agent Signature: THOMAS J. PALERMO

Article VI

The name and address of the incorporator is:

THOMAS J. PALERMO
750 AVOCADO DR.
MERRITT ISLAND
32953

Incorporator Signature: THOMAS J. PALERMO

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P
THOMAS J PALERMO
750 AVOCADO DR.
MERRITT ISLAND, FL. 32953

Article VIII

The effective date for this corporation shall be:

12/20/2005

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000165265

Entity Name: BREVARD PRODUCTION, INC.

Current Principal Place of Business:

750 AVOCADO DR.
MERRITT ISLAND, FL 32953

Current Mailing Address:

750 AVOCADO DR.
MERRITT ISLAND, FL 32953

FEI Number: 20-4569017

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PALERMO, THOMAS J
750 AVOCADO DR.
MERRITT ISLAND, FL 32953 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name PALERMO, THOMAS J
Address 750 AVOCADO DR.
City-State-Zip: MERRITT ISLAND FL 32953

Title D
Name MALONE, GILES
Address 2230 SYKES CREEK DR.
City-State-Zip: MERRITT ISLAND FL 32953

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS J PALERMO

P

04/29/2025

Electronic Signature of Signing Officer/Director Detail

Date

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
6 Brevard Productions

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
 Individual/sole proprietor or single-member LLC
 C Corporation
 S Corporation
 Partnership
 Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶
 Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
 Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
2230 Sykes Creek Drive

6 City, state, and ZIP code
Merritt Island, FL 32953

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 8. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Notes. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

| | | | | | | | | | |
|--------------------------------|---|---|---|---|---|---|---|---|---|
| Social security number | | | | | | | | | |
| | | | - | | | - | | | |
| OR | | | | | | | | | |
| Employer identification number | | | | | | | | | |
| 2 | 0 | - | 4 | 5 | 6 | 9 | 0 | 1 | 7 |

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶  Date ▶ 2/23/2023

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
 Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/w9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-S (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-B (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

- By signing the filled-out form, you:
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
 2. Certify that you are not subject to backup withholding, or
 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

| Marketing Support Program - BREVARD PRODUCTION INC | | | | | | | |
|---|----------------------|---------------------|------------------|----------------------------|----------------------|---------------------|-------------|
| FY 2025-2026 | | | | | | | |
| Event Income/Expense Report | | | | | | | |
| Expenses | 2025-2026 projection | 2024-2025 actuals | VAR+10% increase | Income | 2025-2026 projection | 2024-2025 actuals | VAR |
| Tent, tables, chairs, lights, etc. | \$4,000.00 | \$4,000.00 | \$0.00 | Gate | \$234,000.00 | \$234,000.00 | \$0.00 |
| Dumpsters | \$5,025.00 | \$5,025.00 | \$0.00 | | | | |
| Brevard Sheriff | \$16,500.00 | \$16,500.00 | \$0.00 | | | | |
| Rent | \$44,745.00 | \$44,745.00 | \$0.00 | | | | |
| Toilets | \$9,425.00 | \$9,425.00 | \$0.00 | | | | |
| Permits | \$1,586.00 | \$1,586.00 | \$0.00 | | | | |
| Generator-lights | \$8,012.00 | \$8,012.00 | \$0.00 | | | | |
| Subtotal Expense | \$89,293.00 | \$89,293.00 | \$0.00 | | | | |
| Other Expenses | | | | | | | |
| Property Tax | \$19,064.00 | \$19,064.00 | \$0.00 | | | | |
| Insurance | \$2,931.00 | \$2,931.00 | \$0.00 | | | | |
| Graphics | \$875.00 | \$875.00 | \$0.00 | Subtotal Income | \$234,000.00 | \$234,000.00 | \$0.00 |
| Signs | \$1,500.00 | \$1,500.00 | \$0.00 | | | | |
| Gate Programs | \$795.00 | \$795.00 | \$0.00 | Income Sponsors | \$10,000.00 | \$10,000.00 | \$0.00 |
| | | | | Cash in Bank to start | \$0.00 | \$0.00 | \$0.00 |
| | | | | | | | \$0.00 |
| | | | | TDC grant funding | \$22,500.00 | \$25,000.00 | -\$2,500.00 |
| | | | | Total Income | \$266,500.00 | \$269,000.00 | -\$2,500.00 |
| | | | | Total Expenses Paid | \$129,597.00 | \$129,597.00 | \$0.00 |
| Subtotal Other Expenses | \$25,165.00 | \$25,165.00 | \$0.00 | Profit/Loss | \$136,903.00 | \$139,403.00 | |
| Marketing - please specify Brevard/Out-of-County | | | | | | | |
| Out of County advertising | \$5,000.00 | \$5,000.00 | \$0.00 | | | | |
| Billboards | \$5,000.00 | \$5,000.00 | \$0.00 | | | | |
| Radio | \$5,139.00 | \$5,139.00 | \$0.00 | | | | |
| | | | | | | | |
| Subtotal Marketing | \$15,139.00 | \$15,139.00 | \$0.00 | | | | |
| | | | | | | | |
| Total Expenses 2025-2026 | \$129,597.00 | \$129,597.00 | | | | | |

Space Coast FLORIDA

**Tourism Development Office
FY 2025-2026 Marketing Support Program
Applicant checklist**

Applicant organization name: Brevard Production Inc
 Applicant event name: Space Coast State Fair, Space Coast Strawberry Festival, Space Coast Keyline Pre Festival
 Applicant name completing this form: Erin Malone

Applicant- Use this checklist to confirm that you have completed all elements of the application prior to submitting. Initial next to each item. Items (2-9) must be uploaded within the application.

| | | Applicant initial | TDO staff initial | TDO staff comments |
|----|--|-------------------|-------------------|--------------------|
| 1. | Application - | ✓ | DW | |
| 2. | Copy of IRS Articles of Incorporation - (submit if for-profit) | ✓ | DW | |
| 3. | Copy of IRS Determination Letter - (submit if 501(c)(3)) | NA | DW | N/A |
| 4. | Copy of SunBiz.com - (if applicable, see application for details) | ✓ | DW | |
| 5. | Copy of 990 form (if applicable, see application) | NA | DW | N/A |
| 6. | Copy of completed W-9 form (March 2024) | ✓ | DW | |
| 7. | Income/Expense worksheet (required for all applicants) | ✓ | DW | |
| 8. | Copy of this checklist - (completed, initialed, and signed by applicant) | ✓ | DW | |

I, consent that all above documents have been submitted completely by uploading within the application packet.

Erin Malone - 5/30/25

Merritt Island Wildlife Refuge

[Return to Table of Contents](#)



**Tourism Development Office
 FY 2025-2026 Marketing Support Program Application
 Packet checklist**

Applicant Organization Name: Merritt Island Wildlife Association

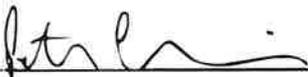
Applicant Event Name: Year-round programming

| | Yes | No | Comment |
|--|-----|----|---------|
| 1. Completed application | X | | |
| 2. Copy of IRS Articles of Incorporation – (if applicable) | | X | N/A |
| 3. Copy of IRS Determination letter – (if applicable) | X | | |
| 4. Copy of SunBiz.org (if applicable) | X | | |
| 5. Copy of 990 (if applicable) | X | | |
| 6. Copy of completed W-9 (March 2024) | X | | |
| 7. Income/Expense worksheet (required for all applicants) | X | | |
| 8. Copy of the Applicant checklist | X | | |

This application meets the minimum requirement of 5,001 out-of-county attendees (Cultural) or 250 room nights (Sports).

| | |
|-----|----|
| YES | NO |
|-----|----|

All documents have been submitted, reviewed and/or addressed in the comments.

 7/2/2025

Peter Cranis, Executive Director

FY 2025-2026 Marketing Support Program application

Response ID:83 Data

2. (untitled)

1. I have read and understand the policies/procedures within the FY 2025-2026 Marketing Support Program Criteria.



Signature of: Rochelle A. Hood

3. (untitled)

2. Which best describes your event/year-round programming?

Cultural

4. (untitled)

3. ORGANIZATION INFORMATION

Name of organization hosting event/year-round programming

Merritt Island Wildlife Association

Organization address

PO Box 2683

State

FL

City

Titusville

Zip

32781

Primary contact name

Rochelle Hood

Primary contact phone number

321-861-2377

Primary contact email

miwascrubjay@gmail.com

Secondary contact name

Nancy Bray (MIWA Board President)

Secondary contact phone number

321-268-1181

Secondary contact email

nsbray@bellsouth.net

Organization website address

<https://miwarefuge.org/>

5. (untitled)

4. Which best describes your organization?

501(C)(3)

6. (untitled)

5. What is your Federal Employee ID number?

59-3289841

7. (untitled)

6. Are you completing this application for an event or year-round programming?

Year-round programming - theater, symphony, concerts, museum, etc.

8. (untitled)

1. EVENT INFORMATION - #1

Name of event

Event website address (if different from organization website)

Event location

9. (untitled)

What is the first date of your event?

10. (untitled)

In total, how many days will your event be held?

11. (untitled)

7. Do you have a second event?

No

12. (untitled)

4. **EVENT INFORMATION - #2**

Name of event

Event website address (if different from organization website)

Event location

13. (untitled)

What is the first date of your event?

14. (untitled)

In total, how many days will your event be held?

15. (untitled)

Do you have a third event?

16. (untitled)

8. **EVENT INFORMATION - #3**

Name of event

Event website address (if different from organization website)

Event location

17. (untitled)

What is the first date of your event?

18. (untitled)

In total, how many days will your event be held?

19. (untitled)

What types of marketing do you plan to do for this event?

20. (untitled)

8. What types of marketing do you plan to do for your year-round programming?

- Digital advertising (banner ads, etc.)
- Radio
- Search advertising (pay-per-click, etc.)
- Social hashtags
- Social media (Facebook, Instagram, YouTube, etc.)
- Other - Please be specific.....: Newsletter (printed and digital)

21. (untitled)

9. What are your social media handles?

- Facebook : @merrittislandwildlifeassociation
- Instagram : @merrittislandwildlife

22. (untitled)

10. What hashtags do you currently use?

NA

23. (untitled)

11. Upload a copy of your organization's IRS Determination letter.

[FinalLetter_59-3289841_MERRITTISLANDWILDLIFEASSOCIATION_07062023_00_Determination_Letter_IRS.pdf](#)

24. (untitled)

12. Upload a copy of your organization's 990 form.

[FY_Oct_2023_to_Sept_2024_eFiled_Signed_Form_990.pdf](#)

25. (untitled)

Upload a copy of your organization's Articles of Incorporation.

26. (untitled)

13. If you are a Florida organization, please upload a copy of your SunBiz.com account associated with your organization.

[Florida_Not_For_Profit_Corporation_Sunbiz_Document_number_and_filing_details.pdf](#)

27. (untitled)

14. Upload your completed W-9 form.

[Merritt_Island_Wildlife_Association_W9_MIWA.pdf](#)

28. (untitled)

15. Upload your completed Event Income/Expense report.

[MIWA_Event_Income_Expense_Report_FY25-26_Rochelle_Hood_Merritt_Island_Wildlife_Association_completed.pdf](#)

29. (untitled)

16. Upload your completed Checklist.

[MSP_applicant_checklist_4.30.2025_Rochelle_Hood_MIWA_completed.pdf](#)

30. (untitled)

17.

ATTESTATION

I attest that all information in this questionnaire is true and correct. I further attest that will comply with the requirements set forth, if awarded support.



Signature of: Rochelle A Hood



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

MERRITT ISLAND WILDLIFE ASSOCIATION
PO BOX 2683
TITUSVILLE, FL 32781-2683

Date:
07/20/2023
Employer ID number:
59-3289841
Person to contact:
Name: Customer Service
ID number: 31954
Telephone: 877-829-5500
Accounting period ending:
September 30
Public charity status:
170(b)(1)(A)(vi)
Form 990 / 990-EZ / 990-N required:
Yes
Effective date of exemption:
February 15, 2022
Contribution deductibility:
Yes
Addendum applies:
No
DLN:
26053591004673

Dear Applicant:

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

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

Based on the information you submitted with your application, we approved your request for reinstatement under Revenue Procedure 2014-11. Your effective date of exemption, as listed at the top of this letter, is retroactive to your date of revocation.

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

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

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

We sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

A handwritten signature in black ink that reads "Stephen A. Martin". The signature is written in a cursive style.

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

Florida Not For Profit Corporation (Sunbiz)

MERRITT ISLAND WILDLIFE ASSOCIATION, INC.

Filing Information

Document Number N94000005425 FEI/EIN Number 59-3289841 Date Filed 10/31/1994 State FL Status ACTIVE

Last Event REINSTATEMENT Event Date Filed 01/19/2023

Principal Address

MERRITT ISLAND WILDLIFE REFUGE VIC
3.5 MILES EAST TITUSVILLE, STATE ROAD 402
TITUSVILLE, FL 32796

Changed: 02/17/2010

Mailing Address

P.O. BOX 2683
TITUSVILLE, FL 32781

Changed: 02/17/2010

Registered Agent Name & Address Thompspon, Laurilee

MERRIT ISLAND NWR VIC
3.5 MILES EAST, SR 402
TITUSVILLE, FL 32796

Name Changed: 02/11/2021

Address Changed: 04/06/2009

Officer/Director Detail Name & Address

Title VP

Thompson, Laurilee
P.O. Box 307
Mims, FL 32754

Title Treasurer

Dunn, Steve
3445 S. Washington Ave
Titusville, FL 32780

Title Secretary

Steels, Diane
21 Bougainvillea Drive
Cocoa Beach, FL 32931

Title President

Venuto, Charlie
195 Montecito Dr
Satellite Beach, FL 32937

Annual Reports

Report Year Filed Date

2021 02/11/2021

2022 01/19/2023

2023 01/19/2023

Taylor & Lockard, PA.
3960 South Banana River Blvd.
Cocoa Beach, FL 32931
321-784-4515

February 19, 2025

CONFIDENTIAL

Merritt Island Wildlife
Association
PO Box 2683
TITUSVILLE, FL 32781

Dear Cheryl:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Taylor & Lockard, PA.

Filing Instructions
Merritt Island Wildlife
Association

Exempt Organization Tax Return

Taxable Year Ended September 30, 2024

Date Due: August 15, 2025

Remittance: None is required. Your Form 990 for the tax year ended 9/30/24 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

Taylor & Lockard, PA.
3960 South Banana River Blvd.
Cocoa Beach, FL 32931

Important: Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning 10/01 2023, and ending 9/30, 20 24

2023

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

**MERRITT ISLAND WILDLIFE
ASSOCIATION**

EIN or SSN

59-3289841

Name and title of officer or person subject to tax **CHERYL FORD
TREASURER**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

| | | |
|---|---|--------------------------|
| 1a Form 990 check here <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b <u>214,153</u> |
| 2a Form 990-EZ check here <input type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2b _____ |
| 3a Form 1120-POL check here <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b _____ |
| 4a Form 990-PF check here <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part V, line 5) | 4b _____ |
| 5a Form 8868 check here <input type="checkbox"/> | b Balance due (Form 8868, line 3c) | 5b _____ |
| 6a Form 990-T check here <input type="checkbox"/> | b Total tax (Form 990-T, Part III, line 4) | 6b _____ |
| 7a Form 4720 check here <input type="checkbox"/> | b Total tax (Form 4720, Part III, line 1) | 7b _____ |
| 8a Form 5227 check here <input type="checkbox"/> | b FMV of assets at end of tax year (Form 5227, Item D) | 8b _____ |
| 9a Form 5330 check here <input type="checkbox"/> | | 9b _____ |
| 10a Form 8038-CP check here <input type="checkbox"/> | b Amount of credit payment requested (Form 8038-CP, Part III, line 22) | 10b _____ |

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name

of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize TAYLOR & LOCKARD, PA. to enter my PIN 89841 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____

Date 02/05/25

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

59385172896

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ERROL BANNISTER

Date 02/05/25

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2023
Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

A For the 2023 calendar year, or tax year beginning **10/01/23**, and ending **09/30/24**

| | | | |
|--|--|--|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization MERRITT ISLAND WILDLIFE ASSOCIATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 2683 City or town, state or province, country, and ZIP or foreign postal code TITUSVILLE FL 32781 | | D Employer identification number 59-3289841 |
| | F Name and address of principal officer: CHERYL FORD PO BOX 2683 TITUSVILLE FL 32781 | | E Telephone number 321-861-2377 |
| | I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | G Gross receipts \$ 315,770 |
| | J Website: WWW.MIWAREFUGE.ORG | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | | L Year of formation: M State of legal domicile: |

Part I Summary

| | | | |
|------------------------------------|---|---|----------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: TO PROMOTE CONSERVATION AWARENESS AND APPRECIATION OF THE MERRITT ISLAND NATIONAL WILDLIFE REFUGE AND TO PROVIDE ASSISTANCE TO REFUGE PROGRAMS | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) 19 | |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) 19 | |
| | 5 | Total number of individuals employed in calendar year 2023 (Part V, line 2a) 3 | |
| | 6 | Total number of volunteers (estimate if necessary) 19 | |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 0 | |
| 7b | unrelated business taxable income from Form 990-T, Part I, line 11 0 | | |
| Revenue | | Prior Year | Current Year |
| | 8 | Contributions and grants (Part VIII, line 1h) 407,139 | 90,195 |
| | 9 | Program service revenue (Part VIII, line 2g) 3,998 | 5,714 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) 142 | 7,194 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 79,167 | 111,050 |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 490,446 | 214,153 |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) 358,023 | 1,449 |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) 314 | 314 |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 46,653 | 153,507 |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) 0 | 0 |
| | b | Total fundraising expenses (Part IX, column (D), line 25) 1,420 | 1,420 |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 120,221 | 56,330 |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 524,897 | 211,600 | |
| 19 | Revenue less expenses. Subtract line 18 from line 12 -34,451 | 2,553 | |
| Net Assets or Fund Balances | | Beginning of Current Year | End of Year |
| | 20 | Total assets (Part X, line 16) 222,507 | 489,912 |
| | 21 | Total liabilities (Part X, line 26) 0 | 425 |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 222,507 | 489,487 | |

Part II Signature Block

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

| | | | | | |
|------------------|--|--|-------------------------|---|--------------------------|
| Sign Here | Signature of officer CHERYL FORD | Date | | | |
| | Type or print name and title TREASURER | | | | |
| Paid | Print/Type preparer's name ERROL BANNISTER | Preparer's signature ERROL BANNISTER | Date 02/19/25 | Check <input type="checkbox"/> if self-employed | PTIN P03175232 |
| | Firm's name TAYLOR & LOCKARD, PA. | Firm's EIN 59-2519864 | | | |

| | | |
|---|---|--|
| Preparer | 3960 SOUTH BANANA RIVER BLVD. | |
| Use Only | <small>Firm's address</small> COCOA BEACH, FL 32931 | <small>Phone no.</small> 321-784-4515 |
| May the IRS discuss this return with the preparer shown above? See instructions | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2023)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO PROMOTE CONSERVATION AWARENESS AND APPRECIATION OF THE MERRITT ISLAND NATIONAL WILDLIFE REFUGE AND TO PROVIDE ASSISTANCE TO REFUGE PROGRAMS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **11,900** including grants of \$ **11,900**) (Revenue \$)

MERRITT ISLAND WILDLIFE ASSOCIATION IS ASSISTING THE MERRITT ISLAND NATIONAL WILDLIFE REFUGE WITH THE CONSTRUCTION OF THE NEW COMMUNITY CONSERVATION AND EDUCATION CENTER BY PROVIDING FUNDING FOR THE INDOOR AND OUTDOOR EDUCATION EXHIBITS. MERRITT ISLAND WILDLIFE ASSOCIATION IS RECEIVING GRANT FUNDS FROM THE BREVARD COUNTY TOURIST DEVELOPMENT COMMISSION TO SUPPORT THE FUNDING OF THESE EXHIBITS. MERRITT ISLAND WILDLIFE ASSOCIATION HAS BEGUN RECEIVING THE OUTDOOR EXHIBITS AND IS STORING THOSE ON MERRITT ISLAND NWR PREMISES UNTIL THE CONSTRUCTION OF THE COMMUNITY CONSERVATION AND EDUCATION CENTER CONSTRUCTION IS READY FOR THE OUTDOOR INSTALLATION. THE INDOOR EXHIBITS HAVE BEEN DESIGNED AND ORDERED AND ARE AWAITING INSTALLATION.

4b (Code:) (Expenses \$ **8,390** including grants of \$ **950**) (Revenue \$ **17,747**)

MERRITT ISLAND WILDLIFE ASSOCIATION PROVIDES THE FUNDING FOR SELECT YOUTH AND GUEST PROGRAMS MERRITT ISLAND NWR. THESE PROGRAMS ASSIST MERRITT ISLAND NWR STAFF PROVIDE MATERIALS AND SNACKS TO YOUTH AND ADULT PROGRAMS. IN FISCAL YEAR (FY) 2024, MERRITT ISLAND WILDLIFE ASSOCIATION RAISED FUNDS FOR THE REPAIR AND UPGRADE OF OUR SENDLER EDUCATION OUTPOST EDUCATION PAVILION. THE OUTPOST IS UTILIZED FOR SCOUTING TROOP CAMP OUTS, COMMUNITY WILDLIFE & CONSERVATION EDUCATION PROGRAMS, ARCHERY TRAINING, AND HOME SCHOOL LEARNING ACTIVITES. THE CONSTRUCTION PROJECT WILL BE COMPLETED IN FISCAL YEAR 2025. THE FUNDS RAISED WILL BE UTILIZED TO COMPLETE STRUCTURAL DAMAGE REPAIRS, STRENGTHEN SITE SAFETY, AND ENHANCE THE PAVILION FUNCTIONALITY TO CREATE AN OUTDOOR DISCOVERY HUB.

4c (Code:) (Expenses \$ **3,000** including grants of \$) (Revenue \$ **1,390**)

MERRITT ISLAND WILDLIFE ASSOCIATION PROVIDES THE FUNDING FOR AN INTERN TO LEAD SEA TURTLE WALKS FOR THE MERRITT ISLAND NWR AT THE CANAVERAL NATIONAL SEASHORE. 296 PARTICIPANTS ATTENDED THESE WALKS OVER THE SEASON AND LEARNED ABOUT OUR ENDANGERED SEA TURTLES AND THE IMPORTANCE OF PROTECTING THEIR HABITAT.

4d Other program services (Describe on Schedule O.)

(Expenses \$ **99,220** including grants of \$) (Revenue \$)

| | |
|--|----------------|
| 4e Total program service expenses | 122,510 |
|--|----------------|

Part IV Checklist of Required Schedules

| | Yes | No |
|--|----------|----------|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | X | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | | X |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | | X |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V | | X |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | | X |
| b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | | X |
| c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | | X |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | | X |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | | X |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | | X |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | X | |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | X |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | | X |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|----------|----------|
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | | X |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). | | |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | | |
| b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | | X |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. | | X |
| 38 | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

| Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | Yes | No |
|---|--|----------|----------|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | |
| | 2a 3 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | X |
| b | If "Yes," enter the name of the foreign country | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| | "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | |
| | 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | |
| | 7d If "Yes," indicate the number of Forms 8282 filed during the year | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | |
| | the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| | the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | |
| c | Enter the amount of reserves on hand | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. | | X |
| 16 | Is the organization an educational institution subject to the section 4988 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | | X |

Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities

that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

17

DAA If "Yes," complete Form 6069.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|--|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | |
| 1b | Enter the number of voting members included on line 1a, above, who are independent | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | X |
| 7b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| 8a | a The governing body? | X | |
| 8b | b Each committee with authority to act on behalf of the governing body? | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | X |

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

| | | Yes | No |
|------------|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | | X |
| 10b | b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | | X |
| 11b | b Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | X | |
| 12b | b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| 12c | c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done | X | |
| 13 | Did the organization have a written whistleblower policy? | | X |
| 14 | Did the organization have a written document retention and destruction policy? | | X |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| 15a | a The organization's CEO, Executive Director, or top management official | | X |
| 15b | b Other officers or key employees of the organization | | X |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | X |
| 16b | b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.

ROCHELLE HOOD
TITUSVILLE

PO BOX 2683

FL 32781

321-861-2377

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-----------------------|--|---|-----------------------|---------|--------------|---------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated | Former | | | |
| (1) ROCHELLE HOOD | 40.00 | | | | | | | | | |
| EXECUTIVE DIRECTOR | 0.00 | X | | | | | 1,609 | 0 | 0 | |
| (2) THAD ALTMAN | 2.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | 0 | 0 | 0 | |
| (3) JIM BENEDICT | 2.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | 0 | 0 | 0 | |
| (4) BECKY BOLT | 2.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | 0 | 0 | 0 | |
| (5) NANCY BRAY | 8.00 | | | | | | | | | |
| PRESIDENT | 0.00 | X | | X | | | 0 | 0 | 0 | |
| (6) KATHLEEN BURSON | 2.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | 0 | 0 | 0 | |
| (7) STEVE DUNN | 2.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | 0 | 0 | 0 | |
| (8) CHERYL FORD | 8.00 | | | | | | | | | |
| TREASURER | 0.00 | X | | X | | | 0 | 0 | 0 | |
| (9) SUSAN GOSSELIN | 2.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | 0 | 0 | 0 | |
| (10) DAVID HARTGROVE | 2.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | 0 | 0 | 0 | |
| (11) TIM KOZUSKO | 2.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | 0 | 0 | 0 | |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (12) PAUL LEADER | 2.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | 0 | 0 | 0 |
| (13) BOB MUSSER | 2.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | 0 | 0 | 0 |
| (14) SHAWN QUINN | 2.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | 0 | 0 | 0 |
| (15) JIM STAHL | 2.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | 0 | 0 | 0 |
| (16) DIANNE STEES | 8.00 | | | | | | | | | |
| SECRETARY | 0.00 | X | X | | | | | 0 | 0 | 0 |
| (17) LAURILEE THOMPSON | 8.00 | | | | | | | | | |
| VICE PRESIDENT | 0.00 | X | X | | | | | 0 | 0 | 0 |
| (18) CHARLIE VENUTO | 2.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | 0 | 0 | 0 |
| (19) LORI WELLER | 2.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | 0 | 0 | 0 |
| 1b Subtotal | | | | | | | | 1,609 | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 1,609 | | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization: **0**

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization: **0**

103533

Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|---|--|--|----------------------|--|--------------------------------------|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns | | | | | |
| | 1b | Membership dues | 14,765 | | | | |
| | 1c | Fundraising events | | | | | |
| | 1d | Related organizations | | | | | |
| | 1e | Government grants (contributions) | | | | | |
| | 1f | All other contributions, gifts, grants, and similar amounts not included above | 75,430 | | | | |
| | 1g | Noncash contributions included in Schedule O | \$ | | | | |
| | 1g | Noncash contributions included in Schedule O | \$ | | | | |
| | h | Total. Add lines 1a-1f | | 90,195 | | | |
| | Program Service Revenue | | | Business Code | | | |
| 2a | | BUS TOURS | | 2,385 | 2,385 | | |
| b | | LUMINARIA | | 1,391 | 1,391 | | |
| c | | ARCHBOD BIOLOGICAL RESEARCH | | 595 | 595 | | |
| d | | KRISTEN HINES PHOTO WORKSHOP | | 420 | 420 | | |
| e | | NATURAL HISTORY ADVENTURE | | 384 | 384 | | |
| f | | All other program service revenue | | 539 | 539 | | |
| g | Total. Add lines 2a-2f | | 5,714 | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 7,194 | 7,194 | | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 | Royalties | | | | | |
| | 6a | Gross rents | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | 6b | Less: rental expenses | | | | | |
| | 6c | Rental inc. or (loss) | | | | | |
| | d | Net rental income or (loss) | | | | | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | | | | |
| | | | (ii) Other | | | | |
| | | | | | | | |
| | 7b | Less: cost or other basis and sales exps. | | | | | |
| | 7c | Gain or (loss) | | | | | |
| | d | Net gain or (loss) | | | | | |
| 8a | Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | 15,259 | | | | | |
| 8b | Less: direct expenses | 7,702 | | | | | |
| c | Net income or (loss) from fundraising events | | 7,557 | | | | |
| 9a | Gross income from gaming activities. See Part IV, line 19 | | | | | | |
| 9b | Less: direct expenses | | | | | | |
| c | Net income or (loss) from gaming activities | | | | | | |
| 10a | Gross sales of inventory, less returns and allowances | 197,156 | | | | | |
| 10b | Less: cost of goods sold | 93,915 | | | | | |
| c | Net income or (loss) from sales of inventory | | 103,241 | 103,241 | | | |
| Miscellaneous Revenue | | | Business Code | | | | |
| | 11a | SALES TAX COLLECTION ALLOW. | | 252 | 252 | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | All other revenue | | | | | |
| e | Total. Add lines 11a-11d | | 252 | | | | |
| 12 | Total revenue. See instructions | | 214,153 | 116,401 | 0 | 0 | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 1,067 | 1,067 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 382 | 382 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | 314 | 314 | | |
| 5 Compensation of current officers, directors, trustees, and key employees | | | | |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 97,051 | 58,231 | 38,820 | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | 56,456 | 33,874 | 22,582 | |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| a Legal | | | | |
| b Accounting | 2,998 | | 2,998 | |
| c Lobbying | 3,741 | | 3,741 | |
| d Professional fundraising services. See Part IV, line 17 | | | | |
| e Investment management fees | | | | |
| f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | | | | |
| g Advertising and promotion | 1,230 | 1,230 | | |
| 12 Office expenses | 1,667 | 1,667 | | |
| 13 Information technology | 2,458 | | 2,458 | |
| 14 Royalties | 7,104 | 2,131 | 4,973 | |
| 15 Occupancy | | | | |
| 16 Travel | | | | |
| 17 Payments of travel or entertainment expenses for any federal, state, or local public officials | 59 | 59 | | |
| 18 Conferences, conventions, and meetings | | | | |
| 19 Interest | | | | |
| 20 Payments to affiliates | | | | |
| 21 Depreciation, depletion, and amortization | | | | |
| 22 Insurance | | | | |
| 23 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | 3,520 | | 3,520 | |
| 24 PROGRAM EXPENSE | | | | |
| SERVICE CHARGES | | | | |
| a TAXES AND LICENSES | 19,966 | 19,966 | | |
| b COGS | 5,220 | | 5,220 | |
| c All other expenses | 3,358 | | 3,358 | |
| d Total functional expenses. Add lines 1 through 24e | 2,385 | 2,385 | | |
| e | 2,624 | 1,204 | | 1,420 |
| 25 | 211,600 | 122,510 | 87,670 | 1,420 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) | | (B) |
|---|--|-------------------|---------|-------------|
| | | Beginning of year | | End of year |
| Assets | 1 Cash—non-interest-bearing | 6,780 | 1 | 163,499 |
| | 2 Savings and temporary cash investments | 194,709 | 2 | 303,806 |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | | 4 | |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 21,018 | 8 | 22,607 |
| | 9 Prepaid expenses and deferred charges | | 9 | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | | |
| | b Less: accumulated depreciation | 10b | 10c | |
| | 11 Investments—publicly traded securities | | 11 | |
| | 12 Investments—other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | | 15 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | | 222,507 | 16 | 489,912 |
| Liabilities | 17 Accounts payable and accrued expenses | | 17 | |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 25 | 425 |
| | 26 Total liabilities. Add lines 17 through 25 | | 0 | 26 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | | 27 | |
| | 28 Net assets with donor restrictions | | 28 | |
| | Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 222,507 | 31 |
| Total net assets or fund balances | | 222,507 | 32 | 489,487 |
| liabilities and net assets/fund balances | | 222,507 | 33 | 489,912 |

Part XI Reconciliation of Net Assets

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

| | | | |
|----|--|----|---------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 214,153 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 211,600 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 2,553 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 222,507 |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | 264,427 |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 489,487 |

Part XII Financial Statements and Reporting

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

| | Yes | No |
|--|-----|----|
| 1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | |

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

**MERRITT ISLAND WILDLIFE
ASSOCIATION**

Employer identification number

59-3289841

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

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

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

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

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

Schedule A (Form 990) 2023

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

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions)
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

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

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 69,685 | 186,988 | 136,803 | 407,139 | 90,195 | 890,810 |
| 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 | 179,070 | | | 204,872 | 225,575 | 609,517 |
| 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 | 248,755 | 186,988 | 136,803 | 612,011 | 315,770 | 1,500,327 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | 1,500,327 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | 248,755 | 186,988 | 136,803 | 612,011 | 315,770 | 1,500,327 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | 142 | | 142 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | 142 | | 142 |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | 248,755 | 186,988 | 136,803 | 612,153 | 315,770 | 1,500,469 |
| 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---------|
| 15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) | 15 | 99.99 % |
| 16 Public support percentage from 2022 Schedule A, Part III, line 15 | 16 | 99.97 % |

Section D. Computation of Investment Income Percentage

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

- 19a 33 1/3% support tests — 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests — 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
 - a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
 - b A family member of a person described on line 11a above?
 - c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

| | Yes | No |
|-----|-----|----|
| 11a | | |
| 11b | | |
| 11c | | |

Section B. Type I Supporting Organizations

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

| | Yes | No |
|---|-----|----|
| 1 | | |
| 2 | | |

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).

| | Yes | No |
|---|-----|----|
| 1 | | |

Section D. All Type III Supporting Organizations

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

| | Yes | No |
|---|-----|----|
| 1 | | |
| 2 | | |
| 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - a The organization satisfied the Activities Test. Complete line 2 below.
 - b The organization is the parent of each of its supported organizations. Complete line 3 below.
 - c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- 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.

| | Yes | No |
|----|-----|----|
| 2a | | |
| 2b | | |
| 3a | | |
| 3b | | |

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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

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

| Section A – Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |
| Section B – Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C – Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

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

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

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

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization
**MERRITT ISLAND WILDLIFE
ASSOCIATION**

Employer identification number
59-3289841

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)(**3**) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

| | |
|--|---|
| Name of organization MERRITT ISLAND WILDLIFE | Employer identification number 59-3289841 |
|--|---|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 1 | ROBERT C. HUTCHISON 6170 WHISPERING LANE TITUSVILLE FL 32780 | \$ 30,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | ESTATE OF ROSEMARY MALOCSAY DEBRA HOGAN - FIDUCIARY, TTEE PO BOX 1810 DELAND FL 32721 | \$ 12,966 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | LAURILEE THOMPSON PO BOX 307 MIMS FL 32754 | \$ 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | LAYNE HAMILTON 6990 WINDOVER WAY TITUSVILLE FL 32780 | \$ 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | _____ _____ _____ | \$ 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| _____ | _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: MERRITT ISLAND WILDLIFE ASSOCIATION; Employer identification number: 59-3289841

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number, aggregate value of contributions, aggregate value of grants, and aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property...
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

Part II Conservation Easements

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- Preservation of land for public use (for example, recreation or education)
- Protection of natural habitat
- Preservation of open space
- Preservation of a historically important land area
- Preservation of a certified historic structure

Table for lines 2a-2d: Held at the End of the Tax Year. Rows for total number of conservation easements, total acreage restricted, and number of easements on historic structures.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

- 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.
(i) Revenue included on Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

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

Part III

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

- c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance

Table with 2 columns: Description, Amount. Rows 1c, 1d, 1e, 1f.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows 1a-1g.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations?
(ii) Related organizations?

Table with 2 columns: Yes, No. Rows 3a(i), 3a(ii), 3b.

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows 1a-1e and Total.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely held equity interests, and Other (A-H).

Part VIII Investments - Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered 1 through 9.

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 9.

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Rows include Federal income taxes, SALES TAX PAYABLE (400), GIFT CARDS OUTSTANDING (25), and Total (425).

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XIII Supplemental Information *(continued)*

Area with horizontal dotted lines for supplemental information.

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

**MERRITT ISLAND WILDLIFE
ASSOCIATION**

Employer identification number

59-3289841

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| | (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|--------------|---|---------------|--|----|-----------------------------------|---|---|
| | | | Yes | No | | | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| Total | | | | | | | |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....
.....
.....
.....
.....

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|--|---|-------------------------------------|--------------|-------------------------------|---------------------------------|
| | | TURTLE WALKS (event type) | (event type) | NONE (total number) | (add col. (a) through col. (c)) |
| Revenue | 1 Gross receipts | 9,292 | | | 9,292 |
| | 2 Less: Contributions | | | | |
| | 3 Gross income (line 1 minus line 2) | 9,292 | | | 9,292 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 3,000 | | | 3,000 |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 3,000 |
| 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | 6,292 | |

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|---|---|---|---|--|
| | | | | | |
| Revenue | 1 Gross revenue | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes % <input type="checkbox"/> No % | <input type="checkbox"/> Yes % <input type="checkbox"/> No % | <input type="checkbox"/> Yes % <input type="checkbox"/> No % | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | | |
| | 8 Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | |

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain:

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization **MERRITT ISLAND WILDLIFE
ASSOCIATION**

Employer identification number
59-3289841

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

**PROMOTED CONSERVATION AWARENESS AND APPRECIATION OF THE MERRITT ISLAND
NATIONAL WILDLIFE REFUGE AND PROVIDED ASSISTANCE TO REFUGE PROGRAMS**

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

**THE TREASURER OF MERRITT ISLAND WILDLIFE ASSOCIATION REVIEWS THE 990 WITH
THE FINANCE COMMITTEE AND THE OFFICERS PRIOR TO THE RETURN BEING FILED.**

FORM 990 IS REVIEWED WITH THE GOVERNING BODY BY THE PRESIDENT.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

**ONCE A YEAR ALL OF THE BOARD OF DIRECTORS REVIEW THE CONFLICT OF INTEREST
POLICY AND MAKE ANY UPDATES TO CONFLICTS AS NECESSARY. THE BOD ARE
PERIODICALLY REMINDED THROUGHOUT THE YEAR TO MAKE ANY COI UPDATES AS
NECESSARY.**

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

**MERRITT ISLAND WILDLIFE ASSOCIATION MAKES ITS GOVERNING DOCUMENTS AND
FINANCIALS AVAILABLE TO THE PUBLIC UPON REQUEST.**

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

| | | |
|--|---|--|
| Print or type. See <i>Specific Instructions</i> on page 3. | <p>1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)</p> <p><u>Merritt Island Wildlife Association</u></p> <p>2 Business name/disregarded entity name, if different from above.</p> | |
| | <p>3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)</p> <p>Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.</p> <p><input checked="" type="checkbox"/> Other (see instructions) <u>501(c)(3) Non-Profit Organization</u></p> | <p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p><i>(Applies to accounts maintained outside the United States.)</i></p> |
| | <p>3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/></p> | |
| | <p>5 Address (number, street, and apt. or suite no.). See instructions.</p> <p><u>PO Box 2683</u></p> <p>6 City, state, and ZIP code</p> <p><u>Titusville 32781</u></p> <p>7 List account number(s) here (optional)</p> | <p>Requester's name and address (optional)</p> |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

| | | | | | | | | | |
|---------------------------------------|---|---|---|---|---|---|---|---|---|
| Social security number | | | | | | | | | |
| | | | | | | | | | |
| OR | | | | | | | | | |
| Employer identification number | | | | | | | | | |
| 5 | 9 | - | 3 | 2 | 8 | 9 | 8 | 4 | 1 |

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

| | | |
|------------------|---|---------------------------|
| Sign Here | Signature of U.S. person <u>Rochelle A. Hood</u> | Date <u>03/19/2025</u> |
|------------------|---|---------------------------|

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

| Marketing Support Program - MERRITT ISLAND WILDLIFE | | | | | | | |
|---|----------------------|--------------------|------------------|----------------------------|----------------------|--------------------|-------------|
| FY 2025-2026 | | | | | | | |
| Event Income/Expense Report | | | | | | | |
| Expenses | 2025-2026 projection | 2024-2025 actuals | VAR+10% Increase | Income | 2025-2026 projection | 2024-2025 actuals | VAR |
| Program Expenses | \$10,250.00 | \$4,040.00 | \$6,210.00 | Program Income | \$21,600.00 | \$18,587.00 | \$3,013.00 |
| Subtotal Expense | \$10,250.00 | \$4,040.00 | \$6,210.00 | | | | |
| Other Expenses | | | | | | | |
| | | | | Subtotal Income | \$21,600.00 | \$18,587.00 | \$3,013.00 |
| | | | | Income Sponsors | | | |
| | | | | Grants & Sponsorship | \$9,250.00 | \$850.00 | \$8,400.00 |
| | | | | Cash in Bank to start | \$149,000.00 | \$148,999.00 | \$1.00 |
| | | | | | | | |
| | | | | TDC grant funding | \$17,500.00 | \$20,000.00 | -\$2,500.00 |
| | | | | Total Income | \$48,350.00 | \$39,437.00 | \$8,913.00 |
| | | | | Total Expenses Paid | \$23,100.00 | \$17,233.00 | \$5,867.00 |
| Subtotal Other Expenses | \$0.00 | \$0.00 | \$0.00 | Profit/Loss | \$25,250.00 | \$22,204.00 | |
| Marketing - please specify Brevard/Out-of-County | | | | | | | |
| Marketing (in & out) | \$12,000.00 | \$12,000.00 | \$0.00 | | | | |
| Habi-Chat Newsletter printing | \$850.00 | \$1,193.00 | \$343.00 | | | | |
| | | | \$0.00 | | | | |
| Subtotal Marketing | \$12,850.00 | \$13,193.00 | \$343.00 | | | | |
| | | | | | | | |
| Total Expenses 2025-2026 | \$23,100.00 | \$17,233.00 | | | | | |



**Tourism Development Office
FY 2025-2026 Marketing Support Program
Applicant checklist**

Applicant organization name: Merritt Island Wildlife Association

Applicant event name: Year Round Campaign

Applicant name completing this form: Rochelle Hood

Applicant- Use this checklist to confirm that you have completed all elements of the application prior to submitting. Initial next to each item. Items (2-9) must be uploaded within the application.

| | | Applicant initial | TDO staff initial | TDO staff comments |
|----|---|-------------------|--------------------|--------------------|
| 1. | Application – | RAH | <i>[Signature]</i> | |
| 2. | Copy of IRS Articles of Incorporation – (submit if for-profit) | RAH | <i>[Signature]</i> | <i>N/A</i> |
| 3. | Copy of IRS Determination Letter – (submit if 501(c)(3)) | RAH | <i>[Signature]</i> | |
| 4. | Copy of SunBiz.com - (if applicable, see application for details) | RAH | <i>[Signature]</i> | |
| 5. | Copy of 990 form (if applicable, see application) | RAH | <i>[Signature]</i> | |
| 6. | Copy of completed W-9 form (March 2024) | RAH | <i>[Signature]</i> | |
| 7. | Income/Expense worksheet (required for all applicants) | RAH | <i>[Signature]</i> | |
| 8. | Copy of this checklist – (completed, initialed, and signed by applicant) | RAH | <i>[Signature]</i> | |

I, consent that all above documents have been submitted completely by uploading within the application packet.

Rochelle A Hood
Applicant signature & date

8 June 2025

Brevard Regional Arts Group/Henegar Center

[Return to Table of Contents](#)



**Tourism Development Office
 FY 2025-2026 Marketing Support Program
 Application Packet checklist**

Applicant Organization Name: Henegar Center

Applicant Event Name: Year-round programming

| | Yes | No | Comment |
|--|-----|----|---------|
| 1. Completed application | X | | |
| 2. Copy of IRS Articles of Incorporation – (if applicable) | | X | N/A |
| 3. Copy of IRS Determination letter – (if applicable) | X | | |
| 4. Copy of SunBiz.org (if applicable) | X | | |
| 5. Copy of 990 (if applicable) | X | | |
| 6. Copy of completed W-9 (March 2024) | X | | |
| 7. Income/Expense worksheet (required for all applicants) | X | | |
| 8. Copy of the Applicant checklist | X | | |

This application meets the minimum requirement of 5,001 out-of-county attendees (Cultural) or 250 room nights (Sports).

| | |
|-----|----|
| YES | NO |
|-----|----|

All documents have been submitted, reviewed and/or addressed in the comments.

Peter Cranis 7/1/2025

Peter Cranis, Executive Director

FY 2025-2026 Marketing Support Program application

Response ID:12 Data

2. (untitled)

1. I have read and understand the policies/procedures within the FY 2025-2026 Marketing Support Program Criteria.



Signature of: Melinda Benya

3. (untitled)

2. Which best describes your event/year-round programming?

Cultural

4. (untitled)

3. ORGANIZATION INFORMATION

Name of organization hosting event/year-round programming

The Henegar Center

Organization address

625 E New Haven Avenue

State

FL

City

MELBOURNE

Zip

32901

Primary contact name

Melinda Benya

Primary contact phone number

3217238698

Primary contact email

melinda@henegar.org

Secondary contact name

Douglas Lebo

Secondary contact phone number

3217238698

Secondary contact email

doug@henegar.org

Organization website address

www.henegarcenter.com

5. (untitled)

4. Which best describes your organization?

501(C)(3)

6. (untitled)

5. What is your Federal Employee ID number?

59-2306612

7. (untitled)

6. Are you completing this application for an event or year-round programming?

Year-round programming - theater, symphony, concerts, museum, etc.

8. (untitled)

1. EVENT INFORMATION - #1

Name of event

Event website address (if different from organization website)

Event location

9. (untitled)

What is the first date of your event?

10. (untitled)

In total, how many days will your event be held?

11. (untitled)

7. Do you have a second event?

No

12. (untitled)

4. **EVENT INFORMATION - #2**

Name of event

Event website address (if different from organization website)

Event location

13. (untitled)

What is the first date of your event?

14. (untitled)

In total, how many days will your event be held?

15. (untitled)

Do you have a third event?

16. (untitled)

8. **EVENT INFORMATION - #3**

Name of event

Event website address (if different from organization website)

Event location

17. (untitled)

What is the first date of your event?

18. (untitled)

In total, how many days will your event be held?

19. (untitled)

What types of marketing do you plan to do for this event?

20. (untitled)

8. What types of marketing do you plan to do for your year-round programming?

Direct mail

Social media (Facebook, Instagram, YouTube, etc.)

21. (untitled)

9. What are your social media handles?

Facebook : The Henegar

Instagram : @henegarcenter

22. (untitled)

10. What hashtags do you currently use?

n/a

23. (untitled)

11. Upload a copy of your organization's IRS Determination letter.

[BRAG_IRS_Determination_Letter.pdf](#)

24. (untitled)

12. Upload a copy of your organization's 990 form.

[2023_Federal_Tax_Return_Documents_\(BREVARD_REGIONAL_ARTS\).pdf](#)

25. (untitled)

Upload a copy of your organization's Articles of Incorporation.

26. (untitled)

13. If you are a Florida organization, please upload a copy of your SunBiz.com account associated with your organization.

[Detail_by_Entity_Name.pdf](#)

27. (untitled)

14. Upload your completed W-9 form.

[Henegar_Performing_Arts_Center_Inc_W9.pdf](#)

28. (untitled)

15. Upload your completed Event Income/Expense report.

[Event_Income_Expense_Report_template_FY25-26.pdf](#)

29. (untitled)

16. Upload your completed Checklist.

[Grant_Check_List.pdf](#)

30. (untitled)

17.

ATTESTATION

I attest that all information in this questionnaire is true and correct. I further attest that will comply with the requirements set forth, if awarded support.



Signature of: Melinda Benya

31. Thank You!

New Send Email

May 16, 2025 14:15:50 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com;

137567

INTERNAL REVENUE SERVICE

DEPARTMENT OF THE TREASURY

District
Director

EO Group 7201
C-1130
Atlanta, GA 30301

*Association Regional Arts
Group, Inc*
P.O. Box 155
Mableton, GA 30242

Person to Contact:
C. Mable
Telephone Number:
(404) 331-4516
Refer Reply to:
EO: 7201: TFA
Date:
Nov. 28 1988

Attn: Jo' Hay

- Dear Sir or Madam:

This is in response to your request for confirmation of your exemption from Federal income tax.

You were recognized as an organization exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code by our letter dated *July 18, 1984*. You were further determined not to be a private foundation within the meaning of section 509(a) of the Code because you are an organization described in section 170(b)(1)(A)(vi) + 509(a)(1).

Contributions to you are deductible as provided in section 170 of the Code.

The tax exempt status recognized by our letter referred to above is currently in effect and will remain in effect until terminated, modified, or revoked by the Internal Revenue Service. Any change in your purposes, character, or method of operation must be reported to us so that we may consider the effect of the change on your exempt status. You must also report any change in your name and address.

Thank you for your cooperation.

Sincerely yours,

Cheryl Mable
Exempt Organizations Specialist



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Not For Profit Corporation
 HENEGAR PERFORMING ARTS CENTER, INC.

Filing Information

Document Number 768558
FEI/EIN Number 59-2306612
Date Filed 05/20/1983
State FL
Status ACTIVE
Last Event NAME CHANGE AMENDMENT
Event Date Filed 08/16/2024
Event Effective Date NONE

Principal Address

625 E. NEW HAVEN AVE.
 MELBOURNE, FL 32901

Changed: 02/25/1994

Mailing Address

625 E. NEW HAVEN AVE.
 MELBOURNE, FL 32901

Changed: 04/22/2011

Registered Agent Name & Address

Del Brocco, Dominic A
 625 E. NEW HAVEN AVE.
 MELBOURNE, FL 32901

Name Changed: 07/30/2021

Address Changed: 12/08/2016

Officer/Director Detail

Name & Address

Title Secretary

HUFF, STEVE
625 E. NEW HAVEN AVE.
MELBOURNE, FL 32901

Title VP

DeRoche, Mike
625 E. NEW HAVEN AVE.
MELBOURNE, FL 32901

Title President

Lebo, Doug
625 E. NEW HAVEN AVE.
MELBOURNE, FL 32901

Title Treasurer

Riippa, Nick
625 E. NEW HAVEN AVE.
MELBOURNE, FL 32901

Annual Reports

| Report Year | Filed Date |
|--------------------|-------------------|
| 2023 | 01/21/2023 |
| 2024 | 02/10/2024 |
| 2025 | 02/06/2025 |

Document Images

| | |
|---|--|
| 02/06/2025 -- ANNUAL REPORT | View image in PDF format |
| 08/16/2024 -- Name Change | View image in PDF format |
| 02/10/2024 -- ANNUAL REPORT | View image in PDF format |
| 01/21/2023 -- ANNUAL REPORT | View image in PDF format |
| 01/23/2022 -- ANNUAL REPORT | View image in PDF format |
| 07/30/2021 -- ANNUAL REPORT | View image in PDF format |
| 03/18/2020 -- ANNUAL REPORT | View image in PDF format |
| 06/25/2019 -- AMENDED ANNUAL REPORT | View image in PDF format |
| 02/04/2019 -- ANNUAL REPORT | View image in PDF format |
| 02/08/2018 -- ANNUAL REPORT | View image in PDF format |
| 01/11/2017 -- ANNUAL REPORT | View image in PDF format |
| 12/12/2016 -- Amendment | View image in PDF format |
| 12/08/2016 -- AMENDED ANNUAL REPORT | View image in PDF format |
| 04/27/2016 -- ANNUAL REPORT | View image in PDF format |
| 04/27/2015 -- ANNUAL REPORT | View image in PDF format |
| 01/28/2014 -- ANNUAL REPORT | View image in PDF format |
| 04/12/2013 -- ANNUAL REPORT | View image in PDF format |
| 03/16/2012 -- ANNUAL REPORT | View image in PDF format |
| 05/05/2011 -- ANNUAL REPORT | View image in PDF format |

| | |
|---|--|
| 04/22/2011 -- ANNUAL REPORT | View image in PDF format |
| 07/13/2010 -- ANNUAL REPORT | View image in PDF format |
| 08/04/2009 -- ANNUAL REPORT | View image in PDF format |
| 07/02/2008 -- ANNUAL REPORT | View image in PDF format |
| 05/05/2007 -- ANNUAL REPORT | View image in PDF format |
| 04/18/2006 -- ANNUAL REPORT | View image in PDF format |
| 04/29/2005 -- ANNUAL REPORT | View image in PDF format |
| 04/17/2004 -- ANNUAL REPORT | View image in PDF format |
| 08/01/2003 -- ANNUAL REPORT | View image in PDF format |
| 06/25/2002 -- ANNUAL REPORT | View image in PDF format |
| 07/24/2001 -- ANNUAL REPORT | View image in PDF format |
| 08/28/2000 -- ANNUAL REPORT | View image in PDF format |
| 05/05/1999 -- ANNUAL REPORT | View image in PDF format |
| 02/03/1998 -- ANNUAL REPORT | View image in PDF format |
| 05/30/1997 -- ANNUAL REPORT | View image in PDF format |
| 05/15/1996 -- ANNUAL REPORT | View image in PDF format |
| 04/25/1995 -- ANNUAL REPORT | View image in PDF format |

Page 1 of 1

**2023 Filing Instructions
BREVARD REGIONAL ARTS GROUP INC
Tax year ending 05-31-2024**

Form filed:

Form 990 and supplemental forms and schedules

Filing method:

The return will be e-filed once the signed and dated Form 8879-TE has been received by this office. Do not mail the return to the IRS.

Due date:

10-15-2024

The return reflects neither a refund nor a balance due.

Please note:

The Taxpayer First Act requires tax-exempt organizations to electronically file all information returns in the 990 series and related forms for tax years beginning after July 1, 2019. Mailing these returns is no longer allowed.

Return of Organization Exempt From Income Tax

2023

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Header section A-M containing organization details: Name (BREVAR D REGIONAL ARTS GROUP INC), Address (625 EAST NEW HAVEN AVE, MELBOURNE, FL 32901), Employer ID (59-2306612), Website (WWW.HENEGAR.ORG), and Form of organization (Corporation).

Part I Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, member counts, revenue (Total: 1,825,318), expenses (Total: 1,795,630), and net assets (Total: 2,342,790).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature area for DOUG LEBO, President, including signature line and printed name.

Preparer information for SAM O PEW, Bluefox, including name, address (2542 WOODFIELD CIR, MELBOURNE FL 32904), date (10-02-2024), and PTIN (P02411194).

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [] No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2023)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE HENEGAR CENTER ENTERTAINS, EDUCATES, AND ENRICHES BY PRODUCING THE HIGHEST QUALITY PERFORMING ARTS EXPERIENCES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,625,338 including grants of \$) (Revenue \$ 1,107,204) THE HENEGAR CENTER PUT ON 15 PRODUCTIONS (6 MAINSTAGE SHOWS, 3 SPECIAL EVENTS, 1 FELLER SUMMER CAMP, AND 5 SCHOOL YEAR SHOWS) FOR A TOTAL OF 126 PERFORMANCES. 35,000 TICKETS WERE PURCHASED FOR THESE PERFORMANCES, 259 STUDENTS ENROLLED IN FELLER ACADEMY AND ABOUT 26,116 VOLUNTEER HOURS.

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

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

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

4e Total program service expenses 1,625,338

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows 22-38 contain various questions about grants, compensation, tax-exempt bonds, and organizational structure.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows 1a-1c contain questions about Form 1096, Forms W-2G, and backup withholding rules.

| Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | Yes | No | | |
|---|--|------------|----|---|---|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 16 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | | X |
| b | If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year. | 7d | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | X |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | X |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | | X |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | X |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | X |
| 10 | Section 501(c)(7) organizations. Enter: | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | |
| a | Gross income from members or shareholders | 11a | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. | 13a | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | |
| c | Enter the amount of reserves on hand | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. | 15 | | | X |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | | | X |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069. | 17 | | | |

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 4 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, and governance decisions.

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

Table with 4 columns: Question, Yes, No. Rows include questions about local chapters, conflict of interest policies, whistleblower policies, and document retention.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed Florida
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records.

DOUG LEBO (321) 723-8698, 625 EAST NEW HAVEN AVE, MELBOURNE, FL 32901

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) DOMINIC DEL BROCCO ARTISTIC DIRECTOR | 40.00 | X | | X | | | | 107,722 | 0 | 0 |
| (2) GINA BECKLES DIRECTOR | | X | | | | | | 0 | 0 | 0 |
| (3) RON CLARE DIRECTOR | 0.50 | X | | | | | | 0 | 0 | 0 |
| (4) KEITH MCINTYRE DIRECTOR | 0.50 | X | | | | | | 0 | 0 | 0 |
| (5) MIKE DEROCHE VICE PRESIDENT | | | | X | | | | 0 | 0 | 0 |
| (6) DOUG LEBO PRESIDENT | 20.00 | | | X | | | | 0 | 0 | 0 |
| (7) STEVE HUFF SECRETARY | | | | X | | | | 0 | 0 | 0 |
| (8) NICK RIIPPA TREASURER | 20.00 | | | X | | | | 0 | 0 | 0 |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows: 1b Subtotal, c Total from continuation sheets to Part VII, Section A, d Total (add lines 1b and 1c) with values 107,722, 0, 0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

Table with 3 columns: Question number, Question text, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) |
|--|--|--|----------------|------------------------------------|----------------------------|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512-514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns | 1a | | | |
| | b | Membership dues | 1b | 113,600 | | |
| | c | Fundraising events | 1c | | | |
| | d | Related organizations | 1d | | | |
| | e | Government grants (contributions) | 1e | 88,062 | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 407,365 | | |
| | g | Noncash contributions included in lines 1a-1f | 1g | \$ | | |
| | h | Total. Add lines 1a-1f | | 609,027 | | |
| Program Service Revenue | | | Business Code | | | |
| | 2a | BOX OFFICE RECEIPTS | 711130 | 847,902 | 847,902 | |
| | b | CONCESSIONS | 711130 | 159,916 | 159,916 | |
| | c | TUITION | 711130 | 91,367 | 91,367 | |
| | d | SPECIAL EVENT REVE | 711130 | 109,087 | 109,087 | |
| | e | | | | | |
| | f | All other program service revenue | | | | |
| g | Total. Add lines 2a-2f | | 1,208,272 | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 5,724 | 5,724 | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | |
| | 5 | Royalties | | | | |
| | 6a | Gross rents | (i) Real | | | |
| | | | (ii) Personal | | | |
| | | | | | | |
| | 6b | Less: rental expenses | | | | |
| | 6c | Rental income or (loss) | | | | |
| | d | Net rental income or (loss) | | | | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | | | |
| | | | (ii) Other | | | |
| | | | | | | |
| | 7b | Less: cost or other basis and sales expenses | | | | |
| | 7c | Gain or (loss) | | | | |
| | d | Net gain or (loss) | | | | |
| 8a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | |
| 8b | Less: direct expenses | 8b | | | | |
| c | Net income or (loss) from fundraising events | | | | | |
| 9a | Gross income from gaming activities. See Part IV, line 19 | 9a | | | | |
| 9b | Less: direct expenses | 9b | | | | |
| c | Net income or (loss) from gaming activities | | | | | |
| 10a | Gross sales of inventory, less returns and allowances | 10a | | | | |
| 10b | Less: cost of goods sold | 10b | | | | |
| c | Net income or (loss) from sales of inventory | | | | | |
| Miscellaneous Revenue | | | Business Code | | | |
| | 11a | OTHER REVENUE | 711130 | 2,295 | 2,295 | |
| | b | | | | | |
| | c | | | | | |
| | d | All other revenue | | | | |
| e | Total. Add lines 11a-11d | | 2,295 | | | |
| 12 | Total revenue. See instructions | | 1,825,318 | 1,216,291 | 0 | 0 |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 107,722 | 107,722 | | |
| 6 | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 334,762 | 284,548 | 50,214 | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 2,370 | 2,133 | 237 | |
| 10 | Payroll taxes | 112,706 | 95,799 | 16,907 | |
| 11 | Fees for services (nonemployees): | | | | |
| a | Management | 53,410 | 53,410 | | |
| b | Legal | | | | |
| c | Accounting | 7,939 | | 7,939 | |
| d | Lobbying | | | | |
| e | Professional fundraising services. See Part IV, line 17. | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) | | | | |
| 12 | Advertising and promotion | 119,437 | 119,437 | | |
| 13 | Office expenses | 30,642 | 30,642 | | |
| 14 | Information technology | 8,262 | 4,957 | 3,305 | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 196,928 | 177,235 | 19,693 | |
| 17 | Travel | 5,545 | 5,545 | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | 42,638 | | 42,638 | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 203,652 | 203,652 | | |
| 23 | Insurance | 25,735 | 5,147 | 20,588 | |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a | PRODUCTION COST | 294,488 | 294,488 | | |
| b | BANK & CREDIT CARD CHARGES | 73,096 | 65,786 | 7,310 | |
| c | TICKET PRINTING ORDER FEES | 41,208 | 41,208 | | |
| d | PROPERTY TAXES | 1,461 | | 1,461 | |
| e | All other expenses | 133,629 | 133,629 | | |
| 25 | Total functional expenses. Add lines 1 through 24e. | 1,795,630 | 1,625,338 | 170,292 | 0 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) | | (B) | | |
|-----------------------------|--|---|-----------|-------------|-----------|-----------|
| | | Beginning of year | | End of year | | |
| Assets | 1 | Cash - non-interest-bearing | 80,338 | 1 | 73,971 | |
| | 2 | Savings and temporary cash investments | 405,688 | 2 | 338,980 | |
| | 3 | Pledges and grants receivable, net | | 3 | | |
| | 4 | Accounts receivable, net | | 4 | | |
| | 5 | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | | |
| | 7 | Notes and loans receivable, net | | 7 | | |
| | 8 | Inventories for sale or use | | 8 | | |
| | 9 | Prepaid expenses and deferred charges | 43,391 | 9 | 52,817 | |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 7,059,949 | | | |
| | b | Less: accumulated depreciation | 3,675,353 | 2,863,724 | 10c | 3,384,596 |
| | 11 | Investments - publicly traded securities | | 11 | | |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | | |
| | 14 | Intangible assets | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | 225,777 | 15 | | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 3,618,918 | 16 | 3,850,364 | | |
| Liabilities | 17 | Accounts payable and accrued expenses | | 17 | | |
| | 18 | Grants payable | | 18 | | |
| | 19 | Deferred revenue | 430,425 | 19 | 639,605 | |
| | 20 | Tax-exempt bond liabilities | | 20 | | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | | |
| | 22 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | 887,596 | 23 | 567,769 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | 300,200 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 25 | | |
| | 26 | Total liabilities. Add lines 17 through 25 | 1,318,021 | 26 | 1,507,574 | |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | | | |
| | 27 | Net assets without donor restrictions | | 27 | | |
| | 28 | Net assets with donor restrictions | | 28 | | |
| | Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33. | | | | | |
| | 29 | Capital stock or trust principal, or current funds | | 29 | | |
| | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | | |
| | 31 | Retained earnings, endowment, accumulated income, or other funds | 2,300,897 | 31 | 2,342,790 | |
| | 32 | Total net assets or fund balances | 2,300,897 | 32 | 2,342,790 | |
| 33 | Total liabilities and net assets/fund balances | 3,618,918 | 33 | 3,850,364 | | |

Part XI Reconciliation of Net Assets

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

| | | | |
|----|--|----|-----------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1,825,318 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,795,630 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 29,688 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 2,300,897 |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | 12,205 |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 0 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 2,342,790 |

Part XII Financial Statements and Reporting

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

| | Yes | No |
|--|-----|----|
| 1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | |

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

| | |
|--|---|
| Name of the organization BREVARD REGIONAL ARTS GROUP INC | Employer identification number 59-2306612 |
|--|---|

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

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

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

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

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

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 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; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Rows include: 14 Public support percentage for 2023; 15 Public support percentage from 2022 Schedule A; 16a 33 1/3% support test - 2023; 16b 33 1/3% support test - 2022; 17a 10%-facts-and-circumstances test - 2023; 17b 10%-facts-and-circumstances test - 2022; 18 Private foundation.

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

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

Section A. Public Support

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

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

- 19a 33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

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

| Section D - Distributions | | Current Year |
|---------------------------|--|--------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI | 5 |
| 6 | Other distributions (describe in Part VI). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8 |
| 9 | Distributable amount for 2023 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

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

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

BREVARD REGIONAL ARTS GROUP INC

Employer identification number

59-2306612

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

EEA

Name of organization **BREVARD REGIONAL ARTS GROUP INC** Employer identification number **59-2306612**

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|---|
| 1 | STATE OF FLORIDA R.A. GRAY BLDG 500 S BRONOUGH ST TALLAHASSEE FL 32399 | \$ 63,063 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | BREVARD COUNTY 150 COCOA ISLES BOULEVARD SUITE 401 COCOA BEACH FL 32931 | \$ 25,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | RICK SKAGGS & KEITH MCINTYRE 525 W YALE STREET ORLANDO FL 32804 | \$ 5,375 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Name of the organization

Employer identification number

BREVARD REGIONAL ARTS GROUP INC

59-2306612

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2023

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table.
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|------------------|
| 1a Land | 246,000 | | | 246,000 |
| b Buildings | | | 3,471,701 | (3,471,701) |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | 6,813,949 | | 203,652 | 6,610,297 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B).) | | | | 3,384,596 |

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|--|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other _____ | | |
| (A) _____ | | |
| (B) _____ | | |
| (C) _____ | | |
| (D) _____ | | |
| (E) _____ | | |
| (F) _____ | | |
| (G) _____ | | |
| (H) _____ | | |
| Total. (Column (b) must equal Form 990, Part X, line 12, col.(B)) | | |

Part VIII Investments - Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) _____ | | |
| (2) _____ | | |
| (3) _____ | | |
| (4) _____ | | |
| (5) _____ | | |
| (6) _____ | | |
| (7) _____ | | |
| (8) _____ | | |
| (9) _____ | | |
| Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) | | |

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|--|----------------|
| (1) _____ | |
| (2) _____ | |
| (3) _____ | |
| (4) _____ | |
| (5) _____ | |
| (6) _____ | |
| (7) _____ | |
| (8) _____ | |
| (9) _____ | |
| Total. (Column (b) must equal Form 990, Part X, line 15 col. (B)) | |

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| (2) _____ | |
| (3) _____ | |
| (4) _____ | |
| (5) _____ | |
| (6) _____ | |
| (7) _____ | |
| (8) _____ | |
| (9) _____ | |
| Total. (Column (b) must equal Form 990, Part X, line 25 col. (B)) | |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

BREVARD REGIONAL ARTS GROUP INC

Employer identification number

59-2306612

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

THE BOARD AND EXECUTIVE DIRECTOR REVIEW THE 990 PRIOR TO FILING AND APPROVE

THE FILING IN ADVANCE.

02. Conflict of interest policy compliance (Part VI, line 12c)

THE BOARD MONITORS AND ENFORCES POLICY ON CONFLICTS OF INTEREST THROUGHOUT

THE YEAR.

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

EXECUTIVE COMPENSATION FOR THE ARTISTIC DIRECTOR IS REVIEWED BY A

COMPENSATION COMMITTEE AS PART OF THE ANNUAL BUDGET PROCESS.

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

DOCUMENTS ARE AVAILABLE UPON REQUEST.

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

THESES ARE DIRECT PROGRAM EXPENSES LISTED IN OTHER: SUMMER PROGRAM EXPENSES, SUMMER

PROGRAM LABOR, WINER&SPRING PROGRAM EXPENSES, WINTER SPING LABOR, FELLOW SCHOLARSHIP,

MOTIVATIONAL MATERIALS & SALES TAXES PAID,WORKER'S COMPENSATION.

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

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

Department of the Treasury
Internal Revenue Service

| | | |
|---|--|---|
| Name(s) shown on return BREVARD REGIONAL ARTS GROUP INC | Business or activity to which this form relates FORM 990 - 1 | Identifying number 59-2306612 |
|---|--|---|

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

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

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

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

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

Section A

| | | | |
|----|--|----|--|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2023 | 17 | |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> | | |

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

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

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

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

Part IV Summary (See instructions.)

| | | | |
|----|--|----|---------|
| 21 | Listed property. Enter amount from line 28 | 21 | 203,652 |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions | 22 | 203,652 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. 26 Property used more than 50% in a qualified business use: Statement #567 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

42 Amortization of costs that begins during your 2023 tax year (see instructions): 43 Amortization of costs that began before your 2023 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

Federal Supporting Statements

2023 PG01

Tax ID Number

59-2306612

Name(s) as shown on return

BREVARD REGIONAL ARTS GROUP INC

FORM 4562 - LINE 26

Statement #567

| DESCRIPTION | DATE | %BUS | COST | DEPR BASIS | RP | METHOD | DEDUCTION | 179 DED |
|---------------------------|------------|------|---------|------------|----|--------|-----------|---------|
| 110 LOBBY FIXTURES | 04-28-2023 | 100 | 2,972 | 2,972 | 7 | SL MQ | 425 | |
| 114 DANCE FLOOR REMODEL | 05-21-2023 | 100 | 10,391 | 10,391 | 7 | SL MQ | 1,484 | |
| 114 EXTERIOR WALL UPGRADE | 05-31-2023 | 100 | 31,500 | 31,500 | 39 | SL MM | 808 | |
| 102 STAGE TRUSS SYSTEM | 06-01-2021 | 100 | 55,610 | 55,610 | 7 | SL HY | 7,944 | |
| 8 BUILDING IMPROVEMENTS | 01-05-2003 | 100 | 20,000 | 20,000 | 39 | SL MM | 513 | |
| 9 BUILDING IMPROVEMENTS | 05-23-2003 | 100 | 4,023 | 4,023 | 39 | SL MM | 103 | |
| 15 BUILDING IMPROVEMENTS | 09-03-2006 | 100 | 258,437 | 258,437 | 39 | SL MM | 6,627 | |
| 16 BUILDING IMPROVEMENTS | 09-30-2006 | 100 | 24,872 | 24,872 | 39 | SL MM | 638 | |
| 17 BUILDING IMPROVEMENTS | 09-30-2006 | 100 | 350 | 350 | 39 | SL MM | 9 | |
| 21 ROOF REPLACEMENT | 04-02-2012 | 100 | 129,085 | 129,085 | 39 | SL MM | 3,310 | |
| 41 ROOF WARRANTY | 10-30-2012 | 100 | 7,843 | 7,843 | 39 | SL MM | 201 | |
| 50 BUILDING PAINTING | 09-15-2013 | 100 | 31,116 | 31,116 | 15 | SL HY | 2,074 | |
| 51 BUILDING IMPROVEMENTS | 04-01-2013 | 100 | 52,974 | 52,974 | 15 | SL MQ | 3,532 | |
| 61 BUILDING IMPROVEMENTS | 08-05-2016 | 100 | 4,180 | 4,180 | 39 | SL MM | 107 | |
| 62 HYNESLINE | 09-08-2016 | 100 | 4,141 | 4,141 | 39 | SL MM | 106 | |
| 64 INTERIOR FLOORING | 09-24-2016 | 100 | 30,147 | 30,147 | 7 | SL HY | 157 | |
| 67 NEW FLOORING | 11-17-2016 | 100 | 1,756 | 1,756 | 15 | SL HY | 117 | |
| 68 FRENCH DOOR | 12-15-2016 | 100 | 2,236 | 2,236 | 7 | SL HY | 163 | |
| 69 AC UNIT | 02-17-2017 | 100 | 4,280 | 4,280 | 7 | SL HY | 378 | |
| 70 PARKING LOT | 06-14-2017 | 100 | 172,842 | 172,842 | 15 | SL HY | 11,523 | |
| 71 HEMP SYSTEM | 02-02-2017 | 100 | 4,535 | 4,535 | 7 | SL HY | 410 | |
| 72 BUILDING IMPROVEMENTS | 09-30-1986 | 100 | 4,909 | 4,909 | 40 | SL HY | 123 | |
| 73 BUILDING IMPROVEMENTS | 09-30-1987 | 100 | 144,507 | 144,507 | 40 | SL MM | 3,613 | |
| 74 BUILDING IMPROVEMENTS | 09-30-1988 | 100 | 166,632 | 166,632 | 40 | SL MM | 4,166 | |
| 75 BUILDING IMPROVEMENTS | 09-30-1989 | 100 | 266,638 | 266,638 | 40 | SL MM | 6,666 | |
| 76 BUILDING IMPROVEMENTS | 09-30-1990 | 100 | 46,067 | 46,067 | 40 | SL MM | 1,152 | |
| 77 BUILDING IMPROVEMENTS | 09-30-1991 | 100 | 823,509 | 823,509 | 40 | SL MM | 20,588 | |
| 78 BUILDING IMPROVEMENTS | 09-30-1992 | 100 | 113,187 | 113,187 | 40 | SL MM | 2,830 | |
| 79 BUILDING IMPROVEMENTS | 09-30-1993 | 100 | 94,128 | 94,128 | 40 | SL MM | 2,353 | |
| 80 BUILDING IMPROVEMENTS | 12-31-1995 | 100 | 48,145 | 48,145 | 39 | SL MM | 1,234 | |
| 81 BUILDING IMPROVEMENTS | 03-31-1997 | 100 | 322,123 | 322,123 | 39 | SL MM | 8,260 | |
| 82 BUILDING IMPROVEMENTS | 03-31-1999 | 100 | 159,969 | 159,969 | 39 | SL MM | 4,102 | |
| 83 BUILDING IMPROVEMENTS | 03-31-1999 | 100 | 11,500 | 11,500 | 39 | SL MM | 295 | |

Federal Supporting Statements

2023 PG02

Tax ID Number

59-2306612

Name(s) as shown on return

BREVARD REGIONAL ARTS GROUP, INC.

FORM 4562 - LINE 26

Statement #567

| DESCRIPTION | DATE | %BUS | COST | DEPR BASIS | RP | METHOD | DEDUCTION | 179_DSD |
|---------------------------------|------------|------|---------|------------|----|---------|----------------|---------|
| 84 BUILDING IMPROVEMENTS | 03-31-2000 | 100 | 136,849 | 136,849 | 39 | SL MM | 3,509 | |
| 86 BUILDING | 01-01-1990 | 100 | 634,000 | 634,000 | 40 | SL MM | 15,850 | |
| 88 BUILDING IMPROVEMENTS | 09-30-1993 | 100 | 159,471 | 159,471 | 40 | SL MM | 3,987 | |
| 89 BUILDING IMPROVEMENTS | 06-01-2019 | 100 | 191,481 | 191,481 | 39 | SL MM | 4,910 | |
| 90 HVAC UPSTAIRS | 02-29-2020 | 100 | 12,996 | 12,996 | 7 | SL HY | 1,857 | |
| 91 THEATER FIXTURES | 06-01-2019 | 100 | 55,909 | 55,909 | 7 | SL HY | 7,987 | |
| 92 SOUND EQUIPMENT | 06-30-2019 | 100 | 32,508 | 32,508 | 7 | SL HY | 4,644 | |
| 93 OFFICE EQUIPMENT | 10-24-2019 | 100 | 5,032 | 5,032 | 7 | SL HY | 719 | |
| 94 ICE MAKER | 07-15-2019 | 100 | 2,473 | 2,473 | 7 | SL HY | 353 | |
| 101 BALCONY REMODEL | 07-01-2021 | 100 | 149,985 | 149,985 | 39 | SL MM | 3,846 | |
| 103 LOBBY RESTROOM REMODEL | 08-26-2022 | 100 | 467,093 | 467,093 | 39 | SL MM | 11,977 | |
| 104 OFFICE REMODEL | 08-26-2022 | 100 | 25,396 | 25,396 | 39 | SL MM | 651 | |
| 105 STRUCTURAL BEAM IMPROVEMENT | 08-26-2022 | 100 | 172,275 | 172,275 | 39 | SL MM | 4,417 | |
| 106 VIP MEMBER ROOM | 08-26-2022 | 100 | 1,456 | 1,456 | 39 | SL MM | 37 | |
| 111 REPLACEMENT WINDOWS | 04-28-2023 | 100 | 80,000 | 80,000 | 39 | SL MM | 2,051 | |
| 112 LOBBY RENOVATION | 04-28-2023 | 100 | 389,536 | 389,536 | 39 | SL MM | 9,998 | |
| BUILDING IMPROVEMENT | 06-30-2023 | 100 | 378,736 | 378,736 | 39 | SL MM | 9,306 | |
| EQUIPMENT FURNISHING | 06-30-2023 | 100 | 107,760 | 107,760 | 5 | 200DBHY | 21,552 | |
| TOTAL | | | | | | | <u>203,652</u> | |

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type.
See Specific Instructions on page 3.

| | | |
|-----------|--|---|
| 1 | Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Henegar Performing Arts Center, Inc | |
| 2 | Business name/disregarded entity name, if different from above. Brevard Regional Arts Groups, Inc | |
| 3a | Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____ | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i> |
| 3b | If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/> | |
| 5 | Address (number, street, and apt. or suite no.). See instructions. 625 E New Haven Ave | Requester's name and address (optional) |
| 6 | City, state, and ZIP code Melbourne, FL 32901 | |
| 7 | List account number(s) here (optional) | |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

| | | | | | | | | | |
|---------------------------------------|---|---|---|---|---|---|---|---|---|
| Social security number | | | | | | | | | |
| | | | | | | | | | |
| or | | | | | | | | | |
| Employer identification number | | | | | | | | | |
| 5 | 9 | - | 2 | 3 | 0 | 6 | 6 | 1 | 2 |

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

| | | |
|------------------|--------------------------|----------------------|
| Sign Here | Signature of U.S. person | Date 4/3/2022 |
|------------------|--------------------------|----------------------|

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

| Marketing Support Program - HENEGAR CENTER | | | | | | | |
|---|-----------------------|-----------------------|------------------|---|-----------------------|-----------------------|----------------------|
| FY 2025-2026 | | | | | | | |
| Event Income/Expense Report | | | | | | | |
| Expenses | 2025-2026 projection | 2024-2025 actuals | VAR+10% Increase | Income | 2025-2026 projection | 2024-2025 actuals | VAR |
| Production Costs | \$298,100.00 | \$338,145.00 | -\$40,045.00 | | | | |
| Administration Cost | \$178,934.00 | \$234,911.00 | -\$55,977.00 | | | | |
| Labor Cost | \$946,882.00 | \$713,983.00 | \$232,899.00 | | | | |
| Education Program | \$78,130.00 | \$70,247.00 | \$7,883.00 | Box Office Sales | \$1,352,070.00 | \$1,478,989.00 | -\$126,919.00 |
| Facilities & Maintenance | \$167,500.00 | \$172,184.00 | -\$4,684.00 | Memberships | \$120,000.00 | \$131,100.00 | -\$11,100.00 |
| Expense Subtotal | \$1,669,546.00 | \$1,529,470.00 | \$140,076.00 | Fundraising | \$24,600.00 | \$78,841.00 | -\$54,241.00 |
| Other Expenses | | | | Educational Outreach | \$159,100.00 | \$199,132.00 | -\$40,032.00 |
| Remaining Expenses | \$148,967.00 | \$130,256.00 | \$18,711.00 | Income Subtotal | \$1,655,770.00 | \$1,888,062.00 | -\$232,292.00 |
| | | | | Income Sponsors | \$27,500.00 | \$9,800.00 | \$17,700.00 |
| | | | | Cash in Bank to start | | | |
| | | | | Income Other | \$185,500.00 | \$196,124.00 | -\$10,624.00 |
| | | | | TDC grant funding | \$17,500.00 | \$20,000.00 | -\$2,500.00 |
| | | | | Total Income | \$1,886,270.00 | \$2,113,986.00 | -\$227,716.00 |
| | | | | Total Expenses Paid | \$1,868,513.00 | \$1,768,429.00 | \$100,084.00 |
| Other Expenses Subtotal | \$148,967.00 | \$130,256.00 | \$18,711.00 | Profit/Loss | \$17,757.00 | \$345,557.00 | |
| Marketing - please specify Brevard/Out-of-County | | | | | | | |
| Brevard marketing | \$45,000.00 | \$103,061.00 | -\$58,061.00 | Note: Our fiscal year runs from June 1st to May 31st of every year. The actuals are pulled from June 2024 - April 2025 (6-3-2025) | | | |
| Out-of-county marketing | \$5,000.00 | \$5,642.00 | -\$642.00 | | | | |
| Marketing Expense Total | \$50,000.00 | \$108,703.00 | -\$58,703.00 | | | | |
| Total Expenses 2025-2026 | \$1,868,513.00 | \$1,768,429.00 | | | | | |

Space Coast FLORIDA

**Tourism Development Office
FY 2025-2026 Marketing Support Program
Applicant checklist**

Applicant organization name: Henegar Performing Arts Center

Applicant event name: 2025-2026 Season

Applicant name completing this form: Melinda Benya

Applicant- Use this checklist to confirm that you have completed all elements of the application prior to submitting. Initial next to each item. Items (2-9) must be uploaded within the application.

| | | Applicant initial | TDO staff initial | TDO staff comments |
|----|--|-------------------|-------------------|--------------------|
| 1. | Application – | MBS | W | |
| 2. | Copy of IRS Articles of Incorporation – (submit if for-profit) | | N/A | |
| 3. | Copy of IRS Determination Letter – (submit if 501(c)(3)) | MBS | W | |
| 4. | Copy of SunBiz.com - (if applicable, see application for details) | MBS | W | |
| 5. | Copy of 990 form (if applicable, see application) | MBS | W | |
| 6. | Copy of completed W-9 form (March 2024) | MBS | W | |
| 6 | Copy of this checklist – (completed, initialed, and signed by applicant) | MBS | W | |

I, consent that all above documents have been submitted completely by uploading within the application packet.

Melinda Benya
Applicant signature & date

Museum of Dinosaurs and Ancient Cultures

[Return to Table of Contents](#)



**Tourism Development Office
 FY 2025-2026 Marketing Support Program
 Application Packet checklist**

Applicant Organization Name: Museum of Dinosaurs and Ancient Cultures

Applicant Event Name: Year-round programming

| | Yes | No | Comment |
|--|-----|----|---------|
| 1. Completed application | X | | |
| 2. Copy of IRS Articles of Incorporation – (if applicable) | | X | N/A |
| 3. Copy of IRS Determination letter – (if applicable) | X | | |
| 4. Copy of SunBiz.org (if applicable) | X | | |
| 5. Copy of 990 (if applicable) | X | | |
| 6. Copy of completed W-9 (March 2024) | X | | |
| 7. Income/Expense worksheet (required for all applicants) | X | | |
| 8. Copy of the Applicant checklist | X | | |

This application meets the minimum requirement of 5,001 out-of-county attendees (Cultural) or 250 room nights (Sports).

| | |
|-----|----|
| YES | NO |
|-----|----|

All documents have been submitted, reviewed and/or addressed in the comments.

 7/2/2025

Peter Cranis, Executive Director

FY 2025-2026 Marketing Support Program application

Response ID:54 Data

2. (untitled)

1. I have read and understand the policies/procedures within the FY 2025-2026 Marketing Support Program Criteria.



Signature of: Donna Cayer

3. (untitled)

2. Which best describes your event/year-round programming?

Cultural

4. (untitled)

3. ORGANIZATION INFORMATION

Name of organization hosting event/year-round programming

Museum of Dinosaurs and Ancient Cultures

Organization address

250 W COCOA BEACH CSWY

State

FL

City

COCOA BEACH

Zip

32931

Primary contact name

DONNA CAYER

Primary contact phone number

3217837300

Primary contact email

donna@dinosaurstore.com

Secondary contact name

STEVEN CAYER

Secondary contact phone number

321-543-9018

Secondary contact email

Steve@MuseumofDinosaurs.org

Organization website address

MuseumofDinosaurs.org

5. (untitled)

4. Which best describes your organization?

501(C)(3)

6. (untitled)

5. What is your Federal Employee ID number?

27-3564062

7. (untitled)

6. Are you completing this application for an event or year-round programming?

Year-round programming - theater, symphony, concerts, museum, etc.

8. (untitled)

1. EVENT INFORMATION - #1

Name of event

Event website address (if different from organization website)

Event location

9. (untitled)

What is the first date of your event?

10. (untitled)

In total, how many days will your event be held?

11. (untitled)

7. Do you have a second event?

No

12. (untitled)

4. **EVENT INFORMATION - #2**

Name of event

Event website address (if different from organization website)

Event location

13. (untitled)

What is the first date of your event?

14. (untitled)

In total, how many days will your event be held?

15. (untitled)

Do you have a third event?

16. (untitled)

8. **EVENT INFORMATION - #3**

Name of event

Event website address (if different from organization website)

Event location

17. (untitled)

What is the first date of your event?

18. (untitled)

In total, how many days will your event be held?

19. (untitled)

What types of marketing do you plan to do for this event?

20. (untitled)

8. What types of marketing do you plan to do for your year-round programming?

- Digital advertising (banner ads, etc.)
- Search advertising (pay-per-click, etc.)
- Social hashtags
- Social media (Facebook, Instagram, YouTube, etc.)

21. (untitled)

9. What are your social media handles?

- Facebook : TheDinosaurStoreandMuseum
- Instagram : museumofdinosauers
- YouTube : @museumofdinosauers2544

22. (untitled)

10. What hashtags do you currently use?

NA

23. (untitled)

11. Upload a copy of your organization's IRS Determination letter.

[501c3-MDAC_IRS.pdf](#)

24. (untitled)

12. Upload a copy of your organization's 990 form.

[2024-Museum_of_Dinosaurs_and_Ancient_Cultures_990.pdf](#)

25. (untitled)

Upload a copy of your organization's Articles of Incorporation.

26. (untitled)

13. If you are a Florida organization, please upload a copy of your SunBiz.com account associated with your organization.

[CorporateReportSunbiz.pdf](#)

27. (untitled)

14. Upload your completed W-9 form.

[W-9_2024-MuseumDAC.pdf](#)

28. (untitled)

15. Upload your completed Event Income/Expense report.

[Event_Income_Expense_Report_FY25-26.pdf](#)

29. (untitled)

16. Upload your completed Checklist.

[MSP_MuseumDinosaurs_checklist_4.30.2025.pdf](#)

30. (untitled)

17.

ATTESTATION

I attest that all information in this questionnaire is true and correct. I further attest that will comply with the requirements set forth, if awarded support.



Signature of: Donna Cayer

31. Thank You!

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **MAY 18 2011**

MUSEUM OF DINOSAURS AND ANCIENT
CULTURES INC
C/O PERRY DOUGLAS WEST ESQ
PO BOX 427
COCOA, FL 32923

Employer Identification Number:
27-3564062
DLN:
200341144
Contact Person:
KAREN A BATEY ID# 31641
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
September 22, 2010
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 9484614(G)

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N1000009050

Entity Name: MUSEUM OF DINOSAURS AND ANCIENT CULTURES, INC.

Current Principal Place of Business:

250 W. COCOA BEACH CSWY
COCOA BEACH, FL 32931

Current Mailing Address:

250 W. COCOA BEACH CSWY
COCOA BEACH, FL 32931

FEI Number: 27-3564062

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAYER, DONNA L
250 W. COCOA BEACH CSWY
COCOA BEACH, FL 32931 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title CHAIRMAN, DIRECTOR
Name CAYER, STEVEN L
Address 250 W. COCOA BEACH CSWY.
City-State-Zip: COCOA BEACH FL 32931

Title SECRETARY, DIRECTOR
Name CAYER, DONNA L
Address 250 W. COCOA BEACH CSWY.
City-State-Zip: COCOA BEACH FL 32931

Title DIR
Name TURCOTTE, CAROL
Address 250 W. COCOA BEACH CSWY.
City-State-Zip: COCOA BEACH FL 32931

Title DIRECTOR
Name PRUETT, KEVIN
Address 250 W. COCOA BEACH CSWY
City-State-Zip: COCOA BEACH FL 32931

Title DIR
Name HERNANDEZ, TONY III
Address 503 N ORLANDO AVE
STE 106
City-State-Zip: COCOA BEACH FL 32931

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DONNA CAYER

DIRECTOR

04/09/2025

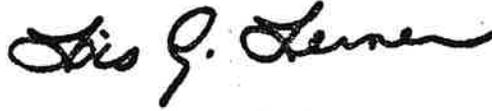
Electronic Signature of Signing Officer/Director Detail

_____ Date

MUSEUM OF DINOSAURS AND ANCIENT

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

A handwritten signature in cursive script that reads "Lois G. Lerner". The signature is written in black ink and is positioned above the typed name.

Lois G. Lerner
Director, Exempt Organizations

Enclosure: Publication 4221-PC

Rhonda L Hinds & Associates CPA PA
160 McLeod St
Merritt Island, FL 32953
(321) 454-2266
rhinds@hindscpa.com

May 7, 2025

Museum of Dinosaurs and Ancient Cultures
250 W Cocoa Beach Cswy
Cocoa Beach, FL 32931

Dear Client,

Enclosed is the 2024 U.S. Form 990, Return of Organization Exempt from Income Tax, for Museum of Dinosaurs and Ancient Cultures for the tax year ending December 31, 2024.

Your 2024 U.S. Form 990, Return of Organization Exempt from Income Tax, return will be electronically filed.

We very much appreciate the opportunity to serve you. If you have any questions regarding this return, please do not hesitate to call.

Sincerely,

Rhonda Hinds

Rhonda L Hinds & Associates CPA PA
160 McLeod St
Merritt Island, FL 32953

May 7, 2025

Museum of Dinosaurs and Ancient Cultures
250 W Cocoa Beach Cswy
Cocoa Beach, FL 32931

RE: Our Privacy Policy, Compliance with the Gramm-Leach-Bliley Act, Public Law
106-102 (FTC 16 CFR Part 313)

Dear Client,

The privacy of your client information has always been important to us, and we have always been bound by professional standards of confidentiality. However, we are now required by law to formally inform you of our privacy policy.

We collect nonpublic personal information about you that is provided by you or obtained by us with your authorization. This information may come from various sources, including information we receive from personal interviews, tax organizers, worksheets and other documents necessary to provide professional services to you.

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as permitted or required by law, or when necessary to process transactions requested by a client.

We restrict access to nonpublic personal information about you to members of our firm who need to know that information in order to provide you professional services. We retain records relating to the professional services that we provide you in accordance with accounting and government standards.

We employ physical, electronic, and procedural security safeguards to protect your nonpublic personal information.

Your confidence and trust are important to us. If you have any questions or concerns regarding the privacy of your nonpublic personal information, please contact us.

Sincerely,

Rhonda Hinds

Return of Organization Exempt From Income Tax

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

2024

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

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Header section containing organization name (Museum of Dinosaurs and Ancient Cultures), address (250 W Cocoa Beach Cswy, Cocoa Beach, FL 32931), principal officer (Donna Cayer), tax-exempt status (501(c)(3)), and other identifying information.

Part I Summary

Summary table with columns for line number, description, Prior Year, and Current Year. Includes rows for mission statement, revenue (Total revenue: 517,452), expenses (Total expenses: -53,804), and net assets (Total assets: 637,392).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block for Donna Cayer, Treasurer, dated 05/07/2025.

Paid Preparer Use Only section for Rhonda Hinds, Preparer's signature, dated 05/07/2025, with firm information (Rhonda L Hinds & Associates CPA PA).

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

To expand the awareness and appreciation of prehistoric life and the
magnificent accomplishments of the ancient peoples through the
integration of exhibits, educational programs, and collections.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 569,397. including grants of \$ 0.) (Revenue \$ 517,452.)

The museum is open to the public and is 100% complete.

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

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

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

4e Total program service expenses 569,397.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Contains 21 main questions and sub-questions regarding organizational activities, financial reporting, and fundraising. Includes rows 1 through 21, with sub-rows a-f for question 11 and a-b for question 14.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding rules.

| Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | Yes | No | | |
|---|--|------------|----|--|---|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 0 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | | X |
| b | If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | |
| a | Gross income from members or shareholders | 11a | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. | 13a | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | |
| c | Enter the amount of reserves on hand | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. | 15 | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069. | 17 | | | |

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

| | | Yes | No |
|-----------|---|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | |
| 1b | Enter the number of voting members included on line 1a, above, who are independent | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | X |
| 7b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| 8a | The governing body? | X | |
| 8b | Each committee with authority to act on behalf of the governing body? | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | X |

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

| | | Yes | No |
|------------|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | | X |
| 10b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | X | |
| 11b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | X |
| 12b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | | |
| 12c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done | | |
| 13 | Did the organization have a written whistleblower policy? | | X |
| 14 | Did the organization have a written document retention and destruction policy? | | X |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| 15a | The organization's CEO, Executive Director, or top management official | | X |
| 15b | Other officers or key employees of the organization | | X |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | X |
| 16b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed _____
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.
 Donna Cayer, 250 W Cocoa Beach Cswy, Cocoa Beach, FL 32931 (321)960-1092

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and title | (B) Average hours per week per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|------------------------------------|---|--|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) Steven Cayer Chairman | 8.00 | X | | X | | | | | | |
| (2) Donna Cayer Secretary | 8.00 | X | | X | | | | | | |
| (3) Carol Turcotte Director | 2.00 | X | | | | | | | | |
| (4) Kevin Pruett Director | 2.00 | X | | | | | | | | |
| (5) Tony Hernandez III Director | 2.00 | X | | | | | | | | |
| (6) | | | | | | | | | | |
| (7) | | | | | | | | | | |
| (8) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (15) | | | | | | | | | | |
| (16) | | | | | | | | | | |
| (17) | | | | | | | | | | |
| (18) | | | | | | | | | | |
| (19) | | | | | | | | | | |
| (20) | | | | | | | | | | |
| (21) | | | | | | | | | | |
| (22) | | | | | | | | | | |
| (23) | | | | | | | | | | |
| (24) | | | | | | | | | | |
| (25) | | | | | | | | | | |
| 1b Subtotal | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | | | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|---|--|---------------|----------------------|--|--------------------------------------|---|--|
| Contributions, Gifts, Grants, and Other Similar Amounts | 1a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 25,000. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 1,151. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ | | | | |
| | h Total. Add lines 1a-1f | | | 26,151. | | | |
| Program Service Revenue | 2a Admissions | Business Code | 900099 | 489,681. | 489,681. | 0. | |
| | b _____ | | | | | | |
| | c _____ | | | | | | |
| | d _____ | | | | | | |
| | e _____ | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | | 489,681. | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | | | | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6a Gross rents | 6a | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | b Less: rental expenses | 6b | | | | | |
| | c Rental income or (loss) | 6c | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7a Gross amount from sales of assets other than inventory | 7a | (i) Securities | | | | |
| | | | (ii) Other | | | | |
| | | | | | | | |
| | b Less: cost or other basis and sales expenses | 7b | | | | | |
| | c Gain or (loss) | 7c | | | | | |
| | d Net gain or (loss) | | | | | | |
| 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | | |
| | | | | | | | |
| | | | | | | | |
| b Less: direct expenses | 8b | | | | | | |
| c Net income or (loss) from fundraising events | | | | | | | |
| 9a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| | | | | | | | |
| | | | | | | | |
| b Less: direct expenses | 9b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | 10a | | 4,920. | | | | |
| | | | | | | | |
| | | | | | | | |
| b Less: cost of goods sold | 10b | | 3,300. | | | | |
| c Net income or (loss) from sales of inventory | | | 1,620. | 1,620. | 0. | | |
| Miscellaneous Revenue | 11a _____ | Business Code | | | | | |
| | b _____ | | | | | | |
| | c _____ | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | | | | | |
| 12 Total revenue. See instructions | | | 517,452. | 491,301. | 0. | | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | 108,288. | 108,288. | | |
| 5 Compensation of current officers, directors, trustees, and key employees | | | | |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | | | | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | | | | |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 650. | 0. | 650. | 0. |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) | 66,966. | 66,966. | 0. | 0. |
| 12 Advertising and promotion | 28,793. | 28,793. | 0. | 0. |
| 13 Office expenses | 18,245. | 18,245. | 0. | 0. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 342,354. | 342,354. | 0. | 0. |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 3,126. | 1,917. | 1,209. | 0. |
| 23 Insurance | 2,572. | 2,572. | 0. | 0. |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a Licenses & Permits | 262. | 262. | 0. | 0. |
| b | | | | |
| c | | | | |
| d | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 571,256. | 569,397. | 1,859. | 0. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-----------|--------------------|
| Assets | 1 Cash—non-interest-bearing | 172,722. | 1 | 79,468. |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | | 4 | |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | | 9 | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 36,549. | | |
| | b Less: accumulated depreciation | 10b 34,929. | 4,670. | 10c 1,620. |
| | 11 Investments—publicly traded securities | | 11 | |
| | 12 Investments—other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments—program-related. See Part IV, line 11 | 548,804. | 13 | 556,304. |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | | 15 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | | 726,196. | 16 | 637,392. |
| Liabilities | 17 Accounts payable and accrued expenses | | 17 | |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 164,078. | 23 | 129,078. |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D | | 25 | |
| | 26 Total liabilities. Add lines 17 through 25 | | 164,078. | 26 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 562,118. | 27 | 508,314. |
| | 28 Net assets with donor restrictions | | 28 | |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| 32 Total net assets or fund balances | 562,118. | 32 | 508,314. | |
| 33 Total liabilities and net assets/fund balances | 726,196. | 33 | 637,392. | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|----------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 517,452. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 571,256. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -53,804. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 562,118. |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 508,314. |

Part XII Financial Statements and Reporting

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

| | Yes | No |
|---|-----|----|
| 1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | X |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits. | | |

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

**Open to Public
Inspection**

| | |
|--|--|
| Name of the organization Museum of Dinosaurs and Ancient Cultures | Employer identification number 27-3564062 |
|--|--|

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

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

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

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

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|--|----------|----------|----------|----------|----------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 202,272. | 477,107. | 536,789. | 523,955. | 517,452. | 2,257,575. |
| 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 | 202,272. | 477,107. | 536,789. | 523,955. | 517,452. | 2,257,575. |
| 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 | | | | | | 2,257,575. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|--|----------|----------|----------|----------|-----------|------------|
| 7 Amounts from line 4 | 202,272. | 477,107. | 536,789. | 523,955. | 517,452. | 2,257,575. |
| 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 | | | | 578. | | 578. |
| 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 | | | | | | 2,258,153. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---------|
| 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) | 14 | 99.97 % |
| 15 Public support percentage from 2023 Schedule A, Part II, line 14 | 15 | 99.97 % |
| 16a 33 1/3% support test—2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/> | | |
| b 33 1/3% support test—2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances test—2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| b 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/> | | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2023 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2023 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests—2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

| Section A – Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |
| Section B – Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C – Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

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

| Section D—Distributions | | Current Year |
|-------------------------|--|--------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) | 5 |
| 6 | Other distributions (describe in Part VI). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8 |
| 9 | Distributable amount for 2024 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E—Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2024 | (iii) Distributable Amount for 2024 |
|---|---|--|---|
| 1 | Distributable amount for 2024 from Section C, line 6 | | |
| 2 | Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in Part VI). See instructions. | | |
| 3 | Excess distributions carryover, if any, to 2024 | | |
| a | From 2019 | | |
| b | From 2020 | | |
| c | From 2021 | | |
| d | From 2022 | | |
| e | From 2023 | | |
| f | Total of lines 3a through 3e | | |
| g | Applied to underdistributions of prior years | | |
| h | Applied to 2024 distributable amount | | |
| i | Carryover from 2019 not applied (see instructions) | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | |
| 4 | Distributions for 2024 from Section D, line 7: \$ | | |
| a | Applied to underdistributions of prior years | | |
| b | Applied to 2024 distributable amount | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | |
| 5 | Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | |
| 6 | Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | |
| 7 | Excess distributions carryover to 2025. Add lines 3j and 4c. | | |
| 8 | Breakdown of line 7: | | |
| a | Excess from 2020 . . . | | |
| b | Excess from 2021 . . . | | |
| c | Excess from 2022 . . . | | |
| d | Excess from 2023 . . . | | |
| e | Excess from 2024 . . . | | |

SCHEDULE D (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Museum of Dinosaurs and Ancient Cultures

Employer identification number

27-3564062

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, 6 Staff and volunteer hours devoted to monitoring, 7 Amount of expenses incurred in monitoring, 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B), 9 In Part XIII, describe how the organization reports conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table.
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment _____ %
- b** Permanent endowment _____ %
- c** Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

| | Yes | No |
|---|---------------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | 0. | 23,009. | 21,993. | 1,016. |
| e Other | 0. | 13,540. | 12,936. | 604. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) | | | | 1,620. |

Part VII Investments—Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) | | |

Part VIII Investments—Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) Exhibit Components | 556,304. | Cost |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) | 556,304. | |

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) | |

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) | |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Part XIII Supplemental Information *(continued)*

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**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

Museum of Dinosaurs and Ancient Cultures

Employer identification number

27-3564062

Pt VI, Line 11b: The board reviews the return before it is filed.

Pt IX, Line 11g:

Description: Leased Labor

Total: \$66,966

Program services: \$66,966

COPY

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning _____, 2024, and ending _____, 20_____

2024

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

EIN or SSN

Museum of Dinosaurs and Ancient Cultures

27-3564062

Name and title of officer or person subject to tax

Donna Cayer, Treasurer

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

| | | | | | | |
|-----|--------------------------|-------------------------------------|---|--|-----|----------|
| 1a | Form 990 check here | <input checked="" type="checkbox"/> | b | Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | 517,452. |
| 2a | Form 990-EZ check here | <input type="checkbox"/> | b | Total revenue, if any (Form 990-EZ, line 9) | 2b | |
| 3a | Form 1120-POL check here | <input type="checkbox"/> | b | Total tax (Form 1120-POL, line 22) | 3b | |
| 4a | Form 990-PF check here | <input type="checkbox"/> | b | Tax based on investment income (Form 990-PF, Part V, line 5) | 4b | |
| 5a | Form 8868 check here | <input type="checkbox"/> | b | Balance due (Form 8868, line 3c) | 5b | |
| 6a | Form 990-T check here | <input type="checkbox"/> | b | Total tax (Form 990-T, Part III, line 4) | 6b | |
| 7a | Form 4720 check here | <input type="checkbox"/> | b | Total tax (Form 4720, Part III, line 1) | 7b | |
| 8a | Form 5227 check here | <input type="checkbox"/> | b | FMV of assets at end of tax year (Form 5227, Item D) | 8b | |
| 9a | Form 5330 check here | <input type="checkbox"/> | b | Tax due (Form 5330, Part II, line 19) | 9b | |
| 10a | Form 8038-CP check here | <input type="checkbox"/> | b | Amount of credit payment requested (Form 8038-CP, Part III, line 22) | 10b | |

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____ (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize Rhonda L Hinds & Associates CPA PA to enter my PIN

| | | | | |
|---|---|---|---|---|
| 3 | 2 | 9 | 5 | 3 |
|---|---|---|---|---|

 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____

Date 05/07/2025

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 9 | 6 | 3 | 6 | 5 | 5 | 9 | 6 | 3 | 6 |
|---|---|---|---|---|---|---|---|---|---|---|

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Rhonda L Hinds & Associates CPA PA

Date 05/07/2025

ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

| | | |
|-----------|--|---|
| 1 | Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) MUSEUM OF DINOSAURS AND ANCIENT CULTURES, INC | |
| 2 | Business name/disregarded entity name, if different from above. | |
| 3a | Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input checked="" type="checkbox"/> Other (see instructions) <u>Non-profit corporation</u> | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i> |
| | 3b | |
| 5 | Address (number, street, and apt. or suite no.). See instructions. 250 W COCOA BEACH CSWY | Requester's name and address (optional) |
| 6 | City, state, and ZIP code COCOA BEACH, FL 32931 | |
| 7 | List account number(s) here (optional) | |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

| | | | | | | | | | |
|---------------------------------------|---|---|---|---|---|---|---|---|---|
| Social security number | | | | | | | | | |
| | | | | | | | | | |
| or | | | | | | | | | |
| Employer identification number | | | | | | | | | |
| 2 | 7 | - | 3 | 5 | 6 | 4 | 0 | 6 | 2 |

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

| | | |
|------------------|---|-----------------------|
| Sign Here | Signature of U.S. person <i>Donna Cayer</i> | Date 5/30/2024 |
|------------------|---|-----------------------|

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

| Marketing Support Program - MUSEUM OF DINOSAURS AND ANCIENT CULTURES | | | | | | | |
|--|----------------------|---------------------|------------------|----------------------------|----------------------|--------------------|-------------|
| FY 2025-2026 | | | | | | | |
| Event Income/Expense Report | | | | | | | |
| Expenses | 2025-2026 projection | 2024-2025 actuals | VAR+10% increase | Income | 2025-2026 projection | 2024-2025 actuals | VAR |
| Facilities | \$242,400.00 | \$243,744.00 | -\$1,344.00 | Admissions | \$386,000.00 | \$351,000.00 | \$35,000.00 |
| Labor | \$59,500.00 | \$54,000.00 | \$5,500.00 | Field Trips | \$14,000.00 | \$12,100.00 | \$1,900.00 |
| Insurance | \$3,800.00 | \$3,669.00 | \$131.00 | Product Sales | \$8,000.00 | \$7,500.00 | \$500.00 |
| Equipment Mtce | \$4,050.00 | \$3,832.00 | \$218.00 | | | | \$0.00 |
| Card Processing - Business Exp. | \$12,900.00 | \$12,234.00 | \$666.00 | | | | \$0.00 |
| Educational Programming | \$2,000.00 | \$1,280.00 | \$720.00 | | | | \$0.00 |
| | | | | | | | \$0.00 |
| Subtotal Expense | \$324,650.00 | \$318,759.00 | \$5,891.00 | | | | \$0.00 |
| Other Expenses | | | | | | | \$0.00 |
| | | | | Subtotal Income | \$408,000.00 | \$370,600.00 | \$37,400.00 |
| | | | | Income Sponsors | \$0.00 | \$0.00 | \$0.00 |
| | | | | Cash in Bank to start | \$0.00 | \$0.00 | \$0.00 |
| | | | | | | | |
| | | | | TDC grant funding | \$17,500.00 | \$20,000.00 | -\$2,500.00 |
| | | | | Total Income | \$425,500.00 | \$390,600.00 | \$34,900.00 |
| | | | | Total Expenses Paid | \$359,650.00 | \$353,659.00 | \$5,991.00 |
| Subtotal Other Expenses | \$0.00 | \$0.00 | \$0.00 | Profit/Loss | \$65,850.00 | \$36,941.00 | |
| Marketing - please specify Brevard/Out-of-County | | | | | | | |
| Cumulus Media | \$24,000.00 | \$23,000.00 | \$1,000.00 | | | | |
| Billboards | \$0.00 | \$6,300.00 | -\$6,300.00 | | | | |
| Google Ads | \$8,000.00 | \$5,000.00 | \$3,000.00 | | | | |
| Social Media | \$3,000.00 | \$600.00 | \$2,400.00 | | | | |
| | | | \$0.00 | | | | |
| | | | \$0.00 | | | | |
| | | | \$0.00 | | | | |
| Subtotal Marketing | \$35,000.00 | \$34,900.00 | \$100.00 | | | | |
| | | | | | | | |
| Total Expenses 2025-2026 | \$359,650.00 | \$353,659.00 | | | | | |



**Tourism Development Office
 FY 2025-2026 Marketing Support Program
 Applicant checklist**

Applicant organization name: Museum of Dinosaurs and Ancient Cultures _____

Applicant event name: Year Around _____

Applicant name completing this form: Donna Cayer _____

Applicant- Use this checklist to confirm that you have completed all elements of the application prior to submitting. Initial next to each item. Items (2-9) must be uploaded within the application.

| | | Applicant initial | TDO staff initial | TDO staff comments |
|----|---|-------------------|-------------------|--------------------|
| 1. | Application – | DLC | DW | |
| 2. | Copy of IRS Articles of Incorporation – (submit if for-profit) | DLC | DW | N/A |
| 3. | Copy of IRS Determination Letter – (submit if 501(c)(3)) | DLC | DW | |
| 4. | Copy of SunBiz.com - (if applicable, see application for details) | DLC | DW | |
| 5. | Copy of 990 form (if applicable, see application) | DLC | DW | |
| 6. | Copy of completed W-9 form (March 2024) | DLC | DW | |
| 7. | Income/Expense worksheet (required for all applicants) | DLC | DW | |
| 8. | Copy of this checklist – (completed, initialed, and signed by applicant) | DLC | DW | |

I, consent that all above documents have been submitted completely by uploading within the application packet.

Donna Cayer _____ June 16, 2025 _____
 Applicant signature & date

Valiant Air Command

[Return to Table of Contents](#)



**Tourism Development Office
 FY 2025-2026 Marketing Support Program
 Application Packet checklist**

Applicant Organization Name: Valiant Air Command

Applicant Event Name: Year-round programming

| | Yes | No | Comment |
|--|-----|----|---------|
| 1. Completed application | X | | |
| 2. Copy of IRS Articles of Incorporation – (if applicable) | | X | N/A |
| 3. Copy of IRS Determination letter – (if applicable) | X | | |
| 4. Copy of SunBiz.org (if applicable) | X | | |
| 5. Copy of 990 (if applicable) | X | | |
| 6. Copy of completed W-9 (March 2024) | X | | |
| 7. Income/Expense worksheet (required for all applicants) | X | | |
| 8. Copy of the Applicant checklist | X | | |

This application meets the minimum requirement of 5,001 out-of-county attendees (Cultural) or 250 room nights (Sports).

| | |
|-----|----|
| YES | NO |
|-----|----|

All documents have been submitted, reviewed and/or addressed in the comments.

Peter Cranis 7/2/2025

Peter Cranis, Executive Director

FY 2025-2026 Marketing Support Program application

Response ID:58 Data

2. (untitled)

1. I have read and understand the policies/procedures within the FY 2025-2026 Marketing Support Program Criteria.



Signature of: J Ron Davis

3. (untitled)

2. Which best describes your event/year-round programming?

Cultural

4. (untitled)

3. ORGANIZATION INFORMATION

Name of organization hosting event/year-round programming

Valiant Air Command, Inc.

Organization address

6600 Tico RD

State

FL

City

Titusville

Zip

32780

Primary contact name

Ron Davis

Primary contact phone number

321 536 4337

Primary contact email

ron.davis@valiantaircommand.com

Secondary contact name

Tracy Bohrmann

Secondary contact phone number

321 268 1941, ext 4103

Secondary contact email

tracy.bohrmann@valiantaircommand.com

Organization website address

www.valiantaircommand.com

5. (untitled)

4. Which best describes your organization?

501(C)(3)

6. (untitled)

5. What is your Federal Employee ID number?

59-1773787

7. (untitled)

6. Are you completing this application for an event or year-round programming?

Year-round programming - theater, symphony, concerts, museum, etc.

8. (untitled)

1. EVENT INFORMATION - #1

Name of event

Event website address (if different from organization website)

Event location

9. (untitled)

What is the first date of your event?

10. (untitled)

In total, how many days will your event be held?

11. (untitled)

7. Do you have a second event?

No

12. (untitled)

4. **EVENT INFORMATION - #2**

Name of event

Event website address (if different from organization website)

Event location

13. (untitled)

What is the first date of your event?

14. (untitled)

In total, how many days will your event be held?

15. (untitled)

Do you have a third event?

16. (untitled)

8. **EVENT INFORMATION - #3**

Name of event

Event website address (if different from organization website)

Event location

17. (untitled)

What is the first date of your event?

18. (untitled)

In total, how many days will your event be held?

19. (untitled)

What types of marketing do you plan to do for this event?

20. (untitled)

8. What types of marketing do you plan to do for your year-round programming?

Billboards
Digital advertising (banner ads, etc.)
Social hashtags
Social media (Facebook, Instagram, YouTube, etc.)
Other - Please be specific.....: International aviation pubs

21. (untitled)

9. What are your social media handles?

Facebook : /Valiant Air Command Inc
Instagram : vac.inc
YouTube : @valiantaircommand inc

22. (untitled)

10. What hashtags do you currently use?

#valiantaircommand

23. (untitled)

11. Upload a copy of your organization's IRS Determination letter.

[IRS_acknowledge_1977.pdf](#)

24. (untitled)

12. Upload a copy of your organization's 990 form.

[Warbird_museum_IRS_990.pdf](#)

25. (untitled)

Upload a copy of your organization's Articles of Incorporation.

26. (untitled)

13. If you are a Florida organization, please upload a copy of your SunBiz.com account associated with your organization.

[Detail_by_Entity_Name_Warbird_Museum.pdf](#)

27. (untitled)

14. Upload your completed W-9 form.

[New_W_9_2025.pdf](#)

28. (untitled)

15. Upload your completed Event Income/Expense report.

[Income&expense_VAC_for_TDC_2025.pdf](#)

29. (untitled)

16. Upload your completed Checklist.

[VAC_Checklist_complete_06052025.pdf](#)

30. (untitled)

17.

ATTESTATION

I attest that all information in this questionnaire is true and correct. I further attest that will comply with the requirements set forth, if awarded support.

A handwritten signature in black ink that reads "J Ron Davis". The signature is written in a cursive style with a large initial "J" and "D".

Signature of: J Ron Davis

Internal Revenue Service
District Director

Department of the Treasury

APR 15 1980

Date:

Our Letter Dated:

June 19, 1978

Person to Contact:

Y. Burleson

Contact Telephone Number:

904 791-2636

▷ Valiant Air Command, Inc.
P.O. Box 2267
Jacksonville, FL 32203

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization which is not a private foundation until the expiration of your advance ruling period.

Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Internal Revenue Code, because you are an organization of the type described in section ____*____. Your exempt status under section 501(c)(3) of the code is still in effect. *509(a)(1) and 170(b)(1)(A)(vi)

Grantors and contributors may rely on this determination until the Internal Revenue Service publishes notice to the contrary. However, a grantor or a contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section 509(a)(1) status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 509(a)(1) organization.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

Charles O. De Witt

District Director

Your classification as an organization which is not a private foundation is being changed from section 509(a)(2) to sections 509(a)(1) and 170(b)(1)(A)(vi) because the support you have received is the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

400 West Bay St., Jacksonville, Fla. 32202

Letter 1050 (DO) (7-77) 227657



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Not For Profit Corporation
VALIANT AIR COMMAND, INC.

Filing Information

| | |
|------------------------|------------|
| Document Number | 740489 |
| FEI/EIN Number | 59-1773787 |
| Date Filed | 10/21/1977 |
| State | FL |
| Status | ACTIVE |

Principal Address

6600 TICO RD
TITUSVILLE, FL 32780

Changed: 06/25/1986

Mailing Address

6600 TICO RD

TITUSVILLE, FL 32780

Changed: 06/25/1986

Registered Agent Name & Address

BROSS TRACHTMAN HENDERSON & CHILDRESS PA
1990 WEST NEW HAVEN AVE
SUITE 201
MELBOURNE, FL 32904

Name Changed: 03/25/1993

Address Changed: 03/25/1993

Officer/Director Detail

Name & Address

Title Finance Officer

Schoenewolf-Bohrmann, Tracy
6600 Tico Road
Titusville, FL 32780

Title Executive Officer

Juhl, Marvin
6600 TICO RD
TITUSVILLE, FL 32780

Title Commander

Boswell, Irving Ward
6600 TICO RD
TITUSVILLE, FL 32780

Title Operations Officer

Varney, Robert
6600 Tico Rd
Titusville, FL 32780

Annual Reports

| Report Year | Filed Date |
|--------------------|-------------------|
| 2024 | 03/07/2024 |
| 2024 | 08/15/2024 |
| 2025 | 02/18/2025 |

Document Images

| | |
|---|--------------------------|
| 02/18/2025 -- ANNUAL REPORT | View image in PDF format |
| 12/19/2024 -- AMENDED ANNUAL REPORT | View image in PDF format |
| 12/17/2024 -- AMENDED ANNUAL REPORT | View image in PDF format |
| 08/17/2024 -- AMENDED ANNUAL REPORT | View image in PDF format |
| 08/15/2024 -- AMENDED ANNUAL REPORT | View image in PDF format |
| 03/07/2024 -- ANNUAL REPORT | View image in PDF format |
| 01/24/2023 -- ANNUAL REPORT | View image in PDF format |
| 03/04/2022 -- ANNUAL REPORT | View image in PDF format |
| 03/13/2021 -- ANNUAL REPORT | View image in PDF format |

| | |
|---|--------------------------|
| 03/23/2020 -- ANNUAL REPORT | View image in PDF format |
| 03/18/2019 -- ANNUAL REPORT | View image in PDF format |
| 01/04/2018 -- ANNUAL REPORT | View image in PDF format |
| 04/21/2017 -- ANNUAL REPORT | View image in PDF format |
| 10/11/2016 -- AMENDED ANNUAL REPORT | View image in PDF format |
| 09/09/2016 -- Off/Dir Resignation | View image in PDF format |
| 09/08/2016 -- AMENDED ANNUAL REPORT | View image in PDF format |
| 03/29/2016 -- ANNUAL REPORT | View image in PDF format |
| 04/15/2015 -- ANNUAL REPORT | View image in PDF format |
| 03/25/2014 -- ANNUAL REPORT | View image in PDF format |
| 05/20/2013 -- ANNUAL REPORT | View image in PDF format |
| 02/02/2012 -- ANNUAL REPORT | View image in PDF format |
| 04/26/2011 -- ANNUAL REPORT | View image in PDF format |
| 05/04/2010 -- ANNUAL REPORT | View image in PDF format |
| 04/23/2009 -- ANNUAL REPORT | View image in PDF format |
| 05/01/2008 -- ANNUAL REPORT | View image in PDF format |
| 02/12/2007 -- ANNUAL REPORT | View image in PDF format |
| 01/19/2006 -- ANNUAL REPORT | View image in PDF format |
| 04/28/2005 -- ANNUAL REPORT | View image in PDF format |
| 07/30/2004 -- ANNUAL REPORT | View image in PDF format |
| 01/21/2003 -- ANNUAL REPORT | View image in PDF format |
| 09/22/2002 -- ANNUAL REPORT | View image in PDF format |
| 05/03/2001 -- ANNUAL REPORT | View image in PDF format |
| 05/15/2000 -- ANNUAL REPORT | View image in PDF format |
| 01/28/1999 -- ANNUAL REPORT | View image in PDF format |
| 05/06/1998 -- ANNUAL REPORT | View image in PDF format |

| | |
|---|--|
| 05/07/1997 -- ANNUAL REPORT | View image in PDF format |
| 04/29/1996 -- ANNUAL REPORT | View image in PDF format |
| 04/13/1995 -- ANNUAL REPORT | View image in PDF format |

Florida Department of State, Division of Corporations

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning 2024, and ending 20

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

2024

Department of the Treasury
Internal Revenue Service

Name of filer

VALIANT AIR COMMAND INC

EIN or SSN

59-1773787

Name and title of officer or person subject to tax
**IRVING "BOB" BOSWELL
DIRECTOR**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

| | | | |
|--|--|-----|-----------|
| <input checked="" type="checkbox"/> 1a Form 990 check here | <input checked="" type="checkbox"/> b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | 1,579,456 |
| <input type="checkbox"/> 2a Form 990-EZ check here | <input type="checkbox"/> b Total revenue, if any (Form 990-EZ, line 9) | 2b | |
| <input type="checkbox"/> 3a Form 1120-POL check here | <input type="checkbox"/> b Total tax (Form 1120-POL, line 22) | 3b | |
| <input type="checkbox"/> 4a Form 990-PF check here | <input type="checkbox"/> b Tax based on Investment Income (Form 990-PF, Part V, line 5) | 4b | |
| <input type="checkbox"/> 5a Form 8868 check here | <input type="checkbox"/> b Balance due (Form 8868, line 3c) | 5b | |
| <input type="checkbox"/> 6a Form 990-T check here | <input type="checkbox"/> b Total tax (Form 990-T, Part III, line 4) | 6b | |
| <input type="checkbox"/> 7a Form 4720 check here | <input type="checkbox"/> b Total tax (Form 4720, Part III, line 1) | 7b | |
| <input type="checkbox"/> 8a Form 5227 check here | <input type="checkbox"/> b FMV of assets at end of tax year (Form 5227, Item D) | 8b | |
| <input type="checkbox"/> 9a Form 5330 check here | <input type="checkbox"/> b Tax due (Form 5330, Part II, line 19) | 9b | |
| <input type="checkbox"/> 10a Form 8038-CP check here | <input type="checkbox"/> b Amount of credit payment requested (Form 8038-CP, Part III, line 22) | 10b | |

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize FLAVIN, NOONEY & PERSON to enter my PIN 32901 as my signature
ERO firm name Enter five numbers, but do not enter all zeroes

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date 03/06/25

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

04167032901

Do not enter all zeroes

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature BARBARA NOONEY, CPA

Date 03/06/25

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see back of form.
DAA

Form **8879-TE** (2024)
23663

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2024
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the **2024** calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
VALIANT AIR COMMAND INC

Doing business as _____

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
6600 TICO ROAD

City or town, state or province, country, and ZIP or foreign postal code
TITUSVILLE FL 32780

D Employer identification number
59-1773787

E Telephone number
321-268-1941

F Name and address of principal officer:
IRVING "BOB" BOSWELL

G Gross receipts **1,811,285**

H(a) Is this a group return for subsidiaries? Yes No
H(b) Are all subsidiaries included? Yes No
 If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.VALIANTAIRCOMMAND.COM**

K Form of organization: Corporation Trust Association Other

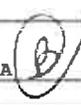
L Year of formation: **1977** **M** State of legal domicile: **FL**

| Part I Summary | | Prior Year | Current Year | |
|---|--|---|------------------|---------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: MAKE GENERAL PUBLIC AWARE OF MILITARY AND CIVILIAN HERITAGE THROUGH AIR SHOWS, MUSEUM, AND RESTORATION OF VINTAGE AIRCRAFT. | | | |
| | 2 Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets. | | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 7 | |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 7 | |
| | 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) | 5 | 13 | |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 0 | |
| Revenue | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 | |
| | b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0 | |
| | 8 Contributions and grants (Part VIII, line 1h) | 227,693 | 832,338 | |
| | 9 Program service revenue (Part VIII, line 2g) | 93,467 | 107,508 | |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 262 | 7,903 | |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 790,181 | 631,707 | |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII column (A), line 12) | 1,111,603 | 1,579,456 | |
| | Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0 |
| | | 14 Benefits paid to or for members (Part IX, column (A), line 4) | | 0 |
| | | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 41,170 | 73,200 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | | 0 | |
| b Total fundraising expenses (Part IX, column (D), line 25) | | 0 | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 825,654 | 757,009 | |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 866,824 | 830,209 | | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 244,779 | 749,247 | | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | 2,881,824 | 3,592,829 | |
| | 21 Total liabilities (Part X, line 26) | 473,520 | 435,278 | |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 2,408,304 | 3,157,551 | |

Part III Signature Block

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

Sign Here
 Signature of officer: **IRVING "BOB" BOSWELL** Date: _____
 Title: **DIRECTOR**

Paid Preparer Use Only
 Preparer's name: **BARBARA NOONEY, CPA** Preparer's signature:  Date: **03/08/25** Check if self-employed PTIN: **P00482542**
 Firm's name: **FLAVIN, NOONEY & PERSON** Firm's EIN: **81-4949249**
 Firm's address: **2200 SOUTH BABCOCK STREET MELBOURNE, FL 32901** Phone no.: **321-725-4700**

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** 234664

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: MAKE GENERAL PUBLIC AWARE OF MILITARY AND CIVILIAN HERITAGE THROUGH AIR SHOWS, MUSEUM, AND RESTORATION OF VINTAGE AIRCRAFT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 75,481 including grants of \$) (Revenue \$) ONCE A YEAR AVIATION SHOW IS PUT ON FOR THE PUBLIC.

4b (Code:) (Expenses \$ 696,246 including grants of \$) (Revenue \$) THIS IS THE MUSEUM, FACILITY AND RESTORATION FOR NONPROFIT.

4c (Code:) (Expenses \$ Including grants of \$) (Revenue \$) N/A

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

4e Total program service expenses 771,727

Part IV Checklist of Required Schedules

| | Yes | No |
|---|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | X | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | | X |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | | X |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | | X |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V | | X |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | X | |
| b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | | X |
| c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | | X |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | X | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | | X |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | | X |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | | X |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | | X |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | | X |

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows 22-38 contain various questions about grants, compensation, tax-exempt bonds, and organizational structure.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows 1a-1c contain questions about Form 1096, Forms W-2G, and gaming winnings.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Yes No

Table with 3 main columns: Question, Yes, No. Rows include: 2a Employees reported (13), 2b-3b Federal tax returns, 4a-5c Foreign accounts and prohibited transactions, 6a-7h Annual gross receipts and Form 8282/8289/1098-C, 8-9 Donor advised funds, 10-11 Section 501(c)(7) and (12) organizations, 12a-12b Charitable trusts, 13a-13c Health insurance issuers, 14a-14b Indoor tanning services, 15-17 Other IRS filings and tax compliance.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year... 1b Enter the number of voting members included on line 1a, above, who are independent... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records.

VALIANT AIR COMMAND 600 TICO ROAD FL 32780 321-268-1941 TITUSVILLE

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
 - List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) IRVING "BOB" BOSWELL DIRECTOR | 0.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| (2) MARVIN JUHL EXECUTIVE OFFICER | 0.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (3) LEIGH LEWIS DIRECTOR | 0.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (4) CHRISTOPHER MOORE DIRECTOR | 0.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (5) STEVE ROMINE DIRECTOR | 0.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (6) TERRY RUSH DIRECTOR | 0.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (7) TRACY SCHOENEWOLF-BOHRMANN FINANCE OFFICER | 0.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (8) DAVID SHORE DIRECTOR | 0.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (9) | 0.00 0.00 | | | | | | | | | |
| (10) | 0.00 0.00 | | | | | | | | | |
| (11) | 0.00 0.00 | | | | | | | | | |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |
| (15) | | | | | | | | | | |
| (16) | | | | | | | | | | |
| (17) | | | | | | | | | | |
| (18) | | | | | | | | | | |
| (19) | | | | | | | | | | |
| 1b Subtotal | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | | | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|--|---|-----------------------------|----------------------|--|--------------------------------------|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | 25,788 | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 805,878 | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 672 | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g \$ | | | | | |
| | h Total. Add lines 1a-1f | | 832,338 | | | | |
| | Program Service Revenue | 2a FLIGHT OPERATIONS | Business Code | 107,508 | 107,508 | | |
| b | | | | | | | |
| c | | | | | | | |
| d | | | | | | | |
| e | | | | | | | |
| f All other program service revenue | | | | | | | |
| g Total. Add lines 2a-2f | | | 107,508 | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 7,903 | 7,903 | | | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6a Gross rents | 6a | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | b Less: rental expenses | 6b | | | | | |
| | c Rental inc. or (loss) | 6c | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7a Gross amount from sales of assets other than inventory | 7a | (i) Securities | | | | |
| | | | (ii) Other | | | | |
| | | | | | | | |
| | b Less: cost or other basis and sales exp. | 7b | | | | | |
| | c Gain or (loss) | 7c | | | | | |
| | d Net gain or (loss) | | | | | | |
| 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | | |
| | | | | | | | |
| | | | | | | | |
| b Less: direct expenses | 8b | | | | | | |
| c Net income or (loss) from fundraising events | | | | | | | |
| 9a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| | | | | | | | |
| | | | | | | | |
| b Less: direct expenses | 9b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | 10a | | 199,879 | | | | |
| | | | 231,829 | | | | |
| | | | | | | | |
| b Less: cost of goods sold | 10b | | | | | | |
| c Net income or (loss) from sales of inventory | | | -31,950 | -31,950 | | | |
| Miscellaneous Revenue | 11a MUSEUM TICKET SALES | Business Code | 466,265 | 466,265 | | | |
| | b FACILITY INCOME | | 196,306 | 196,306 | | | |
| | c RESTORATION INCOME | | 1,086 | 1,086 | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | 663,657 | | | | |
| | 12 Total revenue. See instructions | | 1,579,456 | 747,118 | 0 | 0 | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | | | | |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 59,556 | 52,555 | 7,001 | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | 13,644 | 6,822 | 6,822 | |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 12,052 | 7,927 | 4,125 | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) | 6,258 | 6,258 | | |
| 12 Advertising and promotion | 34,806 | 31,389 | 3,417 | |
| 13 Office expenses | 24,706 | 22,236 | 2,470 | |
| 14 Information technology | 9,771 | 8,823 | 948 | |
| 15 Royalties | | | | |
| 16 Occupancy | 55,708 | 50,177 | 5,531 | |
| 17 Travel | 4,416 | 4,416 | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 2,200 | 2,200 | | |
| 20 Interest | 30,717 | 27,645 | 3,072 | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 83,868 | 75,481 | 8,387 | |
| 23 Insurance | 73,384 | 66,046 | 7,338 | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a C-47 EXPENSES | 150,518 | 150,518 | | |
| b LOAN FEES | 51,387 | 51,387 | | |
| c MISCELLANEOUS | 43,780 | 43,780 | | |
| d MAINTENANCE | 42,057 | 37,851 | 4,206 | |
| e All other expenses | 131,381 | 126,216 | 5,165 | |
| 25 Total functional expenses. Add lines 1 through 24e | 830,209 | 771,727 | 58,482 | 0 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year | |
|-----------------------------|---|---|---------------|--------------------|-------------|
| Assets | 1 | Cash—non-interest-bearing | 1,842,289 | 1 | 2,519,527 |
| | 2 | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| | 8 | Inventories for sale or use | 79,374 | 8 | 79,374 |
| | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 3,462,637 | | |
| | b | Less: accumulated depreciation | 10b 2,469,332 | 959,538 | 10c 993,305 |
| | 11 | Investments—publicly traded securities | | 11 | |
| | 12 | Investments—other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 623 | 15 | 623 |
| 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 2,881,824 | 16 | 3,592,829 | |
| Liabilities | 17 | Accounts payable and accrued expenses | 7,892 | 17 | 2,975 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 465,628 | 25 | 432,303 |
| | 26 | Total liabilities. Add lines 17 through 25 | 473,520 | 26 | 435,278 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | | |
| | 27 | Net assets without donor restrictions | 2,408,304 | 27 | 3,157,551 |
| | 28 | Net assets with donor restrictions | | 28 | |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | | |
| | 29 | Capital stock or trust principal, or current funds | | 29 | |
| | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| 32 | Total net assets or fund balances | 2,408,304 | 32 | 3,157,551 | |
| 33 | Total liabilities and net assets/fund balances | 2,881,824 | 33 | 3,592,829 | |

Part XI Reconciliation of Net Assets

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

Table with 10 rows for reconciliation of net assets. Line 1: Total revenue (1,579,456); Line 2: Total expenses (830,209); Line 3: Revenue less expenses (749,247); Line 4: Net assets at beginning of year (2,408,304); Line 10: Net assets at end of year (3,157,551).

Part XII Financial Statements and Reporting

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

Table with 7 rows for financial reporting questions. Row 1: Accounting method (Cash checked). Row 2a: Financial statements compiled (No). Row 2b: Financial statements audited (No). Row 2c: Committee oversight (No). Row 3a: Federal award audit (No). Row 3b: Required audit if no federal award (No).

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization

VALIANT AIR COMMAND INC

Employer identification number

59-1773787

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

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

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

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 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; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc.; 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) - 100.00%; 15 Public support percentage from 2023 Schedule A, Part II, line 14 - 100.00%; 16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization - [X]; 17a 10%-facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization - []; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions - []

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Value, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Value, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 - 18 - %

- 19a 33 1/3% support tests — 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
19b 33 1/3% support tests — 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, including their status, control, and support details.

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
 - a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
 - b A family member of a person described on line 11a above?
 - c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

| | Yes | No |
|-----|-----|----|
| 11a | | |
| 11b | | |
| 11c | | |

Section B. Type I Supporting Organizations

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

| | Yes | No |
|---|-----|----|
| 1 | | |
| 2 | | |

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).

| | Yes | No |
|---|-----|----|
| 1 | | |

Section D. All Type III Supporting Organizations

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

| | Yes | No |
|---|-----|----|
| 1 | | |
| 2 | | |
| 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - a The organization satisfied the Activities Test. Complete line 2 below.
 - b The organization is the parent of each of its supported organizations. Complete line 3 below.
 - c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

- 2 Activities Test. Answer lines 2a and 2b below.
 - a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to each of its 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 |
|----|-----|----|
| 2a | | |
| 2b | | |
| 3a | | |
| 3b | | |

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

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

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

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

| Section C – Distributable Amount | | (A) Prior Year | Current Year |
|----------------------------------|--|----------------|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |

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

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

Table with 2 columns: Description and Current Year. Rows include Section D - Distributions with items 1 through 10.

Table with 4 columns: Description, (I) Excess Distributions, (II) Underdistributions Pre-2024, and (III) Distributable Amount for 2024. Rows include Section E - Distribution Allocations with items 1 through 8.

Part VII

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

Area with horizontal dotted lines for supplemental information.

**SCHEDULE D
(Form 990)**
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

VALIANT AIR COMMAND INC

59-1773787

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|--|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

| | |
|---|---|
| 1 Purpose(s) of conservation easements held by the organization (check all that apply). | |
| <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |
| 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. | Held at the End of the Tax Year |
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included on line 2a | 2c |
| d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register | 2d |
| 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year | |
| 4 Number of states where property subject to conservation easement is located | |
| 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year | |
| 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year | \$ |
| 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. | |

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

| | |
|--|----|
| 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. | |
| b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. | |
| (i) Revenue included on Form 990, Part VIII, line 1 | \$ |
| (ii) Assets included in Form 990, Part X | \$ |
| 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. | |
| a Revenue included on Form 990, Part VIII, line 1 | \$ |
| b Assets included in Form 990, Part X | \$ |

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange program
- e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

| | Amount |
|----------------------------------|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (I) Unrelated organizations?
- (II) Related organizations?

| | Yes | No |
|--------|-----|----|
| 3a(I) | | |
| 3a(II) | | |
| 3b | | |

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 38,922 | | 38,922 |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) | | | | 38,922 |

Part VII Investments – Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (Including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) | | |

Part VIII Investments – Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) | | |

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) | |

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) SBA LOAN | 430,308 |
| (3) SALES TAX PAYABLE | 1,274 |
| (4) CREDIT CARDS | 721 |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 432,303 |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

SCHEDULE O
(Form 990)
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization **VALIANT AIR COMMAND INC** Employer identification number **59-1773787**

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
NO DOCUMENTS AVAILABLE TO THE PUBLIC

FORM 990, PART IX, LINE 24E - OTHER EXPENSES

| DESCRIPTION | TOT/PROG SERVICE | MGT & GENERAL | FUNDRAISING |
|---------------------------|------------------|---------------|-------------|
| SPECIAL EVENTS | \$ 30,276 | \$ 0 | \$ 0 |
| RESTORATION | \$ 27,245 | \$ 3,027 | \$ 0 |
| PURCHASES | \$ 12,929 | \$ 0 | \$ 0 |
| MEMORABILIA | \$ 9,413 | \$ 0 | \$ 0 |
| WBAS | \$ 9,134 | \$ 0 | \$ 0 |
| BEECH 18 | \$ 6,991 | \$ 777 | \$ 0 |
| SUSPENSE | \$ 7,405 | \$ 0 | \$ 0 |
| TELEPHONE | \$ 5,315 | \$ 591 | \$ 0 |
| DUES | \$ 4,196 | \$ 0 | \$ 0 |
| OV-1 | \$ 2,478 | \$ 275 | \$ 0 |
| MEMBERSHIP EXPENSES | \$ 2,237 | \$ 249 | \$ 0 |
| JANITORIAL SUPPLIES | \$ 2,480 | \$ 0 | \$ 0 |
| MEALS | \$ 1,394 | \$ 155 | \$ 0 |
| FACILITY OPERATING EXPENS | \$ 1,436 | \$ 0 | \$ 0 |
| TRAVEL | \$ 1,216 | \$ 0 | \$ 0 |
| FLIGHT SIMULATOR | \$ 874 | \$ 0 | \$ 0 |
| S2 SIMULATOR | \$ 570 | \$ 63 | \$ 0 |
| JANITORIAL SERVICES | \$ 374 | \$ 0 | \$ 0 |
| BANK FEES | \$ 253 | \$ 28 | \$ 0 |
| TOTAL | \$ 126,216 | \$ 5,165 | \$ 0 |

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)
Attach to your tax return.

OMB No. 1545-0172

2024

Attachment Sequence No. **179**

Department of the Treasury
Internal Revenue Service

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

Name(s) shown on return

VALIANT AIR COMMAND INC

Identifying number

59-1773787

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

| | | | |
|----|---|------------------------------|------------------|
| 1 | Maximum amount (see instructions) | 1 | 1,220,000 |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | 3,050,000 |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | |
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 7 | Listed property. Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2023 Form 4562 | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12 | 13 | |

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

| | | | |
|----|--|----|--------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions | 14 | |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | 83,868 |

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

Section A

| | | | |
|----|---|----|---|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2024 | 17 | 0 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here | | |

Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

| 20a Class life | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|----------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| b 12-year | | | 12 yrs. | | S/L | |
| c 30-year | | | 30 yrs. | MM | S/L | |
| d 40-year | | | 40 yrs. | MM | S/L | |

Part IV Summary (See instructions.)

| | | | |
|----|--|----|--------|
| 21 | Listed property. Enter amount from line 28 | 21 | |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions | 22 | 83,868 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Federal Asset Report
Form 990, Page 1

| Asset | Description | Date In Service | Cost | Bus % | Sec 179B | Bonus | Basis for Depr | PerConv | Meth | Prior | Current |
|----------------------------|-------------------------------|-----------------|----------------|-------|----------|-------|----------------|---------|----------|----------------|----------|
| Prior MACRS: | | | | | | | | | | | |
| 118 | 1952 Beech 18 | 6/01/21 | 106,000 | | | | 0 | 5 | HY 200DB | 106,000 | 0 |
| 119 | Cabinet | 4/20/22 | 10,000 | | | | 0 | 7 | HY 200DB | 10,000 | 0 |
| | | | <u>116,000</u> | | | | <u>0</u> | | | <u>116,000</u> | <u>0</u> |
| Other Depreciation: | | | | | | | | | | | |
| 1 | Display Cases | 4/12/12 | 757 | | | | 757 | 7 | MO200DB | 757 | 0 |
| 2 | Digital Projector | 4/19/12 | 200 | | | | 200 | 7 | MO200DB | 200 | 0 |
| 3 | Display Cases | 5/31/12 | 451 | | | | 451 | 7 | MO200DB | 451 | 0 |
| 4 | Aircraft Parts | 1/01/84 | 27,908 | | | | 27,908 | - | Units | 27,908 | 0 |
| 5 | Aircraft Engine | 1/01/84 | 4,000 | | | | 4,000 | - | Units | 4,000 | 0 |
| 6 | Avroansan | 1/01/84 | 8,000 | | | | 8,000 | - | Units | 8,000 | 0 |
| 7 | C-47 | 1/01/84 | 85,000 | | | | 85,000 | - | Units | 85,000 | 0 |
| 8 | Donated Equipment | 7/01/85 | 20,986 | | | | 20,986 | - | Units | 20,986 | 0 |
| 9 | Equipment | 7/01/85 | 31,131 | | | | 31,131 | - | Units | 31,131 | 0 |
| 10 | Lockheed Beechcraft | 7/01/87 | 48,000 | | | | 48,000 | 10 | MO S/L | 48,000 | 0 |
| 11 | Sound Equipment | 2/01/89 | 554 | | | | 554 | 7 | MO200DB | 554 | 0 |
| 12 | Equipment | 8/01/89 | 434 | | | | 434 | 7 | MO200DB | 434 | 0 |
| 13 | Shelves | 5/01/90 | 1,065 | | | | 1,065 | 5 | MO S/L | 1,065 | 0 |
| 14 | Forklift | 10/01/90 | 1,400 | | | | 1,400 | 7 | MO200DB | 1,400 | 0 |
| 15 | Computer | 10/01/90 | 3,580 | | | | 3,580 | 5 | MO200DB | 3,580 | 0 |
| 16 | Equipment | 5/23/91 | 268 | | | | 268 | 7 | MO200DB | 268 | 0 |
| 17 | Museum Equipment | 10/01/91 | 1,087 | | | | 1,087 | 7 | MO200DB | 1,087 | 0 |
| 18 | Museum Building | 1/01/92 | 1,073,193 | | | | 1,073,193 | 31 | MO S/L | 990,997 | 34,619 |
| 19 | Telephone System | 4/13/92 | 7,114 | | | | 7,114 | 7 | MO200DB | 7,114 | 0 |
| 20 | Various Furniture & Fixtures | 5/28/92 | 1,481 | | | | 1,481 | 7 | MO200DB | 1,481 | 0 |
| 21 | Tables | 8/15/92 | 513 | | | | 513 | 7 | MO200DB | 513 | 0 |
| 22 | Chairs | 9/15/92 | 148 | | | | 148 | 7 | MO200DB | 148 | 0 |
| 23 | Knoica Copier | 1/12/94 | 680 | | | | 680 | 5 | MO200DB | 680 | 0 |
| 24 | Barr Display | 6/24/94 | 258 | | | | 258 | 7 | MO200DB | 258 | 0 |
| 25 | Misc Bldg & Ramp Improvements | 6/30/94 | 5,979 | | | | 5,979 | 39 | MO S/L | 4,525 | 154 |
| 26 | Fence & Gate Museum | 8/11/94 | 2,096 | | | | 2,096 | 39 | MO S/L | 1,582 | 54 |
| 27 | Cash Register | 8/16/94 | 212 | | | | 212 | 7 | MO200DB | 212 | 0 |
| 28 | Lighting | 8/22/94 | 1,433 | | | | 1,433 | 39 | MO S/L | 1,083 | 37 |
| 29 | Cessna 0-2-A | 8/22/94 | 125,000 | | | | 125,000 | 10 | MO S/L | 125,000 | 0 |
| 30 | Sprinkler | 10/29/94 | 3,185 | | | | 3,185 | 39 | MO S/L | 2,388 | 82 |
| 31 | Lighting | 11/11/94 | 9,208 | | | | 9,208 | 39 | MO S/L | 6,875 | 236 |
| 32 | Sprinkler System | 11/30/94 | 77,000 | | | | 77,000 | 39 | MO S/L | 57,500 | 1,974 |
| 33 | Welder | 12/31/94 | 676 | | | | 676 | 7 | MO200DB | 676 | 0 |
| 34 | Glass & Chrome Showcases | 1/11/95 | 1,450 | | | | 1,450 | 7 | MO200DB | 1,450 | 0 |
| 36 | Office Furniture | 1/11/95 | 890 | | | | 890 | 7 | MO200DB | 890 | 0 |
| 37 | Radios | 1/18/95 | 300 | | | | 300 | 7 | MO200DB | 300 | 0 |
| 38 | Receiver | 1/18/95 | 150 | | | | 150 | 7 | MO200DB | 150 | 0 |
| 39 | 2 Radios | 2/01/95 | 150 | | | | 150 | 7 | MO200DB | 150 | 0 |
| 40 | Camera | 2/01/95 | 196 | | | | 196 | 7 | MO200DB | 196 | 0 |
| 41 | 2 Generators | 2/01/95 | 700 | | | | 700 | 7 | MO200DB | 700 | 0 |
| 42 | Computer | 3/31/95 | 45 | | | | 45 | 7 | MO200DB | 45 | 0 |
| 43 | Depreciation | 2/01/95 | 500 | | | | 500 | 7 | MO200DB | 500 | 0 |
| 44 | Monosat Printer | 5/01/95 | 517 | | | | 517 | 5 | MO200DB | 517 | 0 |
| 45 | Lubricator Unit | 5/16/95 | 300 | | | | 300 | 7 | MO200DB | 300 | 0 |
| 46 | Gen Set | 5/23/95 | 500 | | | | 500 | 7 | MO200DB | 500 | 0 |
| 47 | 2 Filing Cabinets | 5/23/95 | 130 | | | | 130 | 7 | MO200DB | 130 | 0 |
| 48 | Visa Machine | 10/31/95 | 572 | | | | 572 | 7 | MO200DB | 572 | 0 |
| 49 | Computer | 12/01/95 | 1,303 | | | | 1,303 | 5 | MO200DB | 1,303 | 0 |
| 50 | Alarm System | 1/03/96 | 2,800 | | | | 2,800 | 7 | MO200DB | 2,800 | 0 |
| 51 | Stone Walls | 5/17/96 | 1,500 | | | | 1,500 | 39 | MO S/L | 1,062 | 38 |
| 52 | Pressure Washer | 5/20/96 | 540 | | | | 540 | 7 | MO200DB | 540 | 0 |
| 53 | Visa MC Processor | 10/04/96 | 279 | | | | 279 | 7 | MO200DB | 279 | 0 |
| 54 | PA System | 2/10/97 | 1,681 | | | | 1,681 | 7 | MO200DB | 1,681 | 0 |
| 55 | Storage Building | 4/11/97 | 52,859 | | | | 52,859 | 39 | MO S/L | 36,196 | 1,355 |
| 56 | Hanger Tools | 2/16/98 | 414 | | | | 414 | 7 | MO200DB | 414 | 0 |
| 57 | Ramps & Runways | 3/04/98 | 10,531 | | | | 10,531 | 39 | MO S/L | 6,964 | 270 |
| 58 | Apple G3 Computer | 7/27/98 | 2,209 | | | | 2,209 | 5 | MO200DB | 2,209 | 0 |
| 59 | Usro 56k Modems | 8/05/98 | 150 | | | | 150 | 5 | MO200DB | 150 | 0 |
| 60 | 60" Round Tables | 9/09/98 | 658 | | | | 658 | 7 | MO200DB | 658 | 0 |
| 61 | 60" Round Tables | 10/27/98 | 1,138 | | | | 1,138 | 7 | MO200DB | 1,138 | 0 |
| 62 | 27" Phillips Tv/Vcr | 10/27/98 | 300 | | | | 300 | 7 | MO200DB | 300 | 0 |
| 63 | Compaq 2266 Computer | 12/02/98 | 809 | | | | 809 | 7 | MO200DB | 809 | 0 |

Federal Asset Report
Form 990, Page 1

| Asset | Description | Date In Service | Cost | Bus Sec | | Basis for Depr | PerConv Meth | Prior | Current |
|--|-----------------------------------|--------------------|------------------|---------|-----------|-------------------|--------------|------------------|---------------|
| | | | | % | 179 Bonus | | | | |
| 64 | Golf Cart | 12/16/98 | 1,200 | | | 1,200 | 7 MO200DB | 1,200 | 0 |
| 65 | 17" Monitor | 12/16/98 | 269 | | | 269 | 5 MO200DB | 269 | 0 |
| 66 | Hand Held UHF Radios | 4/05/99 | 1,066 | | | 1,066 | 7 MO200DB | 1,066 | 0 |
| 67 | Konica 4155 copier | 4/05/99 | 4,000 | | | 4,000 | 5 MO200DB | 4,000 | 0 |
| 68 | Ramps & Taxi Ways | 4/30/99 | 17,100 | | | 17,100 | 39 MO S/L | 10,833 | 438 |
| 69 | Display Case Museum | 1/25/01 | 275 | | | 275 | 7 MO200DB | 275 | 0 |
| 70 | Building Improvements | 2/01/01 | 436,131 | | | 436,131 | 39 MO S/L | 255,810 | 11,183 |
| 71 | Shop Equipment | 2/20/01 | 4,000 | | | 4,000 | 7 MO200DB | 4,000 | 0 |
| 72 | Printer | 3/01/01 | 350 | | | 350 | 5 MO200DB | 350 | 0 |
| 73 | Panther Jet | 3/07/01 | 16,340 | | | 16,340 | 20 MO S/L | 16,340 | 0 |
| 74 | Golf Cart | 7/19/01 | 1,200 | | | 1,200 | 7 MO200DB | 1,200 | 0 |
| 75 | DC3/C47 Aircraft | 4/04/02 | 20,000 | | | 20,000 | 20 MO S/L | 20,000 | 0 |
| 76 | Driveway repairs | 5/10/02 | 11,400 | | | 11,400 | 39 MO S/L | 6,318 | 293 |
| 77 | Carpet in Giftshop | 5/15/02 | 1,742 | | | 1,742 | 7 MO200DB | 1,742 | 0 |
| 78 | A/C | 6/02/02 | 2,600 | | | 2,600 | 7 MO200DB | 2,600 | 0 |
| 80 | PA Equipment | 10/04/04 | 8,793 | | | 8,793 | 7 MO200DB | 8,793 | 0 |
| 81 | PA System Cables | 12/16/04 | 808 | | | 808 | 7 MO200DB | 808 | 0 |
| 82 | 2 Misc Mix for PA System | 12/16/04 | 442 | | | 442 | 7 MO200DB | 442 | 0 |
| 83 | Equipment | 2/01/05 | 335 | | | 335 | 7 MO200DB | 335 | 0 |
| 84 | Flag | 7/21/05 | 1,612 | | | 1,612 | 7 MO200DB | 1,612 | 0 |
| 85 | Display | 7/21/05 | 551 | | | 551 | 7 MO200DB | 551 | 0 |
| 86 | PX Counter | 7/28/05 | 1,000 | | | 1,000 | 7 MO200DB | 1,000 | 0 |
| 87 | 24" TV/DVD | 2/15/07 | 230 | | | 230 | 7 MO200DB | 230 | 0 |
| 88 | Library Equipment/Furniture | 5/24/07 | 646 | | | 646 | 7 MO200DB | 646 | 0 |
| 89 | Equipment N. Hanger | 7/24/07 | 75 | | | 75 | 7 MO200DB | 75 | 0 |
| 90 | S 51 Mustang | 11/08/07 | 1,500 | | | 1,500 | 7 MO200DB | 1,500 | 0 |
| 91 | Siegal Display | 2/07/08 | 92 | | | 92 | 7 MO200DB | 92 | 0 |
| 92 | Shelving | 7/23/09 | 259 | | | 259 | 7 MO200DB | 259 | 0 |
| 93 | Display Case | 9/30/10 | 560 | | | 560 | 7 MO200DB | 560 | 0 |
| 94 | Computer | 9/30/10 | 910 | | | 910 | 7 MO200DB | 910 | 0 |
| 95 | Tables for Hanger | 3/02/11 | 1,700 | | | 1,700 | 7 MO200DB | 1,700 | 0 |
| 96 | Display Case | 4/07/11 | 600 | | | 600 | 7 MO200DB | 600 | 0 |
| 97 | Software | 5/13/11 | 550 | | | 550 | 3 MO S/L | 550 | 0 |
| 98 | Hanger | 7/01/11 | 731,918 | | | 731,918 | 39 MO S/L | 233,826 | 18,767 |
| 99 | Concrete Improvements | 5/22/13 | 25,220 | | | 25,220 | 15 MO150DB | 21,902 | 752 |
| 100 | Fire Sprinkler Monitoring Serv | 10/03/13 | 5,000 | | | 5,000 | 15 MO S/L | 5,000 | 0 |
| 101 | Interactive Display | 11/14/13 | 4,000 | | | 4,000 | 7 MO200DB | 4,000 | 0 |
| 102 | Monitors | 8/10/13 | 1,000 | | | 1,000 | 7 MO200DB | 1,000 | 0 |
| 103 | Aircraft Restorations | 12/31/14 | 68,964 | | | 68,964 | 15 MO S/L | 43,677 | 4,597 |
| 104 | Website | 11/26/14 | 5,413 | | | 5,413 | 15 MO150DB | 3,530 | 318 |
| 105 | Storage Trailer | 8/19/14 | 6,000 | | | 6,000 | 5 MO200DB | 6,000 | 0 |
| 106 | Sprinkler System | 3/13/14 | 7,700 | | | 7,700 | 15 MO S/L | 4,877 | 513 |
| 107 | Concrete Improvements | 8/07/14 | 7,200 | | | 7,200 | 15 MO150DB | 4,847 | 421 |
| 108 | Building Improvements | 10/28/14 | 1,860 | | | 1,860 | 15 MO S/L | 1,178 | 124 |
| 109 | Aircraft Restorations | 12/31/15 | 72,948 | | | 72,948 | 15 MO S/L | 41,338 | 4,863 |
| 110 | F-100 | 7/16/15 | 21,251 | | | 21,251 | 5 MO200DB | 21,251 | 0 |
| 111 | B-52 Cockpit | 10/01/15 | 14,900 | | | 14,900 | 5 MO200DB | 14,900 | 0 |
| 112 | Storage Trailer | 3/19/15 | 2,800 | | | 2,800 | 5 MO200DB | 2,800 | 0 |
| 113 | Fire Sprinkler Monitoring Sys | 1/29/15 | 1,000 | | | 1,000 | 15 MO S/L | 1,000 | 0 |
| 114 | New Front Sign | 8/20/15 | 4,280 | | | 4,280 | 7 MO200DB | 4,280 | 0 |
| 115 | PX Counter | 4/21/15 | 1,975 | | | 1,975 | 7 MO200DB | 1,975 | 0 |
| 116 | AED Defib | 1/27/16 | 1,990 | | | 1,990 | 7 MO S/L | 1,990 | 0 |
| 117 | Hanger Extention Engineer Drawing | 5/30/19 | 39,757 | | | 39,757 | 39 MO S/L | 4,672 | 1,020 |
| 120 | Pad for Hanger PH 2 | 3/13/21 | 38,922 | | | 38,922 | 39 -- Land | 0 | 0 |
| 121 | Main Hanger Lower Roof | 5/21/24 | 117,635 | | | 117,635 | 39 MO S/L | 0 | 1,760 |
| Total Other Depreciation | | | 3,346,637 | | | 3,346,637 | | 2,269,465 | 83,868 |
| Total ACRS and Other Depreciation | | | 3,346,637 | | | 3,346,637 | | 2,269,465 | 83,868 |
| Grand Totals | | | 3,462,637 | | | 3,346,637 | | 2,385,465 | 83,868 |
| Less: Dispositions and Transfers | | | 0 | | | 0 | | 0 | 0 |
| Less: Start-up/Org Expense | | | 0 | | | 0 | | 0 | 0 |
| Net Grand Totals | | | 3,462,637 | | | 3,346,637 | | 2,385,465 | 83,868 |

Two Year Comparison Report

Form **990** For calendar year 2024, or tax year beginning ending **2023 & 2024**

Name **VALIANT AIR COMMAND INC** Taxpayer Identification Number **59-1773787**

| | | 2023 | 2024 | Differences |
|--|--|------------------|------------------|----------------|
| Revenue | 1. Contributions, gifts, grants | 859 | 672 | -187 |
| | 2. Membership dues and assessments | 31,772 | 25,788 | -5,984 |
| | 3. Government contributions and grants | 195,062 | 805,878 | 610,816 |
| | 4. Program service revenue | 93,467 | 107,508 | 14,041 |
| | 5. Investment income | 262 | 7,903 | 7,641 |
| | 6. Proceeds from tax exempt bonds | | | |
| | 7. Net gain or (loss) from sale of assets other than Inventory | | | |
| | 8. Net income or (loss) from fundraising events | | | |
| | 9. Net income or (loss) from gaming | | | |
| | 10. Net gain or (loss) on sales of Inventory | 4,980 | -31,950 | -36,930 |
| | 11. Other revenue | 785,201 | 663,657 | -121,544 |
| | 12. Total revenue. Add lines 1 through 11 | 1,111,603 | 1,579,456 | 467,853 |
| Expenses | 13. Grants and similar amounts paid | | | |
| | 14. Benefits paid to or for members | | | |
| | 15. Compensation of officers, directors, trustees, etc. | | | |
| | 16. Salaries, other compensation, and employee benefits | 41,170 | 73,200 | 32,030 |
| | 17. Professional fundraising fees | | | |
| | 18. Other professional fees | 21,463 | 18,310 | -3,153 |
| | 19. Occupancy, rent, utilities, and maintenance | 199,255 | 55,708 | -143,547 |
| | 20. Depreciation and Depletion | 82,149 | 83,868 | 1,719 |
| | 21. Other expenses | 522,787 | 599,123 | 76,336 |
| | 22. Total expenses. Add lines 13 through 21 | 866,824 | 830,209 | -36,615 |
| | 23. Excess or (Deficit). Subtract line 22 from line 12 | 244,779 | 749,247 | 504,468 |
| Other Information | 24. Total exempt revenue | 1,111,603 | 1,579,456 | 467,853 |
| | 25. Total unrelated revenue | | | |
| | 26. Total excludable revenue | 883,910 | 747,118 | -136,792 |
| | 27. Total assets | 2,881,824 | 3,592,829 | 711,005 |
| | 28. Total liabilities | 473,520 | 435,278 | -38,242 |
| | 29. Retained earnings | 2,408,304 | 3,157,551 | 749,247 |
| | 30. Number of voting members of governing body | 8 | 7 | |
| 31. Number of Independent voting members of governing body | 8 | 7 | | |
| 32. Number of employees | 13 | 13 | | |
| 33. Number of volunteers | | | | |

Form 990

Tax Return History

2024

Name: **VALIANT AIR COMMAND INC** Employer Identification Number: **59-1773787**

| | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|-----------------------------------|------------------|------------------|------------------|------------------|------------------|------|
| Contributions, gifts, grants | 58,670 | 92,352 | 5,334 | 195,921 | 806,550 | |
| Membership dues | 15,480 | 31,342 | 44,428 | 31,772 | 25,788 | |
| Program service revenue | 30,686 | 65,260 | 119,283 | 93,467 | 107,508 | |
| Capital gain or loss | | 206,410 | | | | |
| Investment income | | 11,878 | 55 | 262 | 7,903 | |
| Fundraising revenue (income/loss) | | | | | | |
| Gaming revenue (income/loss) | | | | | | |
| Other revenue | 973,451 | 491,757 | 651,276 | 790,181 | 631,707 | |
| Total revenue | 1,078,287 | 898,999 | 820,376 | 1,111,603 | 1,579,456 | |
| Grants and similar amounts paid | | | | | | |
| Benefits paid to or for members | | | | | | |
| Compensation of officers, etc. | | | | | | |
| Other compensation | 41,935 | 12,739 | 40,952 | 41,170 | 73,200 | |
| Professional fees | 4,198 | 7,390 | 9,284 | 21,463 | 18,310 | |
| Occupancy costs | 49,356 | 46,682 | 76,855 | 199,255 | 55,708 | |
| Depreciation and depletion | 88,251 | 190,468 | 93,191 | 82,149 | 83,868 | |
| Other expenses | 378,688 | 586,475 | 624,509 | 522,787 | 599,123 | |
| Total expenses | 562,428 | 843,754 | 844,791 | 866,824 | 830,209 | |
| Excess or (Deficit) | 515,859 | 55,245 | -24,415 | 244,779 | 749,247 | |
| Total exempt revenue | 1,078,287 | 898,999 | 820,376 | 1,111,603 | 1,579,456 | |
| Total unrelated revenue | | | | | | |
| Total excludable revenue | 1,004,137 | 775,305 | 770,614 | 883,910 | 747,118 | |
| Total Assets | 2,446,454 | 2,774,756 | 2,663,244 | 2,881,824 | 3,592,829 | |
| Total Liabilities | 313,760 | 586,817 | 499,720 | 473,520 | 435,278 | |
| Net Fund Balances | 2,132,694 | 2,187,939 | 2,163,524 | 2,408,304 | 3,157,551 | |

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
 requester. Do not
 send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

| | | | |
|---|--|--|---|
| Print or type. See Specific Instructions on page 3. | <p>1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)</p> <p>Valiant Air Command, Inc</p> | | |
| | <p>2 Business name/disregarded entity name, if different from above.</p> | | |
| | <p>3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____</p> <p>Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) _____</p> | <p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> | |
| | <p>3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/></p> | | (Applies to accounts maintained outside the United States.) |
| | <p>5 Address (number, street, and apt. or suite no.). See instructions.</p> <p>6600 Tico Rd</p> | <p>Requester's name and address (optional)</p> | |
| | <p>6 City, state, and ZIP code</p> <p>Titusville, FL 32780</p> | | |
| | <p>7 List account number(s) here (optional)</p> | | |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

| | |
|---|--|
| Social security number | |
| [] [] [] - [] [] - [] [] [] [] | |
| or | |
| Employer identification number | |
| 5 9 - 1 7 7 3 7 8 7 | |

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

- Under penalties of perjury, I certify that:
- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
 - I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
 - I am a U.S. citizen or other U.S. person (defined below); and
 - The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person T. Schoenwolf-Bolman Date 6-2-2025

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

| Marketing Support Program - VALIANT AIR COMMAND | | | | | | | |
|---|----------------------|---------------------|------------------|----------------------------|-----------------------|---------------------|---------------------|
| FY 2025-2026 | | | | | | | |
| Event Income/Expense Report | | | | | | | |
| Expenses | 2025-2026 projection | 2024-2025 actuals | VAR+10% Increase | Income | 2025-2026 projection | 2024-2025 actuals | VAR |
| Payroll | \$175,000.00 | \$149,788.00 | \$25,212.00 | Admissions | \$425,000.00 | \$369,690.00 | \$55,310.00 |
| Insurance | \$90,000.00 | \$73,384.00 | \$16,616.00 | Special Events | \$50,000.00 | \$39,390.00 | \$10,610.00 |
| Electricity | \$25,000.00 | \$23,600.00 | \$1,400.00 | Membership | \$30,000.00 | \$25,788.00 | \$4,212.00 |
| C-47 Flight Operations | \$170,000.00 | \$150,517.00 | \$19,483.00 | Gift Shop | \$190,000.00 | \$186,000.00 | \$4,000.00 |
| Accounting SVCS | \$6,000.00 | \$5,950.00 | \$50.00 | Donations | \$100,000.00 | \$87,000.00 | \$13,000.00 |
| Equipment Maintenance | \$15,000.00 | \$12,806.00 | \$2,194.00 | Flight Simulator | \$15,000.00 | \$12,046.00 | \$2,954.00 |
| Payroll Taxes | \$15,500.00 | \$13,806.00 | \$1,694.00 | Flights/Appearances | \$125,000.00 | \$107,508.00 | \$17,492.00 |
| Subtotal Expense | \$496,500.00 | \$429,851.00 | \$66,649.00 | Large Corporate Event | \$60,000.00 | \$61,000.00 | -\$1,000.00 |
| Other Expenses | | | | | | | |
| Gift shop cost of goods | \$125,000.00 | \$104,274.00 | \$20,726.00 | | | | |
| Large Corporate Event | \$17,000.00 | \$15,000.00 | \$2,000.00 | | | | |
| Administrative/Other | \$24,000.00 | \$20,493.00 | \$3,507.00 | Subtotal Income | \$995,000.00 | \$888,422.00 | \$106,578.00 |
| Special Events | \$50,000.00 | \$31,000.00 | \$19,000.00 | Income Sponsors | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | Cash in Bank to start | \$0.00 | \$0.00 | \$0.00 |
| | | | \$0.00 | | | | |
| | | | \$0.00 | TDC grant funding | \$17,500.00 | \$40,000.00 | -\$22,500.00 |
| | | | \$0.00 | Total Income | \$1,012,500.00 | \$928,422.00 | \$84,078.00 |
| | | | \$0.00 | Total Expenses Paid | \$757,300.00 | \$628,757.00 | \$128,543.00 |
| Subtotal Other Expenses | \$216,000.00 | \$170,767.00 | \$45,233.00 | Profit/Loss | \$255,200.00 | \$299,665.00 | |
| Marketing - please specify Brevard/Out-of-County | | | | | | | |
| Fun Guide-out | \$10,000.00 | \$9,684.00 | \$316.00 | | | | |
| MLB airport display-out | \$6,000.00 | \$3,000.00 | \$3,000.00 | | | | |
| Yelp-out | \$12,000.00 | \$9,155.00 | \$2,845.00 | | | | |
| Pubs Distribution-both | \$1,800.00 | \$1,800.00 | \$0.00 | | | | |
| Facebook-out | \$6,000.00 | \$1,500.00 | \$4,500.00 | | | | |
| Google-out | \$9,000.00 | \$3,000.00 | \$6,000.00 | | | | |
| Subtotal Marketing | \$44,800.00 | \$28,139.00 | \$16,661.00 | | | | |
| Marketing Expense | | | | | | | |
| Total Expenses 2025-2026 | \$757,300.00 | \$628,757.00 | | | | | |

Space Coast

**Tourism Development Office
FY 2025-2026 Marketing Support Program
Applicant checklist**

Applicant organization name: Warbird Air Command, Inc.
 Applicant event name: Warbird Museum Annual Ops
 Applicant name completing this form: J Ron Davis

Applicant- Use this checklist to confirm that you have completed all elements of the application prior to submitting. Initial next to each item. Items (2-9) must be uploaded within the application.

| | | Applicant initial | TDO staff initial | TDO staff comments |
|----|--|-------------------|-------------------|--------------------|
| 1. | Application – | JRD | DW | |
| 2. | Copy of IRS Articles of Incorporation – (submit if for-profit) | JRD | DW | N/A |
| 3. | Copy of IRS Determination Letter – (submit if 501(c)(3)) | JRD | DW | |
| 4. | Copy of SunBiz.com - (if applicable, see application for details) | JRD | DW | |
| 5. | Copy of 990 form (if applicable, see application) | JRD | DW | |
| 6. | Copy of completed W-9 form (March 2024) | JRD | DW | |
| 6 | Copy of this checklist – (completed, initialed, and signed by applicant) | JRD | DW | |

I, consent that all above documents have been submitted completely by uploading within the application packet.

J Ron Davis June 5, 2025
 Applicant signature & date

Titusville Playhouse

[Return to Table of Contents](#)



**Tourism Development Office
 FY 2025-2026 Marketing Support Program
 Application Packet checklist**

Applicant Organization Name: Titusville Playhouse

Applicant Event Name: Year-round programming

| | Yes | No | Comment |
|--|-----|----|---------|
| 1. Completed application | X | | |
| 2. Copy of IRS Articles of Incorporation – (if applicable) | | X | N/A |
| 3. Copy of IRS Determination letter – (if applicable) | X | | |
| 4. Copy of SunBiz.org (if applicable) | X | | |
| 5. Copy of 990 (if applicable) | X | | |
| 6. Copy of completed W-9 (March 2024) | X | | |
| 7. Income/Expense worksheet (required for all applicants) | X | | |
| 8. Copy of the Applicant checklist | X | | |

This application meets the minimum requirement of 5,001 out-of-county attendees (Cultural) or 250 room nights (Sports).

| | |
|-----|----|
| YES | NO |
|-----|----|

All documents have been submitted, reviewed and/or addressed in the comments.

 7/2/2025

Peter Cranis, Executive Director

FY 2025-2026 Marketing Support Program application

Response ID:24 Data

2. (untitled)

1. I have read and understand the policies/procedures within the FY 2025-2026 Marketing Support Program Criteria.



Signature of: Marcia Gaedcke

3. (untitled)

2. Which best describes your event/year-round programming?

Cultural

4. (untitled)

3. ORGANIZATION INFORMATION

Name of organization hosting event/year-round programming

Titusville Playhouse

Organization address

301 Julia Street

State

fl

City

Titusville

Zip

32796

Primary contact name

Marcia Gaedcke

Primary contact phone number

3212681125 x104

Primary contact email

marcia@titusvilleplayhouse.com

Secondary contact name

Steven Heron

Secondary contact phone number

3212681125 x101

Secondary contact email

steven@titusvilleplayhouse.com

Organization website address

titusvilleplayhouse.com

5. (untitled)

4. Which best describes your organization?

501(C)(3)

6. (untitled)

5. What is your Federal Employee ID number?

59-6177447

7. (untitled)

6. Are you completing this application for an event or year-round programming?

Year-round programming - theater, symphony, concerts, museum, etc.

8. (untitled)

1. EVENT INFORMATION - #1

Name of event

Event website address (if different from organization website)

Event location

9. (untitled)

What is the first date of your event?

10. (untitled)

In total, how many days will your event be held?

11. (untitled)

7. Do you have a second event?

No

12. (untitled)

4. **EVENT INFORMATION - #2**

Name of event

Event website address (if different from organization website)

Event location

13. (untitled)

What is the first date of your event?

14. (untitled)

In total, how many days will your event be held?

15. (untitled)

Do you have a third event?

16. (untitled)

8. **EVENT INFORMATION - #3**

Name of event

Event website address (if different from organization website)

Event location

17. (untitled)

What is the first date of your event?

18. (untitled)

In total, how many days will your event be held?

19. (untitled)

What types of marketing do you plan to do for this event?

20. (untitled)

8. What types of marketing do you plan to do for your year-round programming?

Billboards
Direct mail
Social media (Facebook, Instagram, YouTube, etc.)
Social hashtags

21. (untitled)

9. What are your social media handles?

Facebook : titusvilleplayhouse301
Instagram : titusville_playhouse
YouTube : titusvilleplayhouse5606

22. (untitled)

10. What hashtags do you currently use?

#playhouse61

23. (untitled)

11. Upload a copy of your organization's IRS Determination letter.

[IRSDeterminationLetter.pdf](#)

24. (untitled)

12. Upload a copy of your organization's 990 form.

[TITUSPLAY_US_2023_ArchiveTaxReturn.pdf](#)

25. (untitled)

Upload a copy of your organization's Articles of Incorporation.

26. (untitled)

13. If you are a Florida organization, please upload a copy of your SunBiz.com account associated with your organization.

[SunBiz2025.pdf](#)

27. (untitled)

14. Upload your completed W-9 form.

[TPI_W9_2024.pdf](#)

28. (untitled)

15. Upload your completed Event Income/Expense report.

[Event_Income_Expense_Report_template_FY25-26.pdf](#)

29. (untitled)

16. Upload your completed Checklist.

[25-26Checklist.pdf](#)

30. (untitled)

17.

ATTESTATION

I attest that all information in this questionnaire is true and correct. I further attest that will comply with the requirements set forth, if awarded support.



Signature of: Marcia Gaedcke

31. Thank You!

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709505

Entity Name: TITUSVILLE PLAYHOUSE, INC.

Current Principal Place of Business:

301 JULIA STREET
TITUSVILLE, FL 32796

Current Mailing Address:

301 JULIA STREET
TITUSVILLE, FL 32796 US

FEI Number: 59-6177447

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HERON, STEVEN
TITUSVILLE PLAYHOUSE, INC.
301 JULIA STREET
TITUSVILLE, FL 32796 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title VP
Name LUGO, MELISSA
Address 301 JULIA STREET
City-State-Zip: TITUSVILLE FL 32796

Title TREASURER
Name MACDONALD, KAREN
Address 301 JULIA STREET
City-State-Zip: TITUSVILLE FL 32796

Title S
Name BALL, JIM
Address 301 JULIA STREET
City-State-Zip: TITUSVILLE FL 32796

Title P
Name BALL, KATY
Address 301 JULIA STREET
City-State-Zip: TITUSVILLE FL 32796

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KATY BALL

PRESIDENT

04/29/2025

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Forms 990 / 990-EZ Return Summary

For calendar year 2023, or tax year beginning **06/01/23** , and ending **05/31/24**

59-6177447

TITUSVILLE PLAYHOUSE INC

| | | |
|--|------------------|-------------------------|
| Net Asset / Fund Balance at Beginning of Year | | <u><u>1,535,358</u></u> |
| Revenue | | |
| Contributions | <u>632,502</u> | |
| Program service revenue | <u>1,733,109</u> | |
| Investment income | <u>2,540</u> | |
| Capital gain / loss | <u>10,570</u> | |
| Fundraising / Gaming: | | |
| Gross revenue | <u>57,092</u> | |
| Direct expenses | <u>15,030</u> | |
| Net income | <u>42,062</u> | |
| Other income | <u>67,047</u> | |
| Total revenue | | <u><u>2,487,830</u></u> |
| Expenses | | |
| Program services | <u>1,741,324</u> | |
| Management and general | <u>605,473</u> | |
| Fundraising | | |
| Total expenses | | <u><u>2,346,797</u></u> |
| Excess / (deficit) | | <u><u>141,033</u></u> |
| Changes | | <u><u>-670</u></u> |
| Net Asset / Fund Balance at End of Year | | <u><u>1,675,721</u></u> |

| Reconciliation of Revenue | |
|--|-------------------------|
| Total revenue per financial statements | _____ |
| Less: | |
| Unrealized gains | _____ |
| Donated services | _____ |
| Recoveries | _____ |
| Other | _____ |
| Plus: | |
| Investment expenses | _____ |
| Other | _____ |
| Total revenue per return | <u><u>2,487,830</u></u> |

| Reconciliation of Expenses | |
|---|-------------------------|
| Total expenses per financial statements | _____ |
| Less: | |
| Donated services | _____ |
| Prior year adjustments | _____ |
| Losses | _____ |
| Other | _____ |
| Plus: | |
| Investment expenses | _____ |
| Other | _____ |
| Total expenses per return | <u><u>2,346,797</u></u> |

| | | Balance Sheet | | |
|-------------|-------------------------|-------------------------|--------|-----------------------|
| | | Beginning | Ending | Differences |
| Assets | <u>4,473,191</u> | <u>4,537,221</u> | | |
| Liabilities | <u>2,937,833</u> | <u>2,861,500</u> | | |
| Net assets | <u><u>1,535,358</u></u> | <u><u>1,675,721</u></u> | | <u><u>140,363</u></u> |

Miscellaneous Information

Amended return _____
 Return / extended due date 10/15/24
 Failure to file penalty _____

Form **8879-TE**

**IRS E-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning 6/01, 2023, and ending 5/31, 2024

2023

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

TITUSVILLE PLAYHOUSE INC

EIN or SSN

59-6177447

Name and title of officer or person subject to tax
**KATY BALL
PRESIDENT**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

| | | |
|--|--|---------------------|
| 1a Form 990 check here <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b <u>2,487,830</u> |
| 2a Form 990-EZ check here <input type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2b _____ |
| 3a Form 1120-POL check here <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b _____ |
| 4a Form 990-PF check here <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part V, line 5) | 4b _____ |
| 5a Form 8868 check here <input type="checkbox"/> | b Balance due (Form 8868, line 3c) | 5b _____ |
| 6a Form 990-T check here <input type="checkbox"/> | b Total tax (Form 990-T, Part III, line 4) | 6b _____ |
| 7a Form 4720 check here <input type="checkbox"/> | b Total tax (Form 4720, Part III, line 1) | 7b _____ |
| 8a Form 5227 check here <input type="checkbox"/> | b FMV of assets at end of tax year (Form 5227, Item D) | 8b _____ |
| 9a Form 5330 check here <input type="checkbox"/> | b Tax due (Form 5330, Part II, line 19) | 9b _____ |
| 10a Form 8038-CP check here <input type="checkbox"/> | b Amount of credit payment requested (Form 8038-CP, Part III, line 22) | 10b _____ |

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize BEACH STREET ACCOUNTING LLC to enter my PIN 77447 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date 04/28/25

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

59234505190
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature SHANNON RUBIN Date 04/28/25

**ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

Form **990**

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2023
 Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

A For the 2023 calendar year, or tax year beginning 06/01/23, and ending 05/31/24

| | | |
|--|---|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization <p align="center">TITUSVILLE PLAYHOUSE INC</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p>301 JULIA ST</p> City or town, state or province, country, and ZIP or foreign postal code <p>TITUSVILLE FL 32796</p> | D Employer identification number <p align="center">59-6177447</p> E Telephone number <p align="center">321-268-1125</p> G Gross receipts \$ <p align="right">2,502,860</p> |
| F Name and address of principal officer: <p>KATY BALL 301 JULIA STREET TITUSVILLE FL 32796</p> | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | H(c) Group exemption number |
| J Website: WWW.TITUSVILLEPLAYHOUSE.COM | | L Year of formation: 1965 |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | M State of legal domicile: FL |

Part I Summary

| | | | | |
|------------|---|------------------|------------------|----------|
| 1 | Briefly describe the organization's mission or most significant activities: LIVE THEATRE PERFORMANCES AND EDUCATION | | | |
| 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | | |
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 5 | |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 5 | |
| 5 | Total number of individuals employed in calendar year 2023 (Part V, line 2a) | 5 | 31 | |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 0 | |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0 |
| 7b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | | 0 |
| 8 | Contributions and grants (Part VIII, line 1h) | 668,669 | 632,502 | |
| 9 | Program service revenue (Part VIII, line 2g) | 1,357,966 | 1,733,109 | |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | -6,317 | 13,110 | |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 105,440 | 109,109 | |
| 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 2,125,758 | 2,487,830 | |
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | | 0 |
| 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | | 0 |
| 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 876,822 | 892,545 | |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | | 0 |
| b | Total fundraising expenses (Part IX, column (D), line 25) | | | 0 |
| 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 1,098,506 | 1,454,252 | |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 1,975,328 | 2,346,797 | |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | 150,430 | 141,033 | |
| 20 | Total assets (Part X, line 16) | 4,473,191 | 4,537,221 | |
| 21 | Total liabilities (Part X, line 26) | 2,937,833 | 2,861,500 | |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 1,535,358 | 1,675,721 | |

Part II Signature Block

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

| | | |
|-------------------------------|--|--|
| Sign Here | Signature of officer KATY BALL Type or print name and title | Date PRESIDENT |
| Paid Preparer Use Only | Print/Type preparer's name SHANNON RUBIN | Preparer's signature SHANNON RUBIN |
| | Firm's name BEACH STREET ACCOUNTING LLC | Firm's EIN 93-4566964 |
| | Firm's address 210 S BEACH ST STE 202 DAYTONA BEACH, FL 32114-4430 | Phone no. 386-267-0531 |
| | Date 04/29/25 | Check <input type="checkbox"/> if self-employed <input type="checkbox"/> if PTIN P00849623 |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

LIVE THEATRE PERFORMANCES AND EDUCATION

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **1,636,298** including grants of \$) (Revenue \$ **1,429,849**)

PRODUCTION OF LIVE THEATRE PRODUCTIONS FOR A TOTAL OF 207 UNIQUE SHOWS WITH 42,547 ATTENDEES AND 2,277 PARTICIPANTS AND VOLUNTEERS

4b (Code:) (Expenses \$ **17,043** including grants of \$) (Revenue \$ **91,929**)

CLASSES, WORKSHOPS AND OTHER ACTIVITIES CONSTRUCTED TO EDUCATE ADULTS AND CHILDREN ABOUT ARTISTIC AND TECHNICAL THEATRE. THERE WERE 8 WORKSHOPS, CAMPS AND YOUTH EVENTS. THERE WERE 11 SHOWS WITH 1,568 ATTENDEES, PARTICIPANTS AND VOLUNTEERS.

4c (Code:) (Expenses \$ **87,983** including grants of \$) (Revenue \$ **211,331**)

SALE OF BEVERAGES AND SNACKS DURING LIVE PERFORMANCES FOR THE BENEFIT AND COMFORT OF PATRONS. PROCEEDS ARE USED TO OFFSET PRODUCTION COSTS WHICH BENEFIT THE EXEMPT PURPOSE OF THE ORGANIZATION

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **1,741,324**

Part IV Checklist of Required Schedules

| | Yes | No |
|---|----------|----------|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | X | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | | X |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | | X |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V | X | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | X | |
| b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | | X |
| c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | | X |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | | X |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | | X |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | | X |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | X | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | | X |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | | X |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|----------|----------|
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | | X |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). | | |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | | X |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

| | |
|-----------|-----------|
| 1a | 22 |
| 1b | 0 |

| Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | Yes | No |
|---|--|---------------------|----------|----------|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a 31 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | X |
| b | If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| a | Gross income from members or shareholders | 11a | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | |
| c | Enter the amount of reserves on hand | 13c | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. | | | X |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | | | X |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069. | | | |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|--|----------|----------|
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | |
| | 5 | | |
| 1b | Enter the number of voting members included on line 1a, above, who are independent | | |
| | 5 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. | | X |

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

| | | Yes | No |
|------------|--|----------|----------|
| 10a | Did the organization have local chapters, branches, or affiliates? | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | | X |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done | X | |
| 13 | Did the organization have a written whistleblower policy? | | X |
| 14 | Did the organization have a written document retention and destruction policy? | | X |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a | The organization's CEO, Executive Director, or top management official | | X |
| b | Other officers or key employees of the organization | | X |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.

STEVEN HERON **301 JULIA STREET** **FL 32796** **321-268-1125**
TITUSVILLE

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|----------------------------|--|---|-----------------------|----------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) JIM BALL | 0.00 | | | | | | | | | |
| SECRETARY | 0.00 | | | X | | | 0 | 0 | 0 | |
| (2) KATY BALL | 0.00 | | | | | | | | | |
| PRESIDENT | 0.00 | | | X | | | 0 | 0 | 0 | |
| (3) MELISSA LUGO | 0.00 | | | | | | | | | |
| VICE PRESIDENT | 0.00 | | | X | | | 0 | 0 | 0 | |
| (4) KAREN MACDONALD | 0.00 | | | | | | | | | |
| TREASURER | 0.00 | | | X | | | 0 | 0 | 0 | |
| (5) | | | | | | | | | | |
| (6) | | | | | | | | | | |
| (7) | | | | | | | | | | |
| (8) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |
| (15) | | | | | | | | | | |
| (16) | | | | | | | | | | |
| (17) | | | | | | | | | | |
| (18) | | | | | | | | | | |
| (19) | | | | | | | | | | |
| 1b Subtotal | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | | | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

| | Yes | No |
|--|-----|----------|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|---|---|--|----------------------|--|--------------------------------------|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | 98,100 | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 534,402 | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g \$ | | | | | |
| | h Total. Add lines 1a-1f | | 632,502 | | | | |
| Program Service Revenue | 2a BOX OFFICE ADMISSION | Business Code | 1,429,849 | 1,429,849 | | | |
| | b HOSPITALITY INCOME | | 184,810 | 184,810 | | | |
| | c CHILDRENS THEATRE | | 91,929 | 91,929 | | | |
| | d MERCH INCOME | | 26,521 | 26,521 | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | 1,733,109 | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 2,540 | 2,540 | | | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6a Gross rents | 6a | (i) Real | | | | |
| | | 6b | (ii) Personal | | | | |
| | | 6c | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7a Gross amount from sales of assets other than inventory | 7a | (i) Securities | | | | |
| | | 7b | (ii) Other | 10,570 | | | |
| | | 7c | | 10,570 | | | |
| | d Net gain or (loss) | | 10,570 | 10,570 | | | |
| | 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | 8a | | 57,092 | | | |
| | | 8b | | 15,030 | | | |
| | | c Net income or (loss) from fundraising events | | 42,062 | | | |
| 9a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| | 9b | | | | | | |
| | c Net income or (loss) from gaming activities | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| | 10b | | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | 11a RENT INCOME | Business Code | 34,625 | 34,625 | | | |
| | b COSTUMES | | 22,722 | 22,722 | | | |
| | c MISC INCOME | | 9,700 | 9,700 | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | 67,047 | | | | |
| | 12 Total revenue. See instructions | | 2,487,830 | 1,813,266 | 0 | 0 | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i> | | | | |
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | | | | |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 762,873 | 558,501 | 204,372 | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 77,705 | 145 | 77,560 | |
| 10 Payroll taxes | 51,967 | 51,967 | | |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 17,100 | | 17,100 | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 973 | | 973 | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | | | | |
| 12 Advertising and promotion | 35,179 | 35,179 | | |
| 13 Office expenses | 156,953 | 156,953 | | |
| 14 Information technology | 22,779 | | 22,779 | |
| 15 Royalties | | | | |
| 16 Occupancy | 197,252 | 12,209 | 185,043 | |
| 17 Travel | 85,606 | 85,606 | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 38,043 | | 38,043 | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 146,209 | 146,209 | | |
| 23 Insurance | 68,551 | 15,863 | 52,688 | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a PRODUCTION COSTS | 497,314 | 497,314 | | |
| b HOSPITALITY EXPENSE | 74,661 | 74,661 | | |
| c DUES, SUB, MEMBERSHIP | 38,337 | 38,337 | | |
| d BANK/CC/MERCH/TICKET/ LIC | 29,194 | 29,194 | | |
| e All other expenses | 46,101 | 39,186 | 6,915 | |
| 25 Total functional expenses. Add lines 1 through 24e | 2,346,797 | 1,741,324 | 605,473 | 0 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) | | (B) |
|---|---|-------------------|-----------|---------------|
| | | Beginning of year | | End of year |
| Assets | 1 Cash—non-interest-bearing | 844,581 | 1 | 302,254 |
| | 2 Savings and temporary cash investments | 830 | 2 | 830 |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 20,988 | 4 | 20,718 |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 92,205 | 9 | 108,616 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 5,523,867 | | |
| | b Less: accumulated depreciation | 10b 1,491,050 | 3,454,418 | 10c 4,032,817 |
| | 11 Investments—publicly traded securities | | 11 | |
| | 12 Investments—other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 60,169 | 15 | 71,986 |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 4,473,191 | 16 | 4,537,221 | |
| Liabilities | 17 Accounts payable and accrued expenses | 15,267 | 17 | 5,168 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 172,982 | 19 | 212,671 |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 2,659,584 | 23 | 2,523,661 |
| | 24 Unsecured notes and loans payable to unrelated third parties | 90,000 | 24 | 120,000 |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 25 | |
| | 26 Total liabilities. Add lines 17 through 25 | 2,937,833 | 26 | 2,861,500 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input type="checkbox"/> | | | |
| | and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | | 27 | |
| | 28 Net assets with donor restrictions | | 28 | |
| | Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> | | | |
| | and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| 31 Retained earnings, endowment, accumulated income, or other funds | 1,535,358 | 31 | 1,675,721 | |
| 32 Total net assets or fund balances | 1,535,358 | 32 | 1,675,721 | |
| 33 Total liabilities and net assets/fund balances | 4,473,191 | 33 | 4,537,221 | |

Part XI Reconciliation of Net Assets

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

| | | | |
|----|--|----|-----------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 2,487,830 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2,346,797 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 141,033 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 1,535,358 |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | -632 |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | -38 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 1,675,721 |

Part XII Financial Statements and Reporting

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

| | Yes | No |
|--|-----|----|
| 1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | |

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

TITUSVILLE PLAYHOUSE INC

Employer identification number

59-6177447

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

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

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

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

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4 | | | | | | |

Section B. Total Support

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

12 Gross receipts from related activities, etc. (see instructions) 12

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2022 Schedule A, Part II, line 14 | 15 | % |

16a 33 1/3% support test — 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test — 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test — 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 188,677 | 459,662 | 143,631 | 668,669 | 717,595 | 2,178,234 |
| 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 | 1,166,261 | 609,861 | 2,106,089 | 1,465,159 | 1,429,849 | 6,777,219 |
| 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 | 1,354,938 | 1,069,523 | 2,249,720 | 2,133,828 | 2,147,444 | 8,955,453 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | 8,955,453 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| 9 Amounts from line 6 | 1,354,938 | 1,069,523 | 2,249,720 | 2,133,828 | 2,147,444 | 8,955,453 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | 1,354,938 | 1,069,523 | 2,249,720 | 2,133,828 | 2,147,444 | 8,955,453 |
| 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|----------|
| 15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) | 15 | 100.00 % |
| 16 Public support percentage from 2022 Schedule A, Part III, line 15 | 16 | 100.00 % |

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests — 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests — 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

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

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

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

| Section A – Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |
| Section B – Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C – Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

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

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

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

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

Area with horizontal dotted lines for supplemental information.

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

Employer identification number

TITUSVILLE PLAYHOUSE INC

59-6177447

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

| | |
|---|---|
| Name of organization TITUSVILLE PLAYHOUSE INC | Employer identification number 59-6177447 |
|---|---|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|---|
| 1 | AMERIRPISE FINANCIAL KERRY KENNEDY 1108 S. WASHINGTON AVENUE TITUSVILLE FL 32780 | \$ 6,750 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | TAMI LEILUGA 965 GLENDA DRIVE TITUSVILLE FL 32780 | \$ 13,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | PARRISH MEDICAL CENTER 951 N. WASHINGTON AVE SUITE 100 TITUSVILLE FL 32796 | \$ 20,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | JAMES BALL 921 INDIAN RIVER AVE TITUSVILLE FL 32796 | \$ 7,500 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | RUSH CONSTRUCTION 6285 RIVERFRONT CENTER BLVD TITUSVILLE FL 32780 | \$ 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | JAY SCHLESINGER PO BOX 2079 TITUSVILLE FL 32781 | \$ 13,881 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Schedule B (Form 990) (2023)

Name of organization

TITUSVILLE PLAYHOUSE INC

Employer identification number

59-6177447

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 7 | FRANK STEELE 980 NORTH DIXIE AVE TITUSVILLE FL 32780 | \$ 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | ROBERT DILLOW 2950 SERENO POINT DRVE TITUSVILLE FL 32796 | \$ 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | BRIDGET GRIFFIN 5125 KIRKWOOD TRAIL TITUSVILLE FL 32780 | \$ 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | VICKI HUDSON 3030 KELLEY STREET TITUSVILLE FL 32780 | \$ 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 11 | RANDA MAALI- ITANI 6735 RIVEREDGE DR TITUSVILLE FL 32780 | \$ 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 12 | CATHERINE SPENCER 2621 SUSSANA LANE TITUSVILLE FL 32780 | \$ 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Schedule B (Form 990) (2023)

| | |
|---|---|
| Name of organization TITUSVILLE PLAYHOUSE INC | Employer identification number 59-6177447 |
|---|---|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 13 | JENNIFER URBAUER- PARSONS 5815 WHISPERING LANE TITUSVILLE FL 32780 | \$ 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

Employer identification number

TITUSVILLE PLAYHOUSE INC

59-6177447

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue included on Form 990, Part VIII, line 1, Assets included in Form 990, Part X. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table.
- | | Amount |
|---------------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 68,601 | 50,469 | 50,469 | 50,469 | 50,469 |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | 3,385 | 18,132 | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 71,986 | 68,601 | | | |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment **100.00** %
 - b Permanent endowment %
 - c Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations?
- (ii) Related organizations?

| | Yes | No |
|--------|-----|----|
| 3a(i) | X | |
| 3a(ii) | | X |
| 3b | | |

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 255,362 | | 255,362 |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | 5,268,505 | 1,491,050 | 3,777,455 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) | | | | 4,032,817 |

Part VII Investments – Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) | | |

Part VIII Investments – Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) | | |

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) | |

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) | |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

TITUSVILLE PLAYHOUSE INC

Employer identification number

59-6177447

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| | (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|--------------|---|---------------|--|----|-----------------------------------|---|---|
| | | | Yes | No | | | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| Total | | | | | | | |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....

.....

.....

.....

.....

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

| | | | |
|---|-----------------------------|-----|---|
| a | The organization's facility | 13a | % |
| b | An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c If "Yes," enter name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation \$

Description of services provided

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Multiple horizontal lines for providing supplemental information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

TITUSVILLE PLAYHOUSE INC

Employer identification number

59-6177447

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

FORM 990 HAS BEEN PRESENTED TO BOARD OF DIRECTORS AND PRESIDENT.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

BOARD OF DIRECTORS MONITORS AND ENFORCES POLICY ON CONFLICTS OF INTEREST.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

BOOK / TAX DEPRECIATION DIFFERENCE \$ -38

Name(s) shown on return **TITUSVILLE PLAYHOUSE INC** Identifying number **59-6177447**

Business or activity to which this form relates
INDIRECT DEPRECIATION

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

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

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

| | | | |
|----|--|----|-------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions | 14 | 8,891 |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | |

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

Section A

| | | | |
|----|---|----|---------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2023 | 17 | 133,865 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here | | |

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

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction | |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|-----|
| 19a | 3-year property | | | | | | |
| b | 5-year property | | | | | | |
| c | 7-year property | 5,927 | 7.0 | MQ | 200DB | 211 | |
| d | 10-year property | | | | | | |
| e | 15-year property | 17,800 | 15.0 | HY | 150DB | 890 | |
| f | 20-year property | | | | | | |
| g | 25-year property | | 25 yrs. | | S/L | | |
| h | Residential rental property | | 27.5 yrs. | MM | S/L | | |
| | | | 27.5 yrs. | MM | S/L | | |
| i | Nonresidential real property | 05/15/24 | 692,028 | 39 yrs. | MM | S/L | 739 |
| | | | | MM | S/L | | |

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

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

Part IV Summary (See instructions.)

| | | | |
|----|--|----|---------|
| 21 | Listed property. Enter amount from line 28 | 21 | 1,613 |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions | 22 | 146,209 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

Form 4562 (2023)

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

Table with columns for property type, date placed in service, business/investment use percentage, cost, basis for depreciation, recovery period, method/convention, depreciation deduction, and elected section 179 cost. Includes rows 25-29.

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with columns (a) through (f) for Vehicle 1 through Vehicle 6. Includes rows 30-36 for miles driven and personal use questions.

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

Table for Section C with columns Yes/No. Includes rows 37-41 for policy statements and requirements.

Part VI Amortization

Table for Section VI with columns (a) through (f). Includes rows 42-44 for amortization of costs.

Federal Asset Report

Form 990, Page 1

| Asset | Description | Date In Service | Cost | Bus % | Sec 179 Bonus | Basis for Depr | PerConv Meth | Prior | Current |
|---------------------------------------|-------------------------|-----------------|----------------|-------|---------------|----------------|--------------|----------|--------------|
| 7-year GDS Property: | | | | | | | | | |
| 95 | THEATRE SEATS | 5/30/24 | 14,818 | | X | 5,927 | 7 MQ200DB | 0 | 9,102 |
| | | | <u>14,818</u> | | | <u>5,927</u> | | <u>0</u> | <u>9,102</u> |
| 15-year GDS Property: | | | | | | | | | |
| 94 | PORTABLE TOILETS | 7/26/23 | 17,800 | | | 17,800 | 15 HY 150DB | 0 | 890 |
| | | | <u>17,800</u> | | | <u>17,800</u> | | <u>0</u> | <u>890</u> |
| Non-Residential Real Property: | | | | | | | | | |
| 93 | IMPROVEMENTS | 5/15/24 | 692,028 | | | 692,028 | 39 MMS/L | 0 | 739 |
| | | | <u>692,028</u> | | | <u>692,028</u> | | <u>0</u> | <u>739</u> |
| Prior MACRS: | | | | | | | | | |
| 1 | SOUND EQUIPMENT | 1/26/17 | 1,500 | | X | 750 | 5 HY 200DB | 1,462 | 0 |
| 2 | OFFICE FURNITURE | 3/14/17 | 11,384 | | X | 5,692 | 7 HY 200DB | 10,927 | 457 |
| 3 | RESTROOM EQUIP/ FIXTURE | 8/29/16 | 4,341 | | X | 2,170 | 7 HY 200DB | 4,322 | 19 |
| 4 | CHANDELIER LIFT | 3/17/17 | 1,425 | | X | 712 | 7 HY 200DB | 1,368 | 57 |
| 5 | FURN FIXTURES | 3/27/17 | 2,569 | | X | 1,284 | 7 HY 200DB | 2,466 | 103 |
| 6 | IMPROVEMENTS | 5/31/17 | 317,901 | | | 317,901 | 39 MMS/L | 208,026 | 8,152 |
| 7 | CHAIRS | 5/27/14 | 9,836 | | X | 4,918 | 7 HY 200DB | 7,915 | 0 |
| 8 | BUILDING IMPROVEMENTS | 11/05/13 | 35,726 | | X | 17,863 | 15 HY S/L | 20,750 | 1,191 |
| 9 | 311 JULIA ST BLDG | 11/21/14 | 68,000 | | | 68,000 | 39 MMS/L | 14,896 | 1,743 |
| 10 | BUILDING IMPROVEMENTS | 4/30/15 | 169,064 | | | 169,064 | 39 MMS/L | 35,222 | 4,335 |
| 11 | SOUND SYSTEM | 12/22/14 | 24,418 | | X | 12,209 | 7 HY 200DB | 24,195 | 0 |
| 12 | EQUIPMENT (VARIOUS) | 3/05/15 | 27,255 | | X | 13,627 | 7 HY 200DB | 19,806 | 0 |
| 13 | IMPROVEMENTS | 5/12/16 | 108,595 | | X | 54,297 | 15 HY S/L | 81,457 | 3,620 |
| 14 | LIGHTING | 10/15/15 | 2,900 | | X | 1,450 | 5 HY 200DB | 2,900 | 0 |
| 16 | BALCONY IMPROVEMENT | 1/21/89 | 6,938 | | | 6,938 | 31 MMS/L | 6,144 | 0 |
| 17 | BUILDING IMPROVEMENTS | 1/21/89 | 93,734 | | | 93,734 | 31 MMS/L | 89,267 | 0 |
| 18 | EXTERIOR REPAIR | 11/01/91 | 35,235 | | | 35,235 | 31 MMS/L | 27,678 | 1,119 |
| 19 | INTERIOR REP EL | 1/08/04 | 3,100 | | | 3,100 | 39 MMS/L | 2,938 | 79 |
| 20 | ROOF | 5/20/05 | 14,150 | | | 14,150 | 15 HY S/L | 13,942 | 0 |
| 21 | ROOF | 6/01/05 | 26,278 | | | 26,278 | 15 HY S/L | 26,278 | 0 |
| 22 | FLOORS | 5/29/06 | 1,300 | | | 1,300 | 15 HY S/L | 1,279 | 0 |
| 23 | FLOORS | 6/02/06 | 4,139 | | | 4,139 | 15 HY S/L | 4,139 | 0 |
| 24 | TILE | 6/02/06 | 2,220 | | | 2,220 | 15 HY S/L | 2,220 | 0 |
| 25 | AIR CONDITIONER | 6/13/06 | 1,880 | | | 1,880 | 15 HY S/L | 1,880 | 0 |
| 26 | CARPET | 6/13/06 | 1,471 | | | 1,471 | 15 HY S/L | 1,471 | 0 |
| 27 | CEILING TILE | 6/20/06 | 1,700 | | | 1,700 | 15 HY S/L | 1,700 | 0 |
| 28 | IMPROVEMENTS | 6/27/06 | 2,078 | | | 2,078 | 15 HY S/L | 2,078 | 0 |
| 29 | IMPROVEMENTS | 8/07/06 | 3,000 | | | 3,000 | 15 HY S/L | 3,000 | 0 |
| 30 | IMPROVEMENTS | 8/07/06 | 2,605 | | | 2,605 | 15 HY S/L | 2,605 | 0 |
| 31 | IMPROVEMENTS | 8/21/06 | 2,767 | | | 2,767 | 15 HY S/L | 2,767 | 0 |
| 32 | WINDOWS | 8/28/06 | 2,900 | | | 2,900 | 15 HY S/L | 2,900 | 0 |
| 33 | IMPROVEMENTS | 9/12/06 | 1,000 | | | 1,000 | 15 HY S/L | 1,000 | 0 |
| 34 | FLOORS | 10/16/06 | 2,467 | | | 2,467 | 15 HY S/L | 2,467 | 0 |
| 35 | FASCAD E | 7/31/11 | 10,575 | | X | 1,217 | 7 HY 200DB | 9,358 | 0 |
| 36 | MICROPHONES | 7/31/11 | 4,890 | | X | 563 | 7 HY 200DB | 4,327 | 0 |
| 38 | GENIE LIFT | 10/02/12 | 3,250 | | X | 1,625 | 7 HY 200DB | 3,020 | 0 |
| 39 | PROJECTOR | 10/26/12 | 3,000 | | X | 1,500 | 7 HY 200DB | 2,783 | 0 |
| 40 | SOUND EQUIPMENT | 12/12/12 | 1,420 | | X | 710 | 7 HY 200DB | 1,314 | 0 |
| 41 | COMPUTER | 2/28/13 | 433 | | X | 216 | 5 HY 200DB | 421 | 0 |
| 42 | LIGHTING | 2/28/13 | 10,066 | | X | 5,033 | 7 HY 200DB | 9,316 | 0 |
| 43 | TICKET PRINTER | 2/28/13 | 1,485 | | X | 742 | 5 HY 200DB | 1,446 | 0 |
| 44 | TRUSSES | 6/26/13 | 29,727 | | X | 15,877 | 15 HY S/L | 13,850 | 1,059 |
| 45 | EQUIPMENT | 5/29/14 | 6,477 | | X | 3,238 | 7 HY 200DB | 5,128 | 0 |
| 48 | ICE MAKER | 7/24/17 | 2,450 | | X | 1,225 | 7 HY 200DB | 2,122 | 219 |
| 49 | SIGN | 8/31/17 | 6,240 | | X | 3,120 | 7 HY 200DB | 5,404 | 557 |
| 50 | BUILDING IMPROVEMENTS | 5/30/18 | 336,559 | | | 336,559 | 39 MMS/L | 43,506 | 8,629 |
| 51 | SOUND EQUIPMENT | 10/03/17 | 930 | | X | 124 | 7 HY 200DB | 806 | 83 |
| 52 | GENIE LIFT | 10/23/17 | 9,995 | | X | 1,338 | 7 HY 200DB | 8,657 | 892 |
| 53 | CAMERA | 11/27/17 | 4,641 | | X | 621 | 7 HY 200DB | 4,020 | 414 |
| 54 | LIGHTING EQUIPMENT | 12/06/17 | 5,279 | | X | 707 | 7 HY 200DB | 4,572 | 471 |
| 55 | COMPUTER | 3/28/18 | 2,549 | | X | 0 | 5 HY 200DB | 2,549 | 0 |

Federal Asset Report

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| Asset | Description | Date In Service | Cost | Bus % | Sec 179 | Bonus | Basis for Depr | PerConv | Meth | Prior | Current |
|----------------------------|--|-----------------|------------------|-------|---------|-------|------------------|---------|----------|------------------|----------------|
| 57 | BUILDING IMPROVEMENTS | 8/20/18 | 82,440 | | | X | 58,985 | 15 | HY S/L | 23,455 | 3,933 |
| 58 | ROLLER | 6/20/18 | 13,775 | | | X | 3,075 | 7 | HY 200DB | 10,700 | 1,230 |
| 59 | COMPUTER | 11/23/18 | 1,056 | | | X | 0 | 5 | HY 200DB | 1,056 | 0 |
| 60 | BUILDING IMPROVEMENTS | 5/08/20 | 174,772 | | | X | 140,919 | 15 | HY S/L | 33,853 | 9,394 |
| 61 | PROJECTOR | 12/17/19 | 7,374 | | | X | 2,303 | 7 | HY 200DB | 5,071 | 658 |
| 62 | SOUND BOARD | 12/17/19 | 8,512 | | | X | 2,659 | 7 | HY 200DB | 5,853 | 760 |
| 63 | SCENIC AUTOMATION | 2/11/20 | 28,075 | | | X | 8,769 | 7 | HY 200DB | 19,306 | 2,505 |
| 64 | SCENIC AUTOMATION | 8/01/20 | 28,075 | | | X | 12,276 | 7 | HY 200DB | 15,799 | 3,507 |
| 65 | 413 S. PALM AVE | 9/30/20 | 191,607 | | | | 191,607 | 39 | MMS/L | 13,311 | 4,913 |
| 67 | 415 S. PALM AVE | 8/31/20 | 201,769 | | | | 201,769 | 39 | MMS/L | 14,449 | 5,173 |
| 69 | WINDOWS | 7/15/20 | 16,230 | | | | 16,230 | 39 | MMS/L | 1,197 | 416 |
| 70 | DOORS | 1/18/21 | 13,481 | | | | 13,481 | 39 | MMS/L | 822 | 345 |
| 71 | BAR REMODEL | 4/12/22 | 20,000 | | | | 20,000 | 39 | MMS/L | 577 | 513 |
| 72 | 321 WILSON AVE | 5/18/22 | 138,922 | | | | 138,922 | 39 | MMS/L | 3,711 | 3,562 |
| 74 | 313 WILSON AVE | 7/15/21 | 250,000 | | | | 250,000 | 39 | MMS/L | 12,028 | 6,411 |
| 75 | 420 JULIA ST | 7/15/21 | 450,000 | | | | 450,000 | 39 | MMS/L | 21,650 | 11,539 |
| 76 | 422 JULIA ST | 7/15/21 | 150,000 | | | | 150,000 | 39 | MMS/L | 7,217 | 3,846 |
| 77 | 428 JULIA ST | 7/15/21 | 150,000 | | | | 150,000 | 39 | MMS/L | 7,217 | 3,846 |
| 79 | 312/314 S PALM AVE | 7/02/21 | 179,730 | | | | 179,730 | 39 | MMS/L | 8,647 | 4,609 |
| 81 | IMPROVEMENTS | 5/31/23 | 536,426 | | | | 536,426 | 39 | MMS/L | 573 | 13,755 |
| 82 | VIDEO SERVER | 6/17/22 | 14,028 | | | | 14,028 | 5 | HY 200DB | 2,806 | 4,489 |
| 83 | LIGHTING EQUIP | 6/13/22 | 3,802 | | | | 3,802 | 7 | HY 200DB | 543 | 931 |
| 84 | APAV EQUIPMENT | 10/13/22 | 6,436 | | | | 6,436 | 7 | HY 200DB | 919 | 1,577 |
| 85 | APPLE COMPUTERS | 7/19/22 | 6,798 | | | | 6,798 | 5 | HY 200DB | 1,360 | 2,175 |
| 87 | SCENIC AUTOMATION | 2/06/23 | 1,570 | | | | 1,570 | 7 | HY 200DB | 224 | 385 |
| 88 | DELL COMPUTERS | 6/30/22 | 4,394 | | | | 4,394 | 5 | HY 200DB | 879 | 1,406 |
| 89 | KEYBOARD/ PIANO | 6/27/22 | 3,050 | | | | 3,050 | 7 | HY 200DB | 436 | 747 |
| 90 | KEYBOARD/ PIANO | 6/15/22 | 2,426 | | | | 2,426 | 7 | HY 200DB | 347 | 594 |
| 91 | PORT LIGHTING SYSTEM | 6/15/22 | 26,075 | | | | 26,075 | 7 | HY 200DB | 3,725 | 6,386 |
| 92 | APPLE COMPUTER | 2/14/23 | 3,316 | | | | 3,316 | 5 | HY 200DB | 663 | 1,061 |
| | | | <u>4,147,981</u> | | | | <u>3,852,360</u> | | | <u>972,458</u> | <u>133,865</u> |
| ACRS: | | | | | | | | | | | |
| 15 | BUILDING | 6/01/84 | 390,000 | | | | 390,000 | 18 | MM PRE | 370,500 | 0 |
| | Total ACRS Depreciation | | <u>390,000</u> | | | | <u>390,000</u> | | | <u>370,500</u> | <u>0</u> |
| Other Depreciation: | | | | | | | | | | | |
| 37 | LIGHTING SOFTWARE | 8/28/12 | 837 | | | X | 418 | 3 | MO Amort | 837 | 0 |
| 46 | 311 JULIE ST (LAND) | 11/21/14 | 10,000 | | | | 10,000 | 0 | -- Land | 0 | 0 |
| 47 | 313 JULIA STREET (LAND) | 4/11/16 | 112,500 | | | | 112,500 | 0 | -- Land | 0 | 0 |
| 56 | LAND | 6/01/84 | 22,459 | | | | 22,459 | 0 | -- Land | 0 | 0 |
| 66 | 413 S PALM AVE LAND | 9/30/20 | 10,000 | | | | 10,000 | 0 | -- Land | 0 | 0 |
| 68 | 415 S. PALM AVE LAND | 8/31/20 | 10,000 | | | | 10,000 | 0 | -- Land | 0 | 0 |
| 73 | 321 WILSON AVE LAND | 5/18/22 | 10,000 | | | | 10,000 | 0 | -- Land | 0 | 0 |
| 78 | 420/422/428/313 JULIA WILSON LAND | 7/15/21 | 60,403 | | | | 60,403 | 0 | -- Land | 0 | 0 |
| 80 | 312/314 S, PALM AVE | 7/02/21 | 20,000 | | | | 20,000 | 0 | -- Land | 0 | 0 |
| | Total Other Depreciation | | <u>256,199</u> | | | | <u>255,780</u> | | | <u>837</u> | <u>0</u> |
| | Total ACRS and Other Depreciation | | <u>646,199</u> | | | | <u>645,780</u> | | | <u>371,337</u> | <u>0</u> |
| Listed Property: | | | | | | | | | | | |
| 86 | VEHICLES | 6/27/22 | 5,041 | | | | 5,041 | 5 | HY 200DB | 1,008 | 1,613 |
| | | | <u>5,041</u> | | | | <u>5,041</u> | | | <u>1,008</u> | <u>1,613</u> |
| | Grand Totals | | <u>5,523,867</u> | | | | <u>5,218,936</u> | | | <u>1,344,803</u> | <u>146,209</u> |
| | Less: Dispositions and Transfers | | <u>0</u> | | | | <u>0</u> | | | <u>0</u> | <u>0</u> |
| | Less: Start-up/Org Expense | | <u>0</u> | | | | <u>0</u> | | | <u>0</u> | <u>0</u> |
| | Net Grand Totals | | <u>5,523,867</u> | | | | <u>5,218,936</u> | | | <u>1,344,803</u> | <u>146,209</u> |

59-6177447

AMT Asset Report

FYE: 5/31/2024

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| Asset | Description | Date In Service | Cost | Bus % | Sec 179 Bonus | Basis for Depr | PerConv Meth | Prior | Current |
|---------------------------------------|-------------------------|-----------------|----------------|-------|---------------|----------------|--------------|----------|--------------|
| 7-year GDS Property: | | | | | | | | | |
| 95 | THEATRE SEATS | 5/30/24 | 14,818 | | X | 5,927 | 7 MQ200DB | 0 | 9,102 |
| | | | <u>14,818</u> | | | <u>5,927</u> | | <u>0</u> | <u>9,102</u> |
| 15-year GDS Property: | | | | | | | | | |
| 94 | PORTABLE TOILETS | 7/26/23 | 17,800 | | | 17,800 | 15 HY 150DB | 0 | 890 |
| | | | <u>17,800</u> | | | <u>17,800</u> | | <u>0</u> | <u>890</u> |
| Non-Residential Real Property: | | | | | | | | | |
| 93 | IMPROVEMENTS | 5/15/24 | 692,028 | | | 692,028 | 39 MM S/L | 0 | 739 |
| | | | <u>692,028</u> | | | <u>692,028</u> | | <u>0</u> | <u>739</u> |
| Prior MACRS: | | | | | | | | | |
| 1 | SOUND EQUIPMENT | 1/26/17 | 1,500 | | X | 750 | 5 HY 200DB | 1,462 | 0 |
| 2 | OFFICE FURNITURE | 3/14/17 | 11,384 | | X | 5,692 | 7 HY 200DB | 10,927 | 457 |
| 3 | RESTROOM EQUIP/ FIXTURE | 8/29/16 | 4,341 | | X | 2,170 | 7 HY 200DB | 4,322 | 19 |
| 4 | CHANDELIER LIFT | 3/17/17 | 1,425 | | X | 712 | 7 HY 200DB | 1,368 | 57 |
| 5 | FURN FIXTURES | 3/27/17 | 2,569 | | X | 1,284 | 7 HY 200DB | 2,466 | 103 |
| 6 | IMPROVEMENTS | 5/31/17 | 317,901 | | | 317,901 | 39 MMS/L | 208,026 | 8,152 |
| 7 | CHAIRS | 5/27/14 | 9,836 | | X | 4,918 | 7 HY 200DB | 7,915 | 0 |
| 8 | BUILDING IMPROVEMENTS | 11/05/13 | 35,726 | | X | 17,863 | 15 HY S/L | 20,750 | 1,191 |
| 9 | 311 JULIA ST BLDG | 11/21/14 | 68,000 | | | 68,000 | 39 MMS/L | 14,896 | 1,743 |
| 10 | BUILDING IMPROVEMENTS | 4/30/15 | 169,064 | | | 169,064 | 39 MMS/L | 35,222 | 4,335 |
| 11 | SOUND SYSTEM | 12/22/14 | 24,418 | | X | 12,209 | 7 HY 200DB | 24,195 | 0 |
| 12 | EQUIPMENT (VARIOUS) | 3/05/15 | 27,255 | | X | 13,627 | 7 HY 200DB | 19,806 | 0 |
| 13 | IMPROVEMENTS | 5/12/16 | 108,595 | | X | 54,297 | 15 HY S/L | 81,457 | 3,620 |
| 14 | LIGHTING | 10/15/15 | 2,900 | | X | 1,450 | 5 HY 200DB | 2,900 | 0 |
| 16 | BALCONY IMPROVEMENT | 1/21/89 | 6,938 | | | 6,938 | 40 MMS/L | 6,144 | 0 |
| 17 | BUILDING IMPROVEMENTS | 1/21/89 | 93,734 | | | 93,734 | 40 MMS/L | 89,267 | 0 |
| 18 | EXTERIOR REPAIR | 11/01/91 | 35,235 | | | 35,235 | 40 MMS/L | 27,678 | 1,119 |
| 19 | INTERIOR REP EL | 1/08/04 | 3,100 | | | 3,100 | 39 MMS/L | 2,938 | 79 |
| 20 | ROOF | 5/20/05 | 14,150 | | | 14,150 | 15 HY S/L | 13,942 | 0 |
| 21 | ROOF | 6/01/05 | 26,278 | | | 26,278 | 15 HY S/L | 26,278 | 0 |
| 22 | FLOORS | 5/29/06 | 1,300 | | | 1,300 | 15 HY S/L | 1,279 | 0 |
| 23 | FLOORS | 6/02/06 | 4,139 | | | 4,139 | 15 HY S/L | 4,139 | 0 |
| 24 | TILE | 6/02/06 | 2,220 | | | 2,220 | 15 HY S/L | 2,220 | 0 |
| 25 | AIR CONDITIONER | 6/13/06 | 1,880 | | | 1,880 | 15 HY S/L | 1,880 | 0 |
| 26 | CARPET | 6/13/06 | 1,471 | | | 1,471 | 15 HY S/L | 1,471 | 0 |
| 27 | CEILING TILE | 6/20/06 | 1,700 | | | 1,700 | 15 HY S/L | 1,700 | 0 |
| 28 | IMPROVEMENTS | 6/27/06 | 2,078 | | | 2,078 | 15 HY S/L | 2,078 | 0 |
| 29 | IMPROVEMENTS | 8/07/06 | 3,000 | | | 3,000 | 15 HY S/L | 3,000 | 0 |
| 30 | IMPROVEMENTS | 8/07/06 | 2,605 | | | 2,605 | 15 HY S/L | 2,605 | 0 |
| 31 | IMPROVEMENTS | 8/21/06 | 2,767 | | | 2,767 | 15 HY S/L | 2,767 | 0 |
| 32 | WINDOWS | 8/28/06 | 2,900 | | | 2,900 | 15 HY S/L | 2,900 | 0 |
| 33 | IMPROVEMENTS | 9/12/06 | 1,000 | | | 1,000 | 15 HY S/L | 1,000 | 0 |
| 34 | FLOORS | 10/16/06 | 2,467 | | | 2,467 | 15 HY S/L | 2,467 | 0 |
| 35 | FASCADE | 7/31/11 | 10,575 | | X | 1,217 | 7 HY 200DB | 9,358 | 0 |
| 36 | MICROPHONES | 7/31/11 | 4,890 | | X | 563 | 7 HY 200DB | 4,327 | 0 |
| 38 | GENIE LIFT | 10/02/12 | 3,250 | | X | 1,625 | 7 HY 200DB | 3,020 | 0 |
| 39 | PROJECTOR | 10/26/12 | 3,000 | | X | 1,500 | 7 HY 200DB | 2,783 | 0 |
| 40 | SOUND EQUIPMENT | 12/12/12 | 1,420 | | X | 710 | 7 HY 200DB | 1,314 | 0 |
| 41 | COMPUTER | 2/28/13 | 433 | | X | 216 | 5 HY 200DB | 421 | 0 |
| 42 | LIGHTING | 2/28/13 | 10,066 | | X | 5,033 | 7 HY 200DB | 9,316 | 0 |
| 43 | TICKET PRINTER | 2/28/13 | 1,485 | | X | 742 | 5 HY 200DB | 1,446 | 0 |
| 44 | TRUSSES | 6/26/13 | 29,727 | | X | 15,877 | 15 HY S/L | 13,850 | 1,059 |
| 45 | EQUIPMENT | 5/29/14 | 6,477 | | X | 3,238 | 7 HY 200DB | 5,128 | 0 |
| 48 | ICE MAKER | 7/24/17 | 2,450 | | X | 1,225 | 7 HY 200DB | 2,122 | 219 |
| 49 | SIGN | 8/31/17 | 6,240 | | X | 3,120 | 7 HY 200DB | 5,404 | 557 |
| 50 | BUILDING IMPROVEMENTS | 5/30/18 | 336,559 | | | 336,559 | 39 MMS/L | 43,506 | 8,629 |
| 51 | SOUND EQUIPMENT | 10/03/17 | 930 | | X | 124 | 7 HY 200DB | 806 | 83 |
| 52 | GENIE LIFT | 10/23/17 | 9,995 | | X | 1,338 | 7 HY 200DB | 8,657 | 892 |
| 53 | CAMERA | 11/27/17 | 4,641 | | X | 621 | 7 HY 200DB | 4,020 | 414 |
| 54 | LIGHTING EQUIPMENT | 12/06/17 | 5,279 | | X | 707 | 7 HY 200DB | 4,572 | 471 |
| 55 | COMPUTER | 3/28/18 | 2,549 | | X | 0 | 5 HY 200DB | 2,549 | 0 |

AMT Asset Report

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| Asset | Description | Date In Service | Cost | Bus % | Sec 179 | Bonus | Basis for Depr | PerConv Meth | Prior | Current |
|----------------------------|--|-----------------|------------------|-------|---------|-------|------------------|--------------|------------------|----------------|
| 57 | BUILDING IMPROVEMENTS | 8/20/18 | 82,440 | | | X | 58,985 | 15 HY S/L | 23,455 | 3,933 |
| 58 | ROLLER | 6/20/18 | 13,775 | | | X | 3,075 | 7 HY 200DB | 10,700 | 1,230 |
| 59 | COMPUTER | 11/23/18 | 1,056 | | | X | 0 | 5 HY 200DB | 1,056 | 0 |
| 60 | BUILDING IMPROVEMENTS | 5/08/20 | 174,772 | | | X | 140,919 | 15 HY S/L | 33,853 | 9,394 |
| 61 | PROJECTOR | 12/17/19 | 7,374 | | | X | 2,303 | 7 HY 200DB | 5,071 | 658 |
| 62 | SOUND BOARD | 12/17/19 | 8,512 | | | X | 2,659 | 7 HY 200DB | 5,853 | 760 |
| 63 | SCENIC AUTOMATION | 2/11/20 | 28,075 | | | X | 8,769 | 7 HY 200DB | 19,306 | 2,505 |
| 64 | SCENIC AUTOMATION | 8/01/20 | 28,075 | | | X | 12,276 | 7 HY 200DB | 15,799 | 3,507 |
| 65 | 413 S. PALM AVE | 9/30/20 | 191,607 | | | | 191,607 | 39 MMS/L | 13,311 | 4,913 |
| 67 | 415 S. PALM AVE | 8/31/20 | 201,769 | | | | 201,769 | 39 MMS/L | 14,449 | 5,173 |
| 69 | WINDOWS | 7/15/20 | 16,230 | | | | 16,230 | 39 MMS/L | 1,197 | 416 |
| 70 | DOORS | 1/18/21 | 13,481 | | | | 13,481 | 39 MMS/L | 822 | 345 |
| 71 | BAR REMODEL | 4/12/22 | 20,000 | | | | 20,000 | 39 MMS/L | 577 | 513 |
| 72 | 321 WILSON AVE | 5/18/22 | 138,922 | | | | 138,922 | 39 MMS/L | 3,711 | 3,562 |
| 74 | 313 WILSON AVE | 7/15/21 | 250,000 | | | | 250,000 | 39 MMS/L | 12,028 | 6,411 |
| 75 | 420 JULIA ST | 7/15/21 | 450,000 | | | | 450,000 | 39 MMS/L | 21,650 | 11,539 |
| 76 | 422 JULIA ST | 7/15/21 | 150,000 | | | | 150,000 | 39 MMS/L | 7,217 | 3,846 |
| 77 | 428 JULIA ST | 7/15/21 | 150,000 | | | | 150,000 | 39 MMS/L | 7,217 | 3,846 |
| 79 | 312/314 S PALM AVE | 7/02/21 | 179,730 | | | | 179,730 | 39 MMS/L | 8,647 | 4,609 |
| 81 | IMPROVEMENTS | 5/31/23 | 536,426 | | | | 536,426 | 39 MMS/L | 573 | 13,755 |
| 82 | VIDEO SERVER | 6/17/22 | 14,028 | | | | 14,028 | 5 HY 200DB | 2,806 | 4,489 |
| 83 | LIGHTING EQUIP | 6/13/22 | 3,802 | | | | 3,802 | 7 HY 200DB | 543 | 931 |
| 84 | APAV EQUIPMENT | 10/13/22 | 6,436 | | | | 6,436 | 7 HY 200DB | 919 | 1,577 |
| 85 | APPLE COMPUTERS | 7/19/22 | 6,798 | | | | 6,798 | 5 HY 200DB | 1,360 | 2,175 |
| 87 | SCENIC AUTOMATION | 2/06/23 | 1,570 | | | | 1,570 | 7 HY 200DB | 224 | 385 |
| 88 | DELL COMPUTERS | 6/30/22 | 4,394 | | | | 4,394 | 5 HY 200DB | 879 | 1,406 |
| 89 | KEYBOARD/ PIANO | 6/27/22 | 3,050 | | | | 3,050 | 7 HY 200DB | 436 | 747 |
| 90 | KEYBOARD/ PIANO | 6/15/22 | 2,426 | | | | 2,426 | 7 HY 200DB | 347 | 594 |
| 91 | PORT LIGHTING SYSTEM | 6/15/22 | 26,075 | | | | 26,075 | 7 HY 200DB | 3,725 | 6,386 |
| 92 | APPLE COMPUTER | 2/14/23 | 3,316 | | | | 3,316 | 5 HY 200DB | 663 | 1,061 |
| | | | <u>4,147,981</u> | | | | <u>3,852,360</u> | | <u>972,458</u> | <u>133,865</u> |
| ACRS: | | | | | | | | | | |
| 15 | BUILDING | 6/01/84 | 390,000 | | | | 390,000 | 18 MMS/L | 370,500 | 0 |
| | Total ACRS Depreciation | | <u>390,000</u> | | | | <u>390,000</u> | | <u>370,500</u> | <u>0</u> |
| Other Depreciation: | | | | | | | | | | |
| 46 | 311 JULIE ST (LAND) | 11/21/14 | 0 | | | | 0 | 0 HY | 0 | 0 |
| 47 | 313 JULIA STREET (LAND) | 4/11/16 | 0 | | | | 0 | 0 HY | 0 | 0 |
| 56 | LAND | 6/01/84 | 0 | | | | 0 | 0 HY | 0 | 0 |
| 66 | 413 S PALM AVE LAND | 9/30/20 | 0 | | | | 0 | 0 HY | 0 | 0 |
| 68 | 415 S. PALM AVE LAND | 8/31/20 | 0 | | | | 0 | 0 HY | 0 | 0 |
| 73 | 321 WILSON AVE LAND | 5/18/22 | 0 | | | | 0 | 0 HY | 0 | 0 |
| 78 | 420/422/428/313 JULIA WILSON LAND | 7/15/21 | 0 | | | | 0 | 0 HY | 0 | 0 |
| 80 | 312/314 S, PALM AVE | 7/02/21 | 0 | | | | 0 | 0 HY | 0 | 0 |
| | Total Other Depreciation | | <u>0</u> | | | | <u>0</u> | | <u>0</u> | <u>0</u> |
| | Total ACRS and Other Depreciation | | <u>390,000</u> | | | | <u>390,000</u> | | <u>370,500</u> | <u>0</u> |
| Listed Property: | | | | | | | | | | |
| 86 | VEHICLES | 6/27/22 | 5,041 | | | | 5,041 | 5 HY 200DB | 1,008 | 1,613 |
| | | | <u>5,041</u> | | | | <u>5,041</u> | | <u>1,008</u> | <u>1,613</u> |
| | Grand Totals | | 5,267,668 | | | | 4,963,156 | | 1,343,966 | 146,209 |
| | Less: Dispositions and Transfers | | 0 | | | | 0 | | 0 | 0 |
| | Net Grand Totals | | <u>5,267,668</u> | | | | <u>4,963,156</u> | | <u>1,343,966</u> | <u>146,209</u> |

Bonus Depreciation Report

Form 990, Page 1

| Asset | Property Description | Date In Service | Tax Cost | Bus Pct | Tax Sec 179 Exp | Current Bonus | Prior Bonus | Tax - Basis for Depr |
|--------------------|-------------------------|-----------------|----------------|---------|-----------------|---------------|----------------|----------------------|
| 1 | SOUND EQUIPMENT | 1/26/17 | 1,500 | | 0 | 0 | 750 | 750 |
| 2 | OFFICE FURNITURE | 3/14/17 | 11,384 | | 0 | 0 | 5,692 | 5,692 |
| 3 | RESTROOM EQUIP/ FIXTURE | 8/29/16 | 4,341 | | 0 | 0 | 2,171 | 2,170 |
| 4 | CHANDELIER LIFT | 3/17/17 | 1,425 | | 0 | 0 | 713 | 712 |
| 5 | FURN FIXTURES | 3/27/17 | 2,569 | | 0 | 0 | 1,285 | 1,284 |
| 7 | CHAIRS | 5/27/14 | 9,836 | | 0 | 0 | 4,918 | 4,918 |
| 8 | BUILDING IMPROVEMENTS | 11/05/13 | 35,726 | | 0 | 0 | 17,863 | 17,863 |
| 11 | SOUND SYSTEM | 12/22/14 | 24,418 | | 0 | 0 | 12,209 | 12,209 |
| 12 | EQUIPMENT (VARIOUS) | 3/05/15 | 27,255 | | 0 | 0 | 13,628 | 13,627 |
| 13 | IMPROVEMENTS | 5/12/16 | 108,595 | | 0 | 0 | 54,298 | 54,297 |
| 14 | LIGHTING | 10/15/15 | 2,900 | | 0 | 0 | 1,450 | 1,450 |
| 35 | FASCADE | 7/31/11 | 10,575 | | 0 | 0 | 9,358 | 1,217 |
| 36 | MICROPHONES | 7/31/11 | 4,890 | | 0 | 0 | 4,327 | 563 |
| 37 | LIGHTING SOFTWARE | 8/28/12 | 837 | | 0 | 0 | 419 | 418 |
| 38 | GENIE LIFT | 10/02/12 | 3,250 | | 0 | 0 | 1,625 | 1,625 |
| 39 | PROJECTOR | 10/26/12 | 3,000 | | 0 | 0 | 1,500 | 1,500 |
| 40 | SOUND EQUIPMENT | 12/12/12 | 1,420 | | 0 | 0 | 710 | 710 |
| 41 | COMPUTER | 2/28/13 | 433 | | 0 | 0 | 217 | 216 |
| 42 | LIGHTING | 2/28/13 | 10,066 | | 0 | 0 | 5,033 | 5,033 |
| 43 | TICKET PRINTER | 2/28/13 | 1,485 | | 0 | 0 | 743 | 742 |
| 44 | TRUSSES | 6/26/13 | 29,727 | | 0 | 0 | 13,850 | 15,877 |
| 45 | EQUIPMENT | 5/29/14 | 6,477 | | 0 | 0 | 3,239 | 3,238 |
| 48 | ICE MAKER | 7/24/17 | 2,450 | | 0 | 0 | 1,225 | 1,225 |
| 49 | SIGN | 8/31/17 | 6,240 | | 0 | 0 | 3,120 | 3,120 |
| 51 | SOUND EQUIPMENT | 10/03/17 | 930 | | 0 | 0 | 806 | 124 |
| 52 | GENIE LIFT | 10/23/17 | 9,995 | | 0 | 0 | 8,657 | 1,338 |
| 53 | CAMERA | 11/27/17 | 4,641 | | 0 | 0 | 4,020 | 621 |
| 54 | LIGHTING EQUIPMENT | 12/06/17 | 5,279 | | 0 | 0 | 4,572 | 707 |
| 55 | COMPUTER | 3/28/18 | 2,549 | | 0 | 0 | 2,549 | 0 |
| 57 | BUILDING IMPROVEMENTS | 8/20/18 | 82,440 | | 0 | 0 | 23,455 | 58,985 |
| 58 | ROLLER | 6/20/18 | 13,775 | | 0 | 0 | 10,700 | 3,075 |
| 59 | COMPUTER | 11/23/18 | 1,056 | | 0 | 0 | 1,056 | 0 |
| 60 | BUILDING IMPROVEMENTS | 5/08/20 | 174,772 | | 0 | 0 | 33,853 | 140,919 |
| 61 | PROJECTOR | 12/17/19 | 7,374 | | 0 | 0 | 5,071 | 2,303 |
| 62 | SOUND BOARD | 12/17/19 | 8,512 | | 0 | 0 | 5,853 | 2,659 |
| 63 | SCENIC AUTOMATION | 2/11/20 | 28,075 | | 0 | 0 | 19,306 | 8,769 |
| 64 | SCENIC AUTOMATION | 8/01/20 | 28,075 | | 0 | 0 | 15,799 | 12,276 |
| 95 | THEATRE SEATS | 5/30/24 | 14,818 | | 0 | 8,891 | 0 | 5,927 |
| Grand Total | | | 693,090 | | 0 | 8,891 | 296,040 | 388,159 |

Depreciation Adjustment Report

All Business Activities

| Form | Unit | Asset | Description | Tax | AMT | AMT Adjustments/ Preferences |
|---------------------------|------|-------|-------------------------|-------|-------|---------------------------------|
| MACRS Adjustments: | | | | | | |
| Page 1 | 1 | 1 | SOUND EQUIPMENT | 0 | 0 | 0 |
| Page 1 | 1 | 2 | OFFICE FURNITURE | 457 | 457 | 0 |
| Page 1 | 1 | 3 | RESTROOM EQUIP/ FIXTURE | 19 | 19 | 0 |
| Page 1 | 1 | 4 | CHANDELIER LIFT | 57 | 57 | 0 |
| Page 1 | 1 | 5 | FURN FIXTURES | 103 | 103 | 0 |
| Page 1 | 1 | 6 | IMPROVEMENTS | 8,152 | 8,152 | 0 |
| Page 1 | 1 | 7 | CHAIRS | 0 | 0 | 0 |
| Page 1 | 1 | 8 | BUILDING IMPROVEMENTS | 1,191 | 1,191 | 0 |
| Page 1 | 1 | 9 | 311 JULIA ST BLDG | 1,743 | 1,743 | 0 |
| Page 1 | 1 | 10 | BUILDING IMPROVEMENTS | 4,335 | 4,335 | 0 |
| Page 1 | 1 | 11 | SOUND SYSTEM | 0 | 0 | 0 |
| Page 1 | 1 | 12 | EQUIPMENT (VARIOUS) | 0 | 0 | 0 |
| Page 1 | 1 | 13 | IMPROVEMENTS | 3,620 | 3,620 | 0 |
| Page 1 | 1 | 14 | LIGHTING | 0 | 0 | 0 |
| Page 1 | 1 | 16 | BALCONY IMPROVEMENT | 0 | 0 | 0 |
| Page 1 | 1 | 17 | BUILDING IMPROVEMENTS | 0 | 0 | 0 |
| Page 1 | 1 | 18 | EXTERIOR REPAIR | 1,119 | 1,119 | 0 |
| Page 1 | 1 | 19 | INTERIOR REP EL | 79 | 79 | 0 |
| Page 1 | 1 | 20 | ROOF | 0 | 0 | 0 |
| Page 1 | 1 | 21 | ROOF | 0 | 0 | 0 |
| Page 1 | 1 | 22 | FLOORS | 0 | 0 | 0 |
| Page 1 | 1 | 23 | FLOORS | 0 | 0 | 0 |
| Page 1 | 1 | 24 | TILE | 0 | 0 | 0 |
| Page 1 | 1 | 25 | AIR CONDITIONER | 0 | 0 | 0 |
| Page 1 | 1 | 26 | CARPET | 0 | 0 | 0 |
| Page 1 | 1 | 27 | CEILING TILE | 0 | 0 | 0 |
| Page 1 | 1 | 28 | IMPROVEMENTS | 0 | 0 | 0 |
| Page 1 | 1 | 29 | IMPROVEMENTS | 0 | 0 | 0 |
| Page 1 | 1 | 30 | IMPROVEMENTS | 0 | 0 | 0 |
| Page 1 | 1 | 31 | IMPROVEMENTS | 0 | 0 | 0 |
| Page 1 | 1 | 32 | WINDOWS | 0 | 0 | 0 |
| Page 1 | 1 | 33 | IMPROVEMENTS | 0 | 0 | 0 |
| Page 1 | 1 | 34 | FLOORS | 0 | 0 | 0 |
| Page 1 | 1 | 35 | FASCADE | 0 | 0 | 0 |
| Page 1 | 1 | 36 | MICROPHONES | 0 | 0 | 0 |
| Page 1 | 1 | 38 | GENIE LIFT | 0 | 0 | 0 |
| Page 1 | 1 | 39 | PROJECTOR | 0 | 0 | 0 |
| Page 1 | 1 | 40 | SOUND EQUIPMENT | 0 | 0 | 0 |
| Page 1 | 1 | 41 | COMPUTER | 0 | 0 | 0 |
| Page 1 | 1 | 42 | LIGHTING | 0 | 0 | 0 |
| Page 1 | 1 | 43 | TICKET PRINTER | 0 | 0 | 0 |
| Page 1 | 1 | 44 | TRUSSES | 1,059 | 1,059 | 0 |
| Page 1 | 1 | 45 | EQUIPMENT | 0 | 0 | 0 |
| Page 1 | 1 | 48 | ICE MAKER | 219 | 219 | 0 |
| Page 1 | 1 | 49 | SIGN | 557 | 557 | 0 |
| Page 1 | 1 | 50 | BUILDING IMPROVEMENTS | 8,629 | 8,629 | 0 |
| Page 1 | 1 | 51 | SOUND EQUIPMENT | 83 | 83 | 0 |
| Page 1 | 1 | 52 | GENIE LIFT | 892 | 892 | 0 |
| Page 1 | 1 | 53 | CAMERA | 414 | 414 | 0 |
| Page 1 | 1 | 54 | LIGHTING EQUIPMENT | 471 | 471 | 0 |
| Page 1 | 1 | 55 | COMPUTER | 0 | 0 | 0 |
| Page 1 | 1 | 57 | BUILDING IMPROVEMENTS | 3,933 | 3,933 | 0 |
| Page 1 | 1 | 58 | ROLLER | 1,230 | 1,230 | 0 |
| Page 1 | 1 | 59 | COMPUTER | 0 | 0 | 0 |
| Page 1 | 1 | 60 | BUILDING IMPROVEMENTS | 9,394 | 9,394 | 0 |
| Page 1 | 1 | 61 | PROJECTOR | 658 | 658 | 0 |
| Page 1 | 1 | 62 | SOUND BOARD | 760 | 760 | 0 |
| Page 1 | 1 | 63 | SCENIC AUTOMATION | 2,505 | 2,505 | 0 |
| Page 1 | 1 | 64 | SCENIC AUTOMATION | 3,507 | 3,507 | 0 |
| Page 1 | 1 | 65 | 413 S. PALM AVE | 4,913 | 4,913 | 0 |
| Page 1 | 1 | 67 | 415 S. PALM AVE | 5,173 | 5,173 | 0 |
| Page 1 | 1 | 69 | WINDOWS | 416 | 416 | 0 |
| Page 1 | 1 | 70 | DOORS | 345 | 345 | 0 |
| Page 1 | 1 | 71 | BAR REMODEL | 513 | 513 | 0 |
| Page 1 | 1 | 72 | 321 WILSON AVE | 3,562 | 3,562 | 0 |
| Page 1 | 1 | 74 | 313 WILSON AVE | 6,411 | 6,411 | 0 |

Depreciation Adjustment Report

All Business Activities

| Form | Unit | Asset | Description | Tax | AMT | AMT Adjustments/ Preferences |
|--------|------|-------|----------------------|----------------|----------------|---------------------------------|
| Page 1 | 1 | 75 | 420 JULIA ST | 11,539 | 11,539 | 0 |
| Page 1 | 1 | 76 | 422 JULIA ST | 3,846 | 3,846 | 0 |
| Page 1 | 1 | 77 | 428 JULIA ST | 3,846 | 3,846 | 0 |
| Page 1 | 1 | 79 | 312/314 S PALM AVE | 4,609 | 4,609 | 0 |
| Page 1 | 1 | 81 | IMPROVEMENTS | 13,755 | 13,755 | 0 |
| Page 1 | 1 | 82 | VIDEO SERVER | 4,489 | 4,489 | 0 |
| Page 1 | 1 | 83 | LIGHTING EQUIP | 931 | 931 | 0 |
| Page 1 | 1 | 84 | APAV EQUIPMENT | 1,577 | 1,577 | 0 |
| Page 1 | 1 | 85 | APPLE COMPUTERS | 2,175 | 2,175 | 0 |
| Page 1 | 1 | 86 | VEHICLES | 1,613 | 1,613 | 0 |
| Page 1 | 1 | 87 | SCENIC AUTOMATION | 385 | 385 | 0 |
| Page 1 | 1 | 88 | DELL COMPUTERS | 1,406 | 1,406 | 0 |
| Page 1 | 1 | 89 | KEYBOARD/ PIANO | 747 | 747 | 0 |
| Page 1 | 1 | 90 | KEYBOARD/ PIANO | 594 | 594 | 0 |
| Page 1 | 1 | 91 | PORT LIGHTING SYSTEM | 6,386 | 6,386 | 0 |
| Page 1 | 1 | 92 | APPLE COMPUTER | 1,061 | 1,061 | 0 |
| Page 1 | 1 | 93 | IMPROVEMENTS | 739 | 739 | 0 |
| Page 1 | 1 | 94 | PORTABLE TOILETS | 890 | 890 | 0 |
| Page 1 | 1 | 95 | THEATRE SEATS | 9,102 | 9,102 | 0 |
| | | | | <u>146,209</u> | <u>146,209</u> | <u>0</u> |

| Asset | Description | Date In Service | Cost | Tax | AMT |
|---------------------|-------------------------|-----------------|---------|--------|--------|
| Prior MACRS: | | | | | |
| 1 | SOUND EQUIPMENT | 1/26/17 | 1,500 | 0 | 0 |
| 2 | OFFICE FURNITURE | 3/14/17 | 11,384 | 0 | 0 |
| 3 | RESTROOM EQUIP/ FIXTURE | 8/29/16 | 4,341 | 0 | 0 |
| 4 | CHANDELIER LIFT | 3/17/17 | 1,425 | 0 | 0 |
| 5 | FURN FIXTURES | 3/27/17 | 2,569 | 0 | 0 |
| 6 | IMPROVEMENTS | 5/31/17 | 317,901 | 8,151 | 8,151 |
| 7 | CHAIRS | 5/27/14 | 9,836 | 0 | 0 |
| 8 | BUILDING IMPROVEMENTS | 11/05/13 | 35,726 | 1,191 | 1,191 |
| 9 | 311 JULIA ST BLDG | 11/21/14 | 68,000 | 1,744 | 1,744 |
| 10 | BUILDING IMPROVEMENTS | 4/30/15 | 169,064 | 4,335 | 4,335 |
| 11 | SOUND SYSTEM | 12/22/14 | 24,418 | 0 | 0 |
| 12 | EQUIPMENT (VARIOUS) | 3/05/15 | 27,255 | 0 | 0 |
| 13 | IMPROVEMENTS | 5/12/16 | 108,595 | 3,619 | 3,619 |
| 14 | LIGHTING | 10/15/15 | 2,900 | 0 | 0 |
| 16 | BALCONY IMPROVEMENT | 1/21/89 | 6,938 | 0 | 173 |
| 17 | BUILDING IMPROVEMENTS | 1/21/89 | 93,734 | 0 | 2,343 |
| 18 | EXTERIOR REPAIR | 11/01/91 | 35,235 | 0 | 880 |
| 19 | INTERIOR REP EL | 1/08/04 | 3,100 | 80 | 80 |
| 20 | ROOF | 5/20/05 | 14,150 | 0 | 0 |
| 21 | ROOF | 6/01/05 | 26,278 | 0 | 0 |
| 22 | FLOORS | 5/29/06 | 1,300 | 0 | 0 |
| 23 | FLOORS | 6/02/06 | 4,139 | 0 | 0 |
| 24 | TILE | 6/02/06 | 2,220 | 0 | 0 |
| 25 | AIR CONDITIONER | 6/13/06 | 1,880 | 0 | 0 |
| 26 | CARPET | 6/13/06 | 1,471 | 0 | 0 |
| 27 | CEILING TILE | 6/20/06 | 1,700 | 0 | 0 |
| 28 | IMPROVEMENTS | 6/27/06 | 2,078 | 0 | 0 |
| 29 | IMPROVEMENTS | 8/07/06 | 3,000 | 0 | 0 |
| 30 | IMPROVEMENTS | 8/07/06 | 2,605 | 0 | 0 |
| 31 | IMPROVEMENTS | 8/21/06 | 2,767 | 0 | 0 |
| 32 | WINDOWS | 8/28/06 | 2,900 | 0 | 0 |
| 33 | IMPROVEMENTS | 9/12/06 | 1,000 | 0 | 0 |
| 34 | FLOORS | 10/16/06 | 2,467 | 0 | 0 |
| 35 | FASCADE | 7/31/11 | 10,575 | 0 | 0 |
| 36 | MICROPHONES | 7/31/11 | 4,890 | 0 | 0 |
| 38 | GENIE LIFT | 10/02/12 | 3,250 | 0 | 0 |
| 39 | PROJECTOR | 10/26/12 | 3,000 | 0 | 0 |
| 40 | SOUND EQUIPMENT | 12/12/12 | 1,420 | 0 | 0 |
| 41 | COMPUTER | 2/28/13 | 433 | 0 | 0 |
| 42 | LIGHTING | 2/28/13 | 10,066 | 0 | 0 |
| 43 | TICKET PRINTER | 2/28/13 | 1,485 | 0 | 0 |
| 44 | TRUSSES | 6/26/13 | 29,727 | 990 | 990 |
| 45 | EQUIPMENT | 5/29/14 | 6,477 | 0 | 0 |
| 48 | ICE MAKER | 7/24/17 | 2,450 | 109 | 109 |
| 49 | SIGN | 8/31/17 | 6,240 | 279 | 279 |
| 50 | BUILDING IMPROVEMENTS | 5/30/18 | 336,559 | 8,630 | 8,630 |
| 51 | SOUND EQUIPMENT | 10/03/17 | 930 | 41 | 41 |
| 52 | GENIE LIFT | 10/23/17 | 9,995 | 446 | 446 |
| 53 | CAMERA | 11/27/17 | 4,641 | 207 | 207 |
| 54 | LIGHTING EQUIPMENT | 12/06/17 | 5,279 | 236 | 236 |
| 55 | COMPUTER | 3/28/18 | 2,549 | 0 | 0 |
| 57 | BUILDING IMPROVEMENTS | 8/20/18 | 82,440 | 3,670 | 3,670 |
| 58 | ROLLER | 6/20/18 | 13,775 | 1,230 | 1,230 |
| 59 | COMPUTER | 11/23/18 | 1,056 | 0 | 0 |
| 60 | BUILDING IMPROVEMENTS | 5/08/20 | 174,772 | 8,769 | 8,769 |
| 61 | PROJECTOR | 12/17/19 | 7,374 | 658 | 658 |
| 62 | SOUND BOARD | 12/17/19 | 8,512 | 760 | 760 |
| 63 | SCENIC AUTOMATION | 2/11/20 | 28,075 | 2,506 | 2,506 |
| 64 | SCENIC AUTOMATION | 8/01/20 | 28,075 | 2,506 | 2,506 |
| 65 | 413 S. PALM AVE | 9/30/20 | 191,607 | 4,913 | 4,913 |
| 67 | 415 S. PALM AVE | 8/31/20 | 201,769 | 5,174 | 5,174 |
| 69 | WINDOWS | 7/15/20 | 16,230 | 416 | 416 |
| 70 | DOORS | 1/18/21 | 13,481 | 346 | 346 |
| 71 | BAR REMODEL | 4/12/22 | 20,000 | 512 | 512 |
| 72 | 321 WILSON AVE | 5/18/22 | 138,922 | 3,562 | 3,562 |
| 74 | 313 WILSON AVE | 7/15/21 | 250,000 | 6,410 | 6,410 |
| 75 | 420 JULIA ST | 7/15/21 | 450,000 | 11,538 | 11,538 |

| <u>Asset</u> | <u>Description</u> | <u>Date In Service</u> | <u>Cost</u> | <u>Tax</u> | <u>AMT</u> |
|----------------------------|--|------------------------|------------------|----------------|----------------|
| 76 | 422 JULIA ST | 7/15/21 | 150,000 | 3,846 | 3,846 |
| 77 | 428 JULIA ST | 7/15/21 | 150,000 | 3,846 | 3,846 |
| 79 | 312/314 S PALM AVE | 7/02/21 | 179,730 | 4,608 | 4,608 |
| 81 | IMPROVEMENTS | 5/31/23 | 536,426 | 13,754 | 13,754 |
| 82 | VIDEO SERVER | 6/17/22 | 14,028 | 2,693 | 2,693 |
| 83 | LIGHTING EQUIP | 6/13/22 | 3,802 | 665 | 665 |
| 84 | APAV EQUIPMENT | 10/13/22 | 6,436 | 1,126 | 1,126 |
| 85 | APPLE COMPUTERS | 7/19/22 | 6,798 | 1,305 | 1,305 |
| 87 | SCENIC AUTOMATION | 2/06/23 | 1,570 | 274 | 274 |
| 88 | DELL COMPUTERS | 6/30/22 | 4,394 | 843 | 843 |
| 89 | KEYBOARD/ PIANO | 6/27/22 | 3,050 | 533 | 533 |
| 90 | KEYBOARD/ PIANO | 6/15/22 | 2,426 | 424 | 424 |
| 91 | PORT LIGHTING SYSTEM | 6/15/22 | 26,075 | 4,561 | 4,561 |
| 92 | APPLE COMPUTER | 2/14/23 | 3,316 | 637 | 637 |
| 93 | IMPROVEMENTS | 5/15/24 | 692,028 | 17,745 | 17,745 |
| 94 | PORTABLE TOILETS | 7/26/23 | 17,800 | 1,691 | 1,691 |
| 95 | THEATRE SEATS | 5/30/24 | 14,818 | 1,633 | 1,633 |
| | | | <u>4,872,627</u> | <u>143,212</u> | <u>146,608</u> |
| ACRS: | | | | | |
| 15 | BUILDING | 6/01/84 | 390,000 | 0 | 0 |
| | Total ACRS Depreciation | | <u>390,000</u> | <u>0</u> | <u>0</u> |
| Other Depreciation: | | | | | |
| 37 | LIGHTING SOFTWARE | 8/28/12 | 837 | 0 | 0 |
| 46 | 311 JULIE ST (LAND) | 11/21/14 | 10,000 | 0 | 0 |
| 47 | 313 JULIA STREET (LAND) | 4/11/16 | 112,500 | 0 | 0 |
| 56 | LAND | 6/01/84 | 22,459 | 0 | 0 |
| 66 | 413 S PALM AVE LAND | 9/30/20 | 10,000 | 0 | 0 |
| 68 | 415 S. PALM AVE LAND | 8/31/20 | 10,000 | 0 | 0 |
| 73 | 321 WILSON AVE LAND | 5/18/22 | 10,000 | 0 | 0 |
| 78 | 420/422/428/313 JULIA WILSON LAND | 7/15/21 | 60,403 | 0 | 0 |
| 80 | 312/314 S, PALM AVE | 7/02/21 | 20,000 | 0 | 0 |
| | Total Other Depreciation | | <u>256,199</u> | <u>0</u> | <u>0</u> |
| | Total ACRS and Other Depreciation | | <u>646,199</u> | <u>0</u> | <u>0</u> |
| Listed Property: | | | | | |
| 86 | VEHICLES | 6/27/22 | 5,041 | 968 | 968 |
| | | | <u>5,041</u> | <u>968</u> | <u>968</u> |
| | Grand Totals | | <u>5,523,867</u> | <u>144,180</u> | <u>147,576</u> |

| | | |
|--|-----------------------------------|------------------------|
| Form 990 | Two Year Comparison Report | 2022 & 2023 |
| For calendar year 2023, or tax year beginning 06/01/23 , ending 05/31/24 | | |

Name **TITUSVILLE PLAYHOUSE INC** Taxpayer Identification Number **59-6177447**

| | | 2022 | 2023 | Differences |
|--------------------------|--|------------------|------------------|----------------|
| Revenue | 1. Contributions, gifts, grants | 391,445 | 534,402 | 142,957 |
| | 2. Membership dues and assessments | 83,800 | 98,100 | 14,300 |
| | 3. Government contributions and grants | 193,424 | | -193,424 |
| | 4. Program service revenue | 1,357,966 | 1,733,109 | 375,143 |
| | 5. Investment income | 1,753 | 2,540 | 787 |
| | 6. Proceeds from tax exempt bonds | | | |
| | 7. Net gain or (loss) from sale of assets other than inventory | -8,070 | 10,570 | 18,640 |
| | 8. Net income or (loss) from fundraising events | | 42,062 | 42,062 |
| | 9. Net income or (loss) from gaming | | | |
| | 10. Net gain or (loss) on sales of inventory | | | |
| | 11. Other revenue | 105,440 | 67,047 | -38,393 |
| | 12. Total revenue. Add lines 1 through 11 | 2,125,758 | 2,487,830 | 362,072 |
| Expenses | 13. Grants and similar amounts paid | | | |
| | 14. Benefits paid to or for members | | | |
| | 15. Compensation of officers, directors, trustees, etc. | | | |
| | 16. Salaries, other compensation, and employee benefits | 876,822 | 892,545 | 15,723 |
| | 17. Professional fundraising fees | | | |
| | 18. Other professional fees | 25,934 | 18,073 | -7,861 |
| | 19. Occupancy, rent, utilities, and maintenance | 169,465 | 197,252 | 27,787 |
| | 20. Depreciation and Depletion | 117,281 | 146,209 | 28,928 |
| | 21. Other expenses | 785,826 | 1,092,718 | 306,892 |
| | 22. Total expenses. Add lines 13 through 21 | 1,975,328 | 2,346,797 | 371,469 |
| | 23. Excess or (Deficit). Subtract line 22 from line 12 | 150,430 | 141,033 | -9,397 |
| Other Information | 24. Total exempt revenue | 2,125,758 | 2,487,830 | 362,072 |
| | 25. Total unrelated revenue | | | |
| | 26. Total excludable revenue | 1,457,089 | 1,813,266 | 356,177 |
| | 27. Total assets | 4,473,191 | 4,537,221 | 64,030 |
| | 28. Total liabilities | 2,937,833 | 2,861,500 | -76,333 |
| | 29. Retained earnings | 1,535,358 | 1,675,721 | 140,363 |
| | 30. Number of voting members of governing body | 5 | 5 | |
| | 31. Number of independent voting members of governing body | 5 | 5 | |
| | 32. Number of employees | 36 | 31 | |
| | 33. Number of volunteers | | | |

| | | |
|-----------------|---------------------------------|------------------------|
| Form 990 | Tax Projection Worksheet | 2023 & 2024 |
|-----------------|---------------------------------|------------------------|

Name **TITUSVILLE PLAYHOUSE INC** Taxpayer Identification Number **59-6177447**

| | | 2023 | 2024 | Differences |
|-----------------|--|----------------------|------------------|-------------|
| Revenue | 1. Contributions, gifts, grants | 1. 534,402 | 534,402 | |
| | 2. Membership dues and assessments | 2. 98,100 | 98,100 | |
| | 3. Government contributions and grants | 3. | | |
| | 4. Program service revenue | 4. 1,733,109 | 1,733,109 | |
| | 5. Investment income | 5. 2,540 | 2,540 | |
| | 6. Proceeds from tax exempt bonds | 6. | | |
| | 7. Net gain or (loss) from sale of assets other than inventory | 7. 10,570 | 10,570 | |
| | 8. Net income or (loss) from fundraising events | 8. 42,062 | 42,062 | |
| | 9. Net income or (loss) from gaming | 9. | | |
| | 10. Net gain or (loss) on sales of inventory | 10. | | |
| | 11. Other revenue | 11. 67,047 | 67,047 | |
| | 12. Total revenue. Add lines 1 through 11 | 12. 2,487,830 | 2,487,830 | |
| Expenses | 13. Grants and similar amounts paid | 13. | | |
| | 14. Benefits paid to or for members | 14. | | |
| | 15. Compensation of officers, directors, trustees, etc. | 15. | | |
| | 16. Salaries, other compensation, and employee benefits | 16. 892,545 | 892,545 | |
| | 17. Professional fundraising fees | 17. | | |
| | 18. Other professional fees | 18. 18,073 | 18,073 | |
| | 19. Occupancy, rent, utilities, and maintenance | 19. 197,252 | 197,252 | |
| | 20. Depreciation and Depletion | 20. 146,209 | 146,209 | |
| | 21. Other expenses | 21. 1,092,718 | 1,092,718 | |
| | 22. Total expenses. Add lines 13 through 21 | 22. 2,346,797 | 2,346,797 | |
| | 23. Excess or (Deficit). Subtract line 22 from line 12 | 23. 141,033 | 141,033 | |
| Other | 24. Total exempt revenue | 24. 2,487,830 | 2,487,830 | |
| | 25. Total unrelated revenue | 25. | | |
| | 26. Total excludable revenue | 26. 1,813,266 | 1,813,266 | |
| | 27. Total assets | 27. 4,537,221 | 4,537,221 | |
| | 28. Total liabilities | 28. 2,861,500 | 2,861,500 | |
| | 29. Retained earnings | 29. 1,675,721 | 1,675,721 | |
| | 30. Number of voting members of governing body | 30. 5 | 5 | |
| | 31. Number of independent voting members of governing body | 31. 5 | 5 | |
| | 32. Number of employees | 32. 31 | 31 | |
| | 33. Number of volunteers | 33. | | |

Tax Return History

Form **990**

2023

Name **TITUSVILLE PLAYHOUSE INC** Employer Identification Number **59-6177447**

| | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|-----------------------------------|------|------|------|-----------|-----------|-----------|
| Contributions, gifts, grants | | | | 584,869 | 534,402 | 534,402 |
| Membership dues | | | | 83,800 | 98,100 | 98,100 |
| Program service revenue | | | | 1,357,966 | 1,733,109 | 1,733,109 |
| Capital gain or loss | | | | -8,070 | 10,570 | 10,570 |
| Investment income | | | | 1,753 | 2,540 | 2,540 |
| Fundraising revenue (income/loss) | | | | | 42,062 | 42,062 |
| Gaming revenue (income/loss) | | | | | | |
| Other revenue | | | | 105,440 | 67,047 | 67,047 |
| Total revenue | | | | 2,125,758 | 2,487,830 | 2,487,830 |
| Grants and similar amounts paid | | | | | | |
| Benefits paid to or for members | | | | | | |
| Compensation of officers, etc. | | | | | | |
| Other compensation | | | | 876,822 | 892,545 | 892,545 |
| Professional fees | | | | 25,934 | 18,073 | 18,073 |
| Occupancy costs | | | | 169,465 | 197,252 | 197,252 |
| Depreciation and depletion | | | | 117,281 | 146,209 | 146,209 |
| Other expenses | | | | 785,826 | 1,092,718 | 1,092,718 |
| Total expenses | | | | 1,975,328 | 2,346,797 | 2,346,797 |
| Excess or (Deficit) | | | | 150,430 | 141,033 | 141,033 |
| Total exempt revenue | | | | 2,125,758 | 2,487,830 | 2,487,830 |
| Total unrelated revenue | | | | | | |
| Total excludable revenue | | | | 1,457,089 | 1,813,266 | 1,813,266 |
| Total Assets | | | | 4,473,191 | 4,537,221 | 4,537,221 |
| Total Liabilities | | | | 2,937,833 | 2,861,500 | 2,861,500 |
| Net Fund Balances | | | | 1,535,358 | 1,675,721 | 1,675,721 |

Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses

| Description | Total Expenses | Program Service | Management & General | Fund Raising |
|-------------------------|----------------|-----------------|----------------------|--------------|
| WORKSHOPS & SUMMER CAMP | \$ 17,043 | \$ 17,043 | | \$ |
| SALES TAXES | 13,322 | 13,322 | | |
| MOTIVATIONAL COSTS | 8,821 | 8,821 | | |
| ADMINISTRATIVE COSTS | 6,915 | | 6,915 | |
| TOTAL | \$ 46,101 | \$ 39,186 | \$ 6,915 | \$ 0 |

Request for Taxpayer Identification Number and Certification

**Give form to the
 requester. Do not
 send to the IRS.**

Go to www.irs.gov/FormW9 for instructions and the latest information.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type.
 See Specific Instructions on page 3.

| | | |
|----|---|--|
| 1 | Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Titusville Playhouse Inc. | |
| 2 | Business name/disregarded entity name, if different from above. | |
| 3a | Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input checked="" type="checkbox"/> Other (see instructions) 501c3 | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) <u>01</u> Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i> |
| 3b | If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/> | |
| 5 | Address (number, street, and apt. or suite no.). See instructions. 301 Julia Street | Requester's name and address (optional) |
| 6 | City, state, and ZIP code Titusville, FL 32796 | |
| 7 | List account number(s) here (optional) | |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

| | | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|--|--|
| Social security number | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> | | | | | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| or | | | | | | | | | | | | | |
| Employer identification number | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%; text-align: center;">5</td> <td style="width: 25%; text-align: center;">9</td> <td style="width: 25%; text-align: center;">-</td> <td style="width: 25%; text-align: center;">6</td> </tr> <tr> <td style="width: 25%; text-align: center;">1</td> <td style="width: 25%; text-align: center;">7</td> <td style="width: 25%; text-align: center;">7</td> <td style="width: 25%; text-align: center;">4</td> </tr> <tr> <td style="width: 25%; text-align: center;">4</td> <td style="width: 25%; text-align: center;">4</td> <td style="width: 25%; text-align: center;">7</td> <td style="width: 25%;"></td> </tr> </table> | 5 | 9 | - | 6 | 1 | 7 | 7 | 4 | 4 | 4 | 7 | | |
| 5 | 9 | - | 6 | | | | | | | | | | |
| 1 | 7 | 7 | 4 | | | | | | | | | | |
| 4 | 4 | 7 | | | | | | | | | | | |

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

| | | |
|------------------|--------------------------|---------------------|
| Sign Here | Signature of U.S. person | Date 7-12-24 |
|------------------|--------------------------|---------------------|

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

| Marketing Support Program - TITUSVILLE PLAYHOUSE | | | | | | | |
|---|----------------------|-------------------|------------------|---|----------------------|---------------------|---------------|
| FY 2025-2026 | | | | | | | |
| Event Income/Expense Report | | | | | | | |
| Expenses | 2025-2026 projection | 2024-2025 actuals | VAR+10% Increase | Income | 2025-2026 projection | 2024-2025 actuals | VAR |
| Production Expense | \$406,940.00 | \$215,003.00 | \$191,937.00 | Box Office Sales | \$1,939,190.00 | \$1,435,163.00 | \$504,027.00 |
| Facilities & maintenance | \$242,500.00 | \$174,208.00 | \$68,292.00 | Memberships | \$132,600.00 | \$141,000.00 | -\$8,400.00 |
| Administrative | \$353,200.00 | \$278,980.00 | \$74,220.00 | Fundraising Events | \$108,355.00 | \$255,643.00 | -\$147,288.00 |
| Labor | \$1,262,356.00 | \$859,704.00 | \$402,652.00 | Educational Outreach | \$63,950.00 | \$78,315.00 | -\$14,365.00 |
| Educational Program | \$6,200.00 | \$3,335.00 | \$2,865.00 | Other | \$254,200.00 | \$236,905.00 | \$17,295.00 |
| Expenses Subtotal | \$2,271,196.00 | \$1,531,230.00 | \$739,966.00 | | | | |
| Other Expenses | | | | | | | |
| Other | \$254,000.00 | \$308,457.00 | -\$54,457.00 | Income Subtotal | \$2,498,295.00 | \$2,147,026.00 | \$351,269.00 |
| | | | | Sponsorships | \$126,000.00 | \$294,000.00 | -\$168,000.00 |
| | | | | Cash in Bank to start | | | |
| | | | | | | | |
| | | | | TDC grant funding | \$17,500.00 | \$20,000.00 | -\$2,500.00 |
| | | | | Total Income | \$2,641,795.00 | \$2,461,026.00 | \$180,769.00 |
| | | | | Total Expenses Paid | \$2,640,196.00 | \$1,951,385.00 | |
| | | | | | | | |
| Other Expenses Subtotal | \$254,000.00 | \$308,457.00 | -\$54,457.00 | Profit/Loss | \$1,599.00 | \$509,641.00 | |
| Marketing - please specify Brevard/Out-of-County | | | | Note: 2024-2025 actuals are 6-24 - 3-25 | | | |
| In county mailer | \$40,000.00 | \$0.00 | \$40,000.00 | | | | |
| Out of county mailer | \$30,000.00 | \$0.00 | \$30,000.00 | | | | |
| Social media | \$7,500.00 | \$0.00 | \$7,500.00 | | | | |
| Other marketing | \$37,500.00 | \$111,698.00 | -\$74,198.00 | | | | |
| | | | \$0.00 | | | | |
| | | | \$0.00 | | | | |
| | | | \$0.00 | | | | |
| | \$115,000.00 | \$111,698.00 | \$3,302.00 | | | | |
| Marketing Expense | | | | | | | |
| Total Expenses 2025-2026 | \$2,640,196.00 | \$1,951,385.00 | | | | | |

Space Coast FLORIDA

**Tourism Development Office
FY 2025-2026 Marketing Support Program
Applicant checklist**

Applicant organization name: Titusville Playhouse

Applicant event name: 1st Season

Applicant name completing this form: Marcia Gaedcke

Applicant- Use this checklist to confirm that you have completed all elements of the application prior to submitting. Initial next to each item. Items (2-9) must be uploaded within the application.

| | Applicant initial | TDO staff initial | TDO staff comments |
|---|-------------------|-------------------|--------------------|
| 1. Application – | | DW | |
| 2. Copy of IRS Articles of Incorporation – (submit if for-profit) | | DW | N/A |
| 3. Copy of IRS Determination Letter – (submit if 501(c)(3)) | | DW | |
| 4. Copy of SunBiz.com - (if applicable, see application for details) | | DW | |
| 5. Copy of 990 form (if applicable, see application) | | DW | |
| 6. Copy of completed W-9 form (March 2024) | | DW | |
| 7. Income/Expense worksheet (required for all applicants) | | DW | |
| 8. Copy of this checklist – (completed, initialed, and signed by applicant) | | DW | |

I, consent that all above documents have been submitted completely by uploading within the application packet.

Marcia Gaedcke → 6/17/25
Applicant signature & date

Melbourne Main Street

[Return to Table of Contents](#)



**Tourism Development Office
 FY 2025-2026 Marketing Support Program
 Application Packet checklist**

Applicant Organization Name: Melbourne Main Street

Applicant Event Name: Candlelight Shopping, Food & Wine Fest, Botanical Festival

| | Yes | No | Comment |
|--|-----|----|---------|
| 1. Completed application | X | | |
| 2. Copy of IRS Articles of Incorporation – (if applicable) | | X | N/A |
| 3. Copy of IRS Determination letter – (if applicable) | X | | |
| 4. Copy of SunBiz.org (if applicable) | X | | |
| 5. Copy of 990 (if applicable) | X | | |
| 6. Copy of completed W-9 (March 2024) | X | | |
| 7. Income/Expense worksheet (required for all applicants) | X | | |
| 8. Copy of the Applicant checklist | X | | |

This application meets the minimum requirement of 5,001 out-of-county attendees (Cultural) or 250 room nights (Sports).

NO

All documents have been submitted, reviewed and/or addressed in the comments.

 7/2/2025

Peter Cranis, Executive Director

FY 2025-2026 Marketing Support Program application

Response ID:64 Data

2. (untitled)

1. I have read and understand the policies/procedures within the FY 2025-2026 Marketing Support Program Criteria.



Signature of: Kimberly Meehan Agee

3. (untitled)

2. Which best describes your event/year-round programming?

Cultural

4. (untitled)

3. ORGANIZATION INFORMATION

Name of organization hosting event/year-round programming

Melbourne Main Street

Organization address

2004 Vernon Place, Melbourne, FL, USA

State

Florida

City

Melbourne

Zip

32901

Primary contact name

Kimberly Agee

Primary contact phone number

3218069144

Primary contact email

kim@downtownmelbourne.com

Secondary contact name

Tara Weigner

Secondary contact phone number

330-990-0148

Secondary contact email

events@downtownmelbourne.com

Organization website address

www.DowntownMelbourne.com

5. (untitled)

4. Which best describes your organization?

501(C)(3)

6. (untitled)

5. What is your Federal Employee ID number?

59-1977660

7. (untitled)

6. Are you completing this application for an event or year-round programming?

Event - single or multi-day festival, surfing contest, running race, Main Street organizations, etc.

8. (untitled)

7. EVENT INFORMATION - #1

Name of event

Candlelight Shopping

Event website address (if different from organization website)

www.DowntownMelbourne.com

Event location

Melbourne, FL

9. (untitled)

8. What is the first date of your event?

11/29/2025

10. (untitled)

9. In total, how many days will your event be held?

4

11. (untitled)

10. Do you have a second event?

Yes

12. (untitled)

11. **EVENT INFORMATION - #2**

Name of event

Food and Wine Festival

Event website address (if different from organization website)

www.DowntownMelbourne.com

Event location

Melbourne, FL

13. (untitled)

12. What is the first date of your event?

11/08/2025

14. (untitled)

13. In total, how many days will your event be held?

1

15. (untitled)

14. Do you have a third event?

Yes

16. (untitled)

15. **EVENT INFORMATION - #3**

Name of event

Botanical Fest

Event website address (if different from organization website)

www.DowntownMelbourne.com

Event location

Melbourne, FL

17. (untitled)

16. **What is the first date of your event?**

04/11/2026

18. (untitled)

17. **In total, how many days will your event be held?**

1

19. (untitled)

18. **What types of marketing do you plan to do for this event?**

Billboards

Social hashtags

Social media (Facebook, Instagram, YouTube, etc.)

Other - Please be specific.....: Print Ads, Constant Contact Direct Email, Website Event Listings (various sites, including DowntownMelbourne.com, Space Coast Office of Tourism, BCA, Destination Brevard, etc.

20. (untitled)

What types of marketing do you plan to do for your year-round programming?

21. (untitled)

19. **What are your social media handles?**

Facebook : melbournemainstreet & downtownmelborunemelbournemainstreet

Instagram : melbournemainstreet

22. (untitled)

20. What hashtags do you currently use?

#melbournemainstreet, #downtownmelbourne

23. (untitled)

21. Upload a copy of your organization's IRS Determination letter.

[3_MMS_IRS_Determination_Ltr.pdf](#)

24. (untitled)

22. Upload a copy of your organization's 990 form.

[5_MMS_2023_Tax_Return_Documents_990.pdf](#)

25. (untitled)

Upload a copy of your organization's Articles of Incorporation.

26. (untitled)

23. If you are a Florida organization, please upload a copy of your SunBiz.com account associated with your organization.

[4_MMS_SunBiz_2024-2025.pdf](#)

27. (untitled)

24. Upload your completed W-9 form.

[6_MMS_W9_2024_Form.pdf](#)

28. (untitled)

25. Upload your completed Event Income/Expense report.

[7_MMS_Income_Expense_Report_FY25-26.pdf](#)

29. (untitled)

26. Upload your completed Checklist.

[8_MMS_MSP_Checklist_2025-2026.pdf](#)

30. (untitled)

27.

ATTESTATION

I attest that all information in this questionnaire is true and correct. I further attest that will comply with the requirements set forth, if awarded support.

A handwritten signature in black ink, consisting of a stylized 'K' followed by a long horizontal line that ends in a small upward hook.

Signature of: Kimberly Meehan Agee

31. Thank You!

New Send Email

Jun 06, 2025 15:14:22 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com;
Terrence.Parks@VisitSpaceCoast.com

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date:

MAY 21 2004

MELBOURNE MAIN STREET INC
1908 MUNICIPAL LN
MELBOURNE, FL 32902-0754

Employer Identification Number:
34-1977660
DLN:
17053118051044
Contact Person: ZENIA LUK ID# 31522
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Foundation Status Classification:
509(a)(1)
Advance Ruling Period Begins:
October 31, 2003
Advance Ruling Period Ends:
December 31, 2007
Addendum Applies:
No

Dear Applicant:

Based on information you supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably expect to be a publicly supported organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

Accordingly, during an advance ruling period you will be treated as a publicly supported organization, and not as a private foundation. This advance ruling period begins and ends on the dates shown above.

Within 90 days after the end of your advance ruling period, you must send us the information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, we will classify you as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, we will classify you as a private foundation for future periods. Also, if we classify you as a private foundation, we will treat you as a private foundation from your beginning date for purposes of section 507(d) and 4940.

Grantors and contributors may rely on our determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you send us the required information within the 90 days, grantors and contributors may continue to rely on the advance determination until we make

Letter 1045 (DO/CG)

337767

MELBOURNE MAIN STREET INC

a final determination of your foundation status.

If we publish a notice in the Internal Revenue Bulletin stating that we will no longer treat you as a publicly supported organization, grantors and contributors may not rely on this determination after the date we publish the notice. In addition, if you lose your status as a publicly supported organization, and a grantor or contributor was responsible for, or was aware of, the act or failure to act, that resulted in your loss of such status, that person may not rely on this determination from the date of the act or failure to act. Also, if a grantor or contributor learned that we had given notice that you would be removed from classification as a publicly supported organization, then that person may not rely on this determination as of the date he or she acquired such knowledge.

If you change your sources of support, your purposes, character, or method of operation, please let us know so we can consider the effect of the change on your exempt status and foundation status. If you amend your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, let us know all changes in your name or address.

As of January 1, 1984, you are liable for social security taxes under the Federal Insurance Contributions Act on amounts of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the private foundation excise taxes under Chapter 42 of the Internal Revenue Code. However, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please let us know.

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

Donors may deduct contributions to you only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, gives guidelines regarding when taxpayers may deduct payments for admission to, or other participation in, fundraising activities for charity.

You are not required to file Form 990, Return of Organization Exempt From Income Tax, if your gross receipts each year are normally \$25,000 or less. If you receive a Form 990 package in the mail, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return. Because you will be treated as a public charity for return filing purposes during your entire advance ruling period, you should file Form 990 for each year in your advance ruling period.

Letter 1045 (DO/CG)

MELBOURNE MAIN STREET INC

that you exceed the \$25,000 filing threshold even if your sources of support do not satisfy the public support test specified in the heading of this letter.

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$20 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed \$10,000 or 5 percent of your gross receipts for the year, whichever is less. For organizations with gross receipts exceeding \$1,000,000 in any year, the penalty is \$100 per day per return, unless there is reasonable cause for the delay. The maximum penalty for an organization with gross receipts exceeding \$1,000,000 shall not exceed \$50,000. This penalty may also be charged if a return is not complete. So, please be sure your return is complete before you file it.

You are not required to file federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You are required to make your annual information return, Form 990 or Form 990-EZ, available for public inspection for three years after the later of the due date of the return or the date the return is filed. You are also required to make available for public inspection your exemption application, any supporting documents, and your exemption letter. Copies of these documents are also required to be provided to any individual upon written or in person request without charge other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 557, Tax-Exempt Status for Your Organization, or you may call our toll free number shown above.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, we will assign a number to you and advise you of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

If we said in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help us resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

Letter 1045 (DO/CG)

339769

MELBOURNE MAIN STREET INC

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,



Lois G. Eerner
Director, Exempt Organizations
Rulings and Agreements

Enclosure(s):
Form 872-C

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JAN 13 2008

MELBOURNE MAIN STREET INC
PO BOX 754
MELBOURNE, FL 32902-0754

Employer Identification Number:
34-1977660
DLN:
17053335739087
Contact Person:
TRACY PRATER ID# 31330
Contact Telephone Number:
(877) 829-5500
Public Charity Status:
170(b)(1)(A)(vi)

Dear Applicant:

Our letter dated May 2004, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period.

Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

If you have general questions about exempt organizations, please call our toll-free number shown in the heading.

Please keep this letter in your permanent records.

Sincerely yours,



Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Letter 1050 (DO/CG)

341771

 **IRS** Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248206044
Oct. 08, 2014 LTR 4168C 0
34-1977660 000000 00
00018470
BODC: TE

MELBOURNE MAIN STREET INC
% ROBERT W PINNICK
1908 MUNICIPAL LN
MELBOURNE FL 32901



012968

Employer Identification Number: 34-1977660
Person to Contact: Ms. Smith
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Sep. 29, 2014, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in May 2004.

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

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

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

342772



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Not For Profit Corporation
MELBOURNE MAIN STREET, INC.

Filing Information

Document Number N03000009650
FEI/EIN Number 34-1977660
Date Filed 10/31/2003
State FL
Status ACTIVE

Principal Address

2004 Vernon Place
Melbourne, FL 32901

Changed: 02/20/2018

Mailing Address

P O BOX 754
Melbourne, FL 32902

Changed: 01/20/2021

Registered Agent Name & Address

Agee, Kimberly
2004 Vernon Place
Melbourne, FL 32901

Name Changed: 03/11/2024

Address Changed: 04/25/2019

Officer/Director Detail

Name & Address

Title Vice Chair

McGuire, Alexis
P O BOX 754
Melbourne, FL 32902

Title Past Chair

Runte, Corey
P O BOX 754
Melbourne, FL 32902

Title Director

Cable, David
PO BOX 754
Melbourne, FL 32902

Title Immediate Past Chair

Luer, Albert
PO BOX 754
Melbourne, FL 32902

Title Board Chair

Hartford, Cassandra
PO BOX 754
Melbourne, FL 32902

Title Director

Williams, Jason
PO BOX 754
Melbourne, FL 32902

Title Director

Frazier, Jr, John
PO BOX 754
Melbourne, FL 32902

Title Director

Trauger, Erin
PO Box 754
Melbourne, FL 32902

Title Treasurer

Milton, Lory
PO BOX 754
Melbourne, FL 32902

Title Secretary

Williams, Jordan
PO Box 754
Melbourne, FL 32902

Title Director

Butler, Kat
PO Box 754
Melbourne, FL 32902

Title Director

Flores, Matthew
PO Box 754
Melbourne, FL 32902

Title Director

Hemmenway, Don
PO Box 754
Melbourne, FL 32902

Title Director

Hill, Mike
PO Box 754
Melbourne, FL 32902

Title Director Ex-Officio

Agee, Kimberly
2004 Vernon Place
Melbourne, FL 32901

Annual Reports

| Report Year | Filed Date |
|-------------|------------|
| 2023 | 01/09/2023 |
| 2024 | 03/11/2024 |
| 2025 | 02/07/2025 |

Document Images

| | |
|---|--------------------------|
| 02/07/2025 -- ANNUAL REPORT | View image in PDF format |
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| 04/28/2006 -- ANNUAL REPORT | View image in PDF format |
| 07/25/2005 -- ANNUAL REPORT | View image in PDF format |
| 04/13/2004 -- ANNUAL REPORT | View image in PDF format |
| 10/31/2003 -- Domestic Non-Profit | View image in PDF format |

Page 1 of 1

Return of Organization Exempt From Income Tax

2023

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

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

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Header section A-M containing organization details: MELBOURNE MAIN STREET INC, EIN 34-1977660, principal officer ALBERT LUER, website WWW.DOWNTOWNMELBOURNE.COM, and tax-exempt status 501(c)(3).

Part I Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for mission statement, membership counts, revenue (Total: 332,845), expenses (Total: 332,106), and net assets (Total: 104,953).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block containing officer signature (KIMBERLY AGEE), preparer signature (SHERRILL A BULLOCK CPA), and firm information (BULLOCK & LESLIE TAX & ACCOUNTING).

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III []

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 261,911 including grants of \$) (Revenue \$ 294,366)
MELBOURNE MAIN STREET IS A 501(C)3 NON-PROFIT THAT WORKS TO BUILD PUBLIC AND PRIVATE PARTNERSHIPS TO REVITALIZE HISTORIC DOWNTOWN MELBOURNE, AN ACCREDITED MAIN STREET, PART OF THE NATIONAL TRUST FOR HISTORIC PRESERVATION. OUR MISSION IS TO FUEL ECONOMIC GROWTH BY CAPITALIZING ON THE COMMUNITY'S ASSETS AND PAYING PARTICULAR ATTENTION TO THE PHYSICAL, CULTURAL, AND SOCIAL IDENTITY OF DOWNTOWN MELBOURNE.

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

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

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

4e Total program service expenses 261,911

Part IV Checklist of Required Schedules

| | | Yes | No |
|-----|--|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions. | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | | X |
| c | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> . See instructions | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | X | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |
| 20a | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | | X |

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various IRS requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding.

| Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | | Yes | No |
|--|--|-----|---|-----|----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 4 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O. | 3b | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | | X |
| b | If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year. | 7d | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | |
| a | Gross income from members or shareholders | 11a | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. | 13a | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | |
| c | Enter the amount of reserves on hand | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. | 14b | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. | 15 | | | X |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | | | X |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069. | 17 | | | |

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 4 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, and governance decisions.

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

Table with 4 columns: Question, Yes, No. Rows include questions about local chapters, conflict of interest policies, whistleblower policies, and compensation processes.

Section C. Disclosure

- List of disclosure items including states where Form 990 is required (Florida), public inspection availability, and person in charge information (Kimberly Agee).

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and title | (B) Average hours per week per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) ERIN TRAUGER DIRECTOR | | X | | | | | 0 | 0 | 0 | |
| (2) SARAH HOUSTON DIRECTOR | | X | | | | | 0 | 0 | 0 | |
| (3) JASON WILLIAMS DIRECTOR | | X | | | | | 0 | 0 | 0 | |
| (4) LORY MILTON DIRECTOR | | X | | | | | 0 | 0 | 0 | |
| (5) MARTI WATTS DIRECTOR | | X | | | | | 0 | 0 | 0 | |
| (6) JORDAN WILLIAMS DIRECTOR | | X | | | | | 0 | 0 | 0 | |
| (7) TERRY O'GRADY DIRECTOR | | X | | | | | 0 | 0 | 0 | |
| (8) WHITNEY WAITE DIRECTOR | | X | | | | | 0 | 0 | 0 | |
| (9) DAVID CABLE DIRECTOR | | X | | | | | 0 | 0 | 0 | |
| (10) COREY RUNTE IMMEDIATE PAST CHAIR | | X | | | | | 0 | 0 | 0 | |
| (11) JOHN FRAZIER JR. DIRECTOR | | X | | | | | 0 | 0 | 0 | |
| (12) ALBERT LUER BOARD CHAIR | | | | X | | | 0 | 0 | 0 | |
| (13) CASSANDRA HARTFORD VICE CHAIR | | | | X | | | 0 | 0 | 0 | |
| (14) TERRY LOCKE TREASURER | | | | X | | | 0 | 0 | 0 | |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (15) ALEXIS MCGUIRE SECRETARY | | | | X | | | | 0 | 0 | 0 |
| (16) KIMBERLY AGEE EXECUTIVE DIRECTOR | 40.00 | | | X | | | | 0 | 0 | 0 |
| (17) | | | | | | | | | | |
| (18) | | | | | | | | | | |
| (19) | | | | | | | | | | |
| (20) | | | | | | | | | | |
| (21) | | | | | | | | | | |
| (22) | | | | | | | | | | |
| (23) | | | | | | | | | | |
| (24) | | | | | | | | | | |
| (25) | | | | | | | | | | |
| 1b Subtotal | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0 | 0 | 0 |
| d Total (add lines 1b and 1c) | | | | | | | | 0 | 0 | 0 |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

| | Yes | No |
|---|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Part VIII Statement of Revenue

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

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|--|---|----------------------|--|--------------------------------------|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | | |
| | b Membership dues | 1b 15,073 | | | | |
| | c Fundraising events | 1c | | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) . . | 1e 161,483 | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f 8,275 | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g \$ | | | | |
| | h Total. Add lines 1a-1f | | 184,831 | | | |
| Program Service Revenue | Business Code | | | | | |
| | 2a DOWNTOWN DIRECTORY | 561499 | 28,161 | 28,161 | | |
| | b WAYFINDING SIGNS | 561499 | 1,980 | 1,980 | | |
| | c | | | | | |
| | d | | | | | |
| | e | | | | | |
| | f All other program service revenue | | | | | |
| g Total. Add lines 2a-2f | | 30,141 | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | | | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | | | | |
| | 6a Gross rents | (i) Real | | | | |
| | | (ii) Personal | | | | |
| | | 6a | | | | |
| | b Less: rental expenses | 6b | | | | |
| | c Rental income or (loss) | 6c | | | | |
| | d Net rental income or (loss) | | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | | | | |
| | | (ii) Other | | | | |
| | | 7a | | | | |
| | b Less: cost or other basis and sales expenses | 7b | | | | |
| | c Gain or (loss) | 7c | | | | |
| | d Net gain or (loss) | | | | | |
| 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a 338,423 | | | | | |
| b Less: direct expenses | 8b 220,550 | | | | | |
| c Net income or (loss) from fundraising events | | 117,873 | | 117,873 | | |
| 9a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | |
| b Less: direct expenses | 9b | | | | | |
| c Net income or (loss) from gaming activities | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | 10a | | | | | |
| b Less: cost of goods sold | 10b | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | Business Code | | | | | |
| | 11a | | | | | |
| | b | | | | | |
| | c | | | | | |
| | d All other revenue | | | | | |
| e Total. Add lines 11a-11d | | | | | | |
| 12 Total revenue. See instructions | | 332,845 | 30,141 | 0 | 117,873 | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 119,406 | 95,524 | 11,941 | 11,941 |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 74,546 | 59,638 | 7,454 | 7,454 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | 14,800 | 11,840 | 1,480 | 1,480 |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 16,244 | | 16,244 | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17. . | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . | 3,936 | 3,716 | 110 | 110 |
| 12 Advertising and promotion | 7,276 | 5,821 | 1,455 | |
| 13 Office expenses | 4,744 | 3,402 | 671 | 671 |
| 14 Information technology | 1,871 | 1,497 | 187 | 187 |
| 15 Royalties | | | | |
| 16 Occupancy | 12,287 | 9,829 | 1,229 | 1,229 |
| 17 Travel | 3,562 | 26 | 3,533 | 3 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 3,473 | 2,689 | 448 | 336 |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | | | | |
| 23 Insurance | 2,082 | 2,082 | | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a HOLIDAY LIGHTS LEASE | 47,300 | 47,300 | | |
| b TELEPHONE AND INTERNET | 1,856 | 1,484 | 186 | 186 |
| c BANK AND CREDIT CARD FEES | 7,889 | 6,603 | 643 | 643 |
| d PRINTING | 9,187 | 9,187 | | |
| e All other expenses | 1,647 | 1,273 | 187 | 187 |
| 25 Total functional expenses. Add lines 1 through 24e. . | 332,106 | 261,911 | 45,768 | 24,427 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) | | (B) |
|---|--|-------------------|-----------|-------------|
| | | Beginning of year | | End of year |
| Assets | 1 Cash - non-interest-bearing | 82,583 | 1 | 35,219 |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 971 | 4 | 68,412 |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | | 9 | 267 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 3,784 | | |
| | b Less: accumulated depreciation | 10b 3,784 | | 10c |
| | 11 Investments - publicly traded securities | | 11 | |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 1,055 | 15 | 1,055 |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 84,609 | 16 | 104,953 | |
| Liabilities | 17 Accounts payable and accrued expenses | 330 | 17 | 10,720 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | 9,215 |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 25 | |
| | 26 Total liabilities. Add lines 17 through 25 | 330 | 26 | 19,935 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 75,903 | 27 | 76,642 |
| | 28 Net assets with donor restrictions | 8,376 | 28 | 8,376 |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 84,279 | 32 | 85,018 |
| 33 Total liabilities and net assets/fund balances | 84,609 | 33 | 104,953 | |

Part XI Reconciliation of Net Assets

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

| | | | |
|----|--|----|---------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 332,845 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 332,106 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 739 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 84,279 |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 0 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 85,018 |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|----|--|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| 2b | Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| 2c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | X |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | X |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | |

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

| | |
|--|---|
| Name of the organization MELBOURNE MAIN STREET INC | Employer identification number 34-1977660 |
|--|---|

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

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

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

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

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

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 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; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Value, Percentage. Rows include: 14 Public support percentage for 2023; 15 Public support percentage from 2022 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2023; b 33 1/3% support test - 2022; 17a 10%-facts-and-circumstances test - 2023; b 10%-facts-and-circumstances test - 2022; 18 Private foundation.

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 15,676 | 135,988 | 110,910 | 132,396 | 214,972 | 609,942 |
| 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 | 276,979 | 50,485 | 372,799 | 329,057 | 338,423 | 1,367,743 |
| 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 | 292,655 | 186,473 | 483,709 | 461,453 | 553,395 | 1,977,685 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | 1,977,685 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | 292,655 | 186,473 | 483,709 | 461,453 | 553,395 | 1,977,685 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | 292,655 | 186,473 | 483,709 | 461,453 | 553,395 | 1,977,685 |

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|---|----|----------|
| 15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) | 15 | 100.00 % |
| 16 Public support percentage from 2022 Schedule A, Part III, line 15 | 16 | 100.00 % |

Section D. Computation of Investment Income Percentage

| | | |
|--|----|--------|
| 17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) | 17 | 0.00 % |
| 18 Investment income percentage from 2022 Schedule A, Part III, line 17 | 18 | 0.00 % |

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3, 3a, 3b.

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

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

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

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

| Section D - Distributions | | Current Year |
|---------------------------|--|--------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI | 5 |
| 6 | Other distributions (describe in Part VI). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8 |
| 9 | Distributable amount for 2023 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

Name of the organization

Employer identification number

MELBOURNE MAIN STREET INC

34-1977660

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2023

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table.
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment _____ %
 - b** Permanent endowment _____ %
 - c** Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | 3,784 | | 3,784 | |
| e Other | | | | |

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

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|--|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other _____ | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, line 12, col.(B)) | | |

Part VIII Investments - Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) | | |

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|--|----------------|
| (1) DEPOSITS | 1,055 |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 15 col. (B)) | 1,055 |

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 25 col. (B)) | |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Name of the organization

Employer identification number

MELBOURNE MAIN STREET INC

34-1977660

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total | | | | | | |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events | |
|-----------------|----|--|----------------------------|---------------------|---------------------------------|---------|
| | | FOOD & WINE (event type) | FLAVOR EXP (event type) | 2 (total number) | (add col. (a) through col. (c)) | |
| Revenue | 1 | Gross receipts | 262,402 | 73,670 | 31,959 | 368,031 |
| | 2 | Less: Contributions | | | | |
| | 3 | Gross income (line 1 minus line 2) | 262,402 | 73,670 | 31,959 | 368,031 |
| Direct Expenses | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| | 6 | Rent/facility costs | | | | |
| | 7 | Food and beverages | | | | |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | 146,515 | 45,396 | 28,938 | 220,849 |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | | 220,849 |
| | 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | 147,182 |

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|---|--|---|---|---|
| | | 1 | Gross revenue | | |
| Direct Expenses | 2 | Cash prizes | | | |
| | 3 | Noncash prizes | | | |
| | 4 | Rent/facility costs | | | |
| | 5 | Other direct expenses | | | |
| | 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No |
| | 7 | Direct expense summary. Add lines 2 through 5 in column (d) | | | |
| | 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) | | | |

- 9 Enter the state(s) in which the organization conducts gaming activities: _____
- a Is the organization licensed to conduct gaming activities in each of these states? Yes No
- b If "No," explain: _____
- 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
- b If "Yes," explain: _____

**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.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization

MELBOURNE MAIN STREET INC

Employer identification number

34-1977660

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

NO REVIEW WAS OR WILL BE CONDUCTED

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

COPIES ARE AVAILABLE IN THE ADMINISTRATIVE OFFICE FOR REVIEW DURING NORMAL BUSINESS HOURS
WITH APPROPRIATE ADVANCE NOTICE

03. General explanation attachment

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICAN ACTIVITIES

MELBOURNE MAIN STREET IS RESPONSIBLE FOR THE REVITALIZATION EFFORTS IN HISTORIC DOWNTOWN

MELBOURNE THROUGH THE 4-POINT APPROACH. THIS INCLUDES, BUT IS NOT LIMITED TO, HOSTING

LARGE SCALE EVENTS, BUSINESS DEVELOPMENT, AND ADVOCACY ON BEHALF OF DOWNTOWN; CARRYING OUT

THE MELBOURNE MURAL PROJECT, ADDRESSING ISSUES SUCH AS CHRONIC HOMELESSNESS, PARKING

MANAGEMENT, AND OTHERS; WORKING TO IMPROVE DOWNTOWN THROUGH DESIGN AND AESTHETICS AND

WORKING TO INFORM THE PUBLIC ON ALL THINGS DOWNTOWN, AND WORKING WITH THE BUSINESSES TO

BUILD A VIBRANT DOWNTOWN DISRICT.

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

Before you begin, for guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

| | | |
|---|---|--|
| Print or type. See Specific Instructions on page 3 | <p>1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business name/disregarded entity's name on line 2.)</p> <p>Melbourne Main Street, Inc</p> | |
| | <p>2 Business name/disregarded entity name, if different from above</p> | |
| | <p>3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____</p> <p>Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.</p> <p><input checked="" type="checkbox"/> Other (see instructions) Nonprofit corporation exempt under IRS Code 501(s)(3)</p> | <p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3)</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p>(Applies to accounts maintained outside the United States.)</p> |
| | <p>3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. <input type="checkbox"/></p> | |
| | <p>5 Address (number, street, and apt. or suite no.). See instructions.</p> <p>2004 Vernon Place</p> | Requester's name and address (optional) |
| | <p>6 City, state, and ZIP code</p> <p>Melbourne, FL 32901</p> | |
| | <p>7 List account number(s) here (optional)</p> | |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

| | | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|--|--|
| Social security number | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> | | | | | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> | | | | | | | | |
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| | | | | | | | | | | | | | |
| or | | | | | | | | | | | | | |
| Employer identification number | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%; text-align: center;">3</td> <td style="width: 25%; text-align: center;">4</td> <td style="width: 25%; text-align: center;">-</td> <td style="width: 25%; text-align: center;">1</td> </tr> <tr> <td style="width: 25%; text-align: center;">9</td> <td style="width: 25%; text-align: center;">7</td> <td style="width: 25%; text-align: center;">7</td> <td style="width: 25%; text-align: center;">6</td> </tr> <tr> <td style="width: 25%; text-align: center;">6</td> <td style="width: 25%; text-align: center;">6</td> <td style="width: 25%; text-align: center;">0</td> <td style="width: 25%;"></td> </tr> </table> | 3 | 4 | - | 1 | 9 | 7 | 7 | 6 | 6 | 6 | 0 | | |
| 3 | 4 | - | 1 | | | | | | | | | | |
| 9 | 7 | 7 | 6 | | | | | | | | | | |
| 6 | 6 | 0 | | | | | | | | | | | |

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person Date **9-27-24**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

| Marketing Support Program - MELBOURNE MAIN STREET | | | | | | | |
|---|----------------------|---------------------|------------------|-------------------------------|----------------------|--------------------|-------------|
| FY 2025-2026 | | | | | | | |
| Event Income/Expense Report | | | | | | | |
| Expenses | 2025-2026 projection | 2024-2025 actuals | VAR+10% increase | Income | 2025-2026 projection | 2024-2025 actuals | VAR |
| Salary/Wages and Payroll Tax | \$15,000.00 | \$14,765.63 | \$234.37 | Ticket Sales | \$105,000.00 | \$99,896.20 | \$5,103.80 |
| Contractors | \$30,000.00 | \$27,165.75 | \$2,834.25 | Vendor Fees | \$14,000.00 | \$13,315.00 | \$685.00 |
| Security services | \$5,500.00 | \$5,113.30 | \$386.70 | Non-Inventory Sales | \$420.00 | \$418.00 | \$2.00 |
| | | | | Processing Fees | \$75.00 | \$66.00 | \$9.00 |
| | | | | In-Kind Professional services | \$60,000.00 | \$59,628.60 | \$371.40 |
| | | | | In-Kind Use of Facilities | \$12,500.00 | \$12,200.00 | \$300.00 |
| Subtotal Expense | \$50,500.00 | \$47,044.68 | \$3,455.32 | | | | |
| Other Expenses | | | | | | | |
| Supplies | \$21,500.00 | \$20,410.28 | \$1,089.72 | | | | |
| Food and Refreshments | \$17,000.00 | \$16,486.54 | \$513.46 | | | | |
| Telephone and Internet | \$165.00 | \$152.40 | \$12.60 | Subtotal Income | \$191,995.00 | \$185,523.80 | \$6,471.20 |
| Postage and Shipping | \$30.00 | \$23.90 | \$6.10 | Income Sponsors | | | |
| Equipment Rental | \$63,000.00 | \$61,824.20 | \$1,175.80 | Sponsorships | \$150,000.00 | \$146,746.00 | \$3,254.00 |
| Printing and Copying | \$8,000.00 | \$7,534.44 | \$465.56 | Cash in Bank to start | | | |
| Rent | \$300.00 | \$300.00 | \$0.00 | | | | |
| Meals | \$550.00 | \$519.02 | \$30.98 | TDC grant funding | \$12,500.00 | \$15,000.00 | -\$2,500.00 |
| Hotel and Lodging | \$200.00 | \$193.50 | \$6.50 | Total Income | \$354,495.00 | \$347,269.80 | \$7,225.20 |
| In-Kind Pro Services | \$60,000.00 | \$59,628.60 | 371.4 | Total Expenses Paid | \$257,245.00 | \$248,247.37 | \$8,997.63 |
| In-Kind Goods | \$13,000.00 | \$12,200.00 | \$800.00 | | | | |
| Subtotal Other Expenses | \$183,745.00 | \$179,272.88 | \$4,472.12 | Profit/Loss | \$97,250.00 | \$99,022.43 | |
| Marketing - please specify Brevard/Out-of-County | | | | | | | |
| Advertising - Brevard | \$16,000.00 | \$15,350.87 | \$649.13 | | | | |
| Advertising - out of Brevard(30%estimate) | \$7,000.00 | \$6,578.94 | \$421.06 | | | | |
| | | | \$0.00 | | | | |
| Subtotal Marketing | \$23,000.00 | \$21,929.81 | \$1,070.19 | | | | |
| Marketing Expense | | | | | | | |
| Total Expenses 2025-2026 | \$257,245.00 | \$248,247.37 | | | | | |



**Tourism Development Office
 FY 2025-2026 Marketing Support Program
 Applicant checklist**

Applicant organization name: Melbourne Main Street

Applicant event name: Food and Wine Festival, Candlelight Shopping, Botanical Festival

Applicant name completing this form: Kim Agee

Applicant- Use this checklist to confirm that you have completed all elements of the application prior to submitting. Initial next to each item. Items (2-9) must be uploaded within the application.

| | | Applicant initial | TDO staff initial | TDO staff comments |
|----|---|-------------------|-------------------|--------------------|
| 1. | Application – | KA | DW | |
| 2. | Copy of IRS Articles of Incorporation – (submit if for-profit) | KA | DW | N/A |
| 3. | Copy of IRS Determination Letter – (submit if 501(c)(3)) | KA | DW | |
| 4. | Copy of SunBiz.com - (if applicable, see application for details) | KA | DW | |
| 5. | Copy of 990 form (if applicable, see application) | KA | DW | |
| 6. | Copy of completed W-9 form (March 2024) | KA | DW | |
| 7. | Income/Expense worksheet (required for all applicants) | KA | DW | |
| 8. | Copy of this checklist – (completed, initialed, and signed by applicant) | KA | DW | |

I, consent that all above documents have been submitted completely by uploading within the application packet.

 Applicant signature & date

Marketing Support Program – FY 2025-26

Table of Contents- click on an item below to be redirected to the first page in the packet for that item.

Cultural events

- US Space Walk of Fame/ASM
- Brevard Symphony Orchestra
- Cocoa Beach Main Street
- City of Palm Bay
- Space Coast Symphony Orchestra
- Cape Canaveral Lighthouse
- Florida Surf Museum/Surfing Santas
- Cocoa Village Playhouse
- Cocoa Village Main Street

US Space Walk of Fame Foundation/ASM

[Return to Table of Contents](#)



**Tourism Development Office
 FY 2025-2026 Marketing Support Program
 Application Packet checklist**

Applicant Organization Name: US Space Walk of Fame Foundation

Applicant Event Name: Year-round programming

| | Yes | No | Comment |
|--|-----|----|---------|
| 1. Completed application | X | | |
| 2. Copy of IRS Articles of Incorporation – (if applicable) | | X | N/A |
| 3. Copy of IRS Determination letter – (if applicable) | X | | |
| 4. Copy of SunBiz.org (if applicable) | X | | |
| 5. Copy of 990 (if applicable) | X | | |
| 6. Copy of completed W-9 (March 2024) | X | | |
| 7. Income/Expense worksheet (required for all applicants) | X | | |
| 8. Copy of the Applicant checklist | X | | |

This application meets the minimum requirement of 5,001 out-of-county attendees (Cultural) or 250 room nights (Sports).

| | |
|-----|----|
| YES | NO |
|-----|----|

All documents have been submitted, reviewed and/or addressed in the comments.

Peter Cranis 7/12/2025

Peter Cranis, Executive Director

FY 2025-2026 Marketing Support Program application

Response ID:43 Data

2. (untitled)

1. I have read and understand the policies/procedures within the FY 2025-2026 Marketing Support Program Criteria.



Signature of: Gabriel Rothblatt

3. (untitled)

2. Which best describes your event/year-round programming?

Cultural

4. (untitled)

3. ORGANIZATION INFORMATION

Name of organization hosting event/year-round programming

US Space Walk of Fame Foundation Inc

Organization address

308 Pine St

State

FL

City

Titusville

Zip

32796

Primary contact name

Gabriel Rothblatt

Primary contact phone number

3212640434

Primary contact email

gabriel@americanspacemuseum.org

Secondary contact name

Mark Marquette

Secondary contact phone number

3212640434

Secondary contact email

Mark@americanspacemuseum.org

Organization website address

www.spacewalkoffame.com

5. (untitled)

4. Which best describes your organization?

501(C)(3)

6. (untitled)

5. What is your Federal Employee ID number?

59-3267408

7. (untitled)

6. Are you completing this application for an event or year-round programming?

Year-round programming - theater, symphony, concerts, museum, etc.

8. (untitled)

1. EVENT INFORMATION - #1

Name of event

Event website address (if different from organization website)

Event location

9. (untitled)

What is the first date of your event?

10. (untitled)

In total, how many days will your event be held?

11. (untitled)

7. Do you have a second event?

No

12. (untitled)

4. EVENT INFORMATION - #2

Name of event

Event website address (if different from organization website)

Event location

13. (untitled)

What is the first date of your event?

14. (untitled)

In total, how many days will your event be held?

15. (untitled)

Do you have a third event?

16. (untitled)

8. EVENT INFORMATION - #3

Name of event

Event website address (if different from organization website)

Event location

17. (untitled)

What is the first date of your event?

18. (untitled)

In total, how many days will your event be held?

19. (untitled)

What types of marketing do you plan to do for this event?

20. (untitled)

8. What types of marketing do you plan to do for your year-round programming?

Digital advertising (banner ads, etc.)

Radio

Search advertising (pay-per-click, etc.)

Social media (Facebook, Instagram, YouTube, etc.)

21. (untitled)

9. What are your social media handles?

Facebook : SpaceWalkofFame

Instagram : AmericanSpaceMuseum

YouTube : AmericanSpaceMuseum

22. (untitled)

10. What hashtags do you currently use?

n/a

23. (untitled)

11. Upload a copy of your organization's IRS Determination letter.

[IRS_501c3_TAX_EXEMPT_LETTER.pdf](#)

24. (untitled)

12. Upload a copy of your organization's 990 form.

[2024US_XC7033_U.S._SPACE_WALK_OF_FAME_FOUNDATION_TAX_RETURN-CLIENT_COPY.pdf](#)

25. (untitled)

Upload a copy of your organization's Articles of Incorporation.

26. (untitled)

13. If you are a Florida organization, please upload a copy of your SunBiz.com account associated with your organization.

[SunBiz_USSWOF_2025.pdf](#)

27. (untitled)

14. Upload your completed W-9 form.

[SWOF_W-9.pdf](#)

28. (untitled)

15. Upload your completed Event Income/Expense report.

[ASM_Event_Income_Expense_Report_template_FY25-26.pdf](#)

29. (untitled)

16. Upload your completed Checklist.

[HP476_Scan0277.pdf](#)

30. (untitled)

17.

ATTESTATION

I attest that all information in this questionnaire is true and correct. I further attest that will comply with the requirements set forth, if awarded support.



Signature of: Gabriel Rothblatt

31. Thank You!

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
401 W. PEACHTREE ST. NW
ATLANTA, GA 30365

DEPARTMENT OF THE TREASURY

Date: FEB 21 1996

U S SPACE WALK OF FAME FOUNDATION
INC
C/O LOYS WARD
P O BOX 6385
TITUSVILLE, FL 32781-6385

Employer Identification Number:
59-3267408

Case Number:
585360063

Contact Person:
ROBERTA VAN METER

Contact Telephone Number:
(404) 351-0185

Accounting Period Ending:
June 30

Form 990 Required:
Yes

Addendum Applies:
Yes

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 509(a)(2).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(2) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(2) organization.

Letter 947 (DO/CO)

386816

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000114

Entity Name: U.S. SPACE WALK OF FAME FOUNDATION, INC.

Current Principal Place of Business:

308 PINE ST
TITUSVILLE, FL 32796

Current Mailing Address:

308 PINE STREET
TITUSVILLE, FL 32796 US

FEI Number: 59-3267408

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROTHBLATT, GABRIEL
308 PINE ST
TITUSVILLE, FL 32796 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GABRIEL ROTHBLATT

01/03/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name OSTARLY, LARRY
Address 3758 IMPERATA DRIVE
City-State-Zip: ROCKLEDGE FL 32955

Title TREASURER
Name KING, BONNIE
Address 1945 HOLT DR.
City-State-Zip: MERRITT ISLAND FL 32952

Title CHAIRMAN
Name POST, TROY
Address 5533 YAUPON HOLLY DRIVE
City-State-Zip: COCOA FL 32927

Title VC
Name STEVE, LLOYD
Address 190 S. SYKES CREEK PKWY
STE. 3
City-State-Zip: MERRITT ISLAND FL 32952

Title SECRETARY
Name SALTSMAN, JOSH
Address 6472 FLORA VISTA PL
City-State-Zip: COCOA FL 32927

Title DIRECTOR
Name WINKEL, MARTY
Address 308 PINE ST
City-State-Zip: TITUSVILLE FL 32796

Title DIRECTOR
Name CARNEY, EMILY
Address 308 PINE ST
City-State-Zip: TITUSVILLE FL 32796

Title DIRECTOR
Name MANDERNACK, DAVID
Address 308 PINE ST
City-State-Zip: TITUSVILLE FL 32796

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GABRIEL ROTHBLATT

EXECUTIVE DIRECTOR

01/03/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ROBINSON, STEPHANIE
Address 308 PINE ST
City-State-Zip: TITUSVILLE FL 32796

Title DIRECTOR
Name JEFFREY, CHUCK
Address 308 PINE ST
City-State-Zip: TITUSVILLE FL 32796

Title DIRECTOR
Name SHERBY, STEPHANIE DR.
Address 308 PINE ST
City-State-Zip: TITUSVILLE FL 32796

Title DIRECTOR
Name ROTHBLATT, GABRIEL
Address 308 PINE ST
City-State-Zip: TITUSVILLE FL 32796

Title DIRECTOR
Name SIECK, BOB
Address 308 PINE ST
City-State-Zip: TITUSVILLE FL 32796

Title DIRECTOR
Name MARS, CHARLES
Address 308 PINE ST
City-State-Zip: TITUSVILLE FL 32796

Title DIRECTOR
Name CUNNINGHAM, SUZY
Address 308 PINE ST
City-State-Zip: TITUSVILLE FL 32796

FPT SERVICES, CPA
PO BOX 562665
ROCKLEDGE, FL 32956-2665

U.S. SPACE WALK OF FAME FOUNDATION, INC.
308 PINE STREET
TITUSVILLE, FL 32796

|||||

CLIENT COPY

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

CLIENT COPY



PO Box 562665
Rockledge, FL 32956-2665
321-631-0383

May 29, 2025

U.S. SPACE WALK OF FAME FOUNDATION, INC.
308 PINE STREET
TITUSVILLE, FL 32796

U.S. SPACE WALK OF FAME FOUNDATION, INC.:

Enclosed are the original and one copy of the 2024 exempt organization return, as follows...

2024 Form 990

The enclosed Form(s) 2848 should be signed by the appropriate filer.

The original return should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Very truly yours,

FPT Services, CPAs

CLIENT COPY



May 29, 2025

U.S. SPACE WALK OF FAME FOUNDATION, INC.
308 PINE STREET
TITUSVILLE, FL 32796

U.S. SPACE WALK OF FAME FOUNDATION, INC.:

It is our firm policy to bill separately for responding to IRS Notices and Inquiries which are not as a result of errors or omissions on our part. Responding to an Internal Revenue Service (IRS) inquiry or audits may greatly exceed the cost of the original tax return preparation. As an additional service we are pleased to offer a way for you to minimize your accounting and tax preparation fees should you receive a notice, audit or other inquiry from the IRS.

For an advance fee we will represent you before the IRS with respect to 1) IRS Letter of Inquiry or Notice; or 2) IRS Letter of Inquiry/Notice and/or IRS Audit. In consideration of the advance fee we will represent you before the IRS with respect to any IRS inquiry and/or audit, depending on the option selected, for the tax return as noted below. We will represent you at no additional cost, except for the advance fee. Our representation will continue until the inquiry and/or audit have been resolved, or until it is necessary for you to hire legal counsel to resolve the matter.

To take advantage of this service simply select your representation option, sign this letter and remit the fee noted below. Please note that this offer is only valid for the tax returns prepared by us and must be selected within 5 days of preparation of your return. This offer does not apply to any notices received prior to the election of this service.

Sincerely,

FPT Services
Certified Public Accountants

Tax Return Year: 2024

Tax Return Form: 990

Option 1: Representation for Inquiry/Notice Only

Fee \$85.00

Option 2: Representation for Inquiry/Notice Only and Audit

Fee \$135.00

I HAVE READ THE ABOVE TERMS AND CONDITIONS FOR SELECTING THIS ADDITIONAL SERVICE AND AGREE TO THE TERMS AND CONDITIONS HEREIN.

Signature _____

Date: _____



PO Box 562665
Rockledge, FL 32956-2665
321-631-0383

PRIVACY POLICY

CPAs, like all providers of personal financial services, are now required by law to inform their clients of their policies regarding privacy of client information. CPAs have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by law. Therefore, we have always protected your right to privacy.

TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT

We collect nonpublic personal information about you that is either provided to us by you or obtained by us with your authorization.

PARTIES TO WHOM WE DISCLOSE INFORMATION

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees and, in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

PROTECTING THE CONFIDENTIALITY AND SECURITY OF CURRENT AND FORMER CLIENTS' INFORMATION

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
December 31, 2024

Prepared For:

U.S. SPACE WALK OF FAME FOUNDATION, INC.
308 PINE STREET
TITUSVILLE, FL 32796

Prepared By:

FPT SERVICES, CPA
PO Box 562665
Rockledge, FL 32956-2665

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by November 17, 2025

TAX RETURN FILING INSTRUCTIONS
POWER OF ATTORNEY AND DECLARATION OF REPRESENTATIVE

FOR THE YEAR ENDING
December 31, 2024

Prepared For:

U.S. SPACE WALK OF FAME FOUNDATION, INC.
308 PINE STREET
TITUSVILLE, FL 32796

Prepared By:

FPT SERVICES, CPA
PO Box 562665
Rockledge, FL 32956-2665

Mail Tax Return To:

Internal Revenue Service
5333 Getwell Road
Stop 8423
Memphis, TN 38118

Return Must be Mailed On or Before:

Please mail as soon as possible.

Special Instructions:

The Form(s) 2848 should be signed by the appropriate corporate officer(s).

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

Form 8879-TE

For calendar year 2024, or fiscal year beginning 2024, and ending 2024

2024

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

U.S. SPACE WALK OF FAME FOUNDATION, INC.

EIN or SSN

59-3267408

Name and title of officer or person subject to tax

GABRIEL GODDARD ROTHBLATT EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 4 columns: Line number, Form type, Check box, and Amount. Line 1a is checked with amount 187,184.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) (EIN) and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

I authorize FPT SERVICES, CPA to enter my PIN 70331. Enter five numbers, but do not enter all zeros.

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

59591610383

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

B. EUGENE BURKETT, CPA

Date

05/29/25

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2024)

LHA 402521 12-26-24

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the **2024** calendar year, or tax year beginning and ending

| | | | |
|--|---|---|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization U.S. SPACE WALK OF FAME FOUNDATION, INC. | | D Employer identification number 59-3267408 |
| | Doing business as AMERICAN SPACE MUSEUM | | E Telephone number 321-720-4038 |
| | Number and street (or P.O. box if mail is not delivered to street address) Room/suite 308 PINE STREET | G Gross receipts \$ 302,728. | |
| | City or town, state or province, country, and ZIP or foreign postal code TITUSVILLE, FL 32796 | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions |
| F Name and address of principal officer: GABRIEL GODDARD ROTHBLATT SAME AS C ABOVE | | H(c) Group exemption number | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | |
| J Website: SPACEWALKOFFAME.ORG | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | L Year of formation: 1994 M State of legal domicile: FL | |

| Part I Summary | | Prior Year | Current Year |
|---|---|---|---------------------------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: OUR PURPOSE AND GOVERNING MISSION ARE "PRESERVING ACHIEVEMENT; INSPIRING INNOVATION." | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 18 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 18 |
| | 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) | 5 | 7 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 0 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 6,334. |
| b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | 101,510. | 61,375. |
| | 9 Program service revenue (Part VIII, line 2g) | 56,471. | 103,284. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,657. | 6,334. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 147,911. | 16,191. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 307,549. | 187,184. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0. | 0. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 185,954. | 142,409. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b Total fundraising expenses (Part IX, column (D), line 25) | 13,404. | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 145,848. | 85,822. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 331,802. | 228,231. | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | -24,253. | -41,047. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year 653,620. | End of Year 624,231. |
| | 21 Total liabilities (Part X, line 26) | 263,148. | 211,832. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 390,472. | 412,399. |

Part II Signature Block

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

| | | | | | |
|-------------------------------|--|--|---|---|--------------------------|
| Sign Here | Signature of officer GABRIEL GODDARD ROTHBLATT, EXECUTIVE DIRECTOR | Date | | | |
| | Type or print name and title | | | | |
| Paid Preparer Use Only | Preparer's name B. EUGENE BURKETT | Preparer's signature B. EUGENE BURKETT | Date 05/29/25 | Check if self-employed <input type="checkbox"/> | PTIN P00649848 |
| | Firm's name FPT SERVICES, CPA | Firm's EIN 20-4070478 | Firm's address PO BOX 562665 ROCKLEDGE, FL 32956-2665 | Phone no. 321-631-0383 | |

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: OUR PURPOSE AND GOVERNING MISSION ARE "PRESERVING ACHIEVEMENT; INSPIRING INNOVATION." TO PRESERVE THE HISTORY OF THE UNITED STATES' SPACE PROGRAM; TO HONOR OUR NATION'S ASTRONAUTS AND AEROSPACE INNOVATORS; (CONTINUED ON SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 172,806. including grants of \$) (Revenue \$ 158,786.) WE PRESERVE AND PROMOTE SPACE HISTORY AND HONOR THOSE WHO BUILT THE EARLY SPACE PROGRAM THROUGH OUR MONUMENTS AT SPACE VIEW PARK AND THROUGH THE MUSEUM. OUR COLLECTIONS DEPARTMENT IS IN THE PROCESS OF BEING ACCESSIONED, NUMBERED, PHOTOGRAPHED, AND PROPERLY IDENTIFIED AND PLACED, ACCORDING TO NATIONAL MUSEUM STANDARDS. THIS IS AN ONGOING PROCESS THAT IS RAISING THE PROFILE OF THE FACILITY AND INCREASING OUR VALUE AS AN HISTORICAL INSTITUTION.

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

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

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

4e Total program service expenses 172,806.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, W-2G forms, and gaming winnings.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

X

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (18), 1b (18), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed FL
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

THE ORGANIZATION - 321-720-4038
308 PINE STREET, TITUSVILLE, FL 32796

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) KARIN CONKLIN PAST EXECUTIVE DIRECTOR | 40.00 | | | X | | | | 32,931. | 0. | 0. |
| (2) TROY PROST CHAIRMAN | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (3) STEVE LLOYD VICE CHAIR | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (4) BONNIE KING TREASURER | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (5) JOSH SALTSMAN SECRETARY | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (6) LARRY OSTARLY DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (7) BOB SIECK DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (8) CHARLES MARS DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (9) CHUCK JEFFREY DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (10) DR. STEPHANIE SHERBY DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (11) EMILY CARNEY DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (12) DAVID MANDERNACK DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (13) STEPHANIE ROBINSON DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (14) MARTY WINKEL DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (15) SUZY CUNNINGHAM DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (16) G. GODDARD ROTHBLATT EXECUTIVE DIRECTOR | 40.00 | | | X | | | | 0. | 0. | 0. |

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | |
|--|---|--|--|------------------------------------|----------------------------|--|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a | Federated campaigns | 1a | | | | |
| | b | Membership dues | 1b | | | | |
| | c | Fundraising events | 1c | | | | |
| | d | Related organizations | 1d | | | | |
| | e | Government grants (contributions) | 1e | 45,089. | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 16,286. | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g \$ | | | | |
| | h | Total. Add lines 1a-1f | | 61,375. | | | |
| Program Service Revenue | 2 a | ADMISSIONS/EDUCATIONAL | Business Code 900099 | 57,625. | 57,625. | | |
| | b | CONSIGNER REVENUE | 459420 | 20,145. | 20,145. | | |
| | c | EVO | 459420 | 18,284. | 18,284. | | |
| | d | MEMORABILIA SHOW | 459420 | 3,918. | 3,918. | | |
| | e | MEMBERSHIP DUES | 459420 | 3,312. | 3,312. | | |
| | f | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f | | 103,284. | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 6,334. | | 6,334. | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 | Royalties | | | | | |
| | 6 a | Gross rents | 6a | (i) Real (ii) Personal | | | |
| | | | 6b | | | | |
| | | | 6c | | | | |
| | d | Net rental income or (loss) | | | | | |
| | 7 a | Gross amount from sales of assets other than inventory | 7a | (i) Securities (ii) Other | | | |
| | | | 7b | | | | |
| | | | 7c | | | | |
| | d | Net gain or (loss) | | | | | |
| | 8 a | Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | 8a | 42,561. | | | |
| | | | 8b | 81,872. | | | |
| | c | Net income or (loss) from fundraising events | | -39,311. | | -39,311. | |
| | 9 a | Gross income from gaming activities. See Part IV, line 19 | 9a | | | | |
| 9b | | | | | | | |
| c | Net income or (loss) from gaming activities | | | | | | |
| 10 a | Gross sales of inventory, less returns and allowances | 10a | 78,170. | | | | |
| | | 10b | 33,672. | | | | |
| | | c | Net income or (loss) from sales of inventory | | 44,498. | 44,498. | |
| Miscellaneous Revenue | 11 a | MANAGEMENT/GEN CR BAL | Business Code 900099 | 11,004. | 11,004. | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | All other revenue | | | | | |
| | e | Total. Add lines 11a-11d | | 11,004. | | | |
| 12 | Total revenue. See instructions | | 187,184. | 158,786. | 6,334. | -39,311. | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i> | | | | |
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 32,931. | 21,405. | 6,586. | 4,940. |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 104,507. | 83,557. | 20,950. | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 4,971. | 3,863. | 994. | 114. |
| 10 Payroll taxes | | | | |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | | | | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 12,746. | 3,885. | 511. | 8,350. |
| 12 Advertising and promotion | 28,265. | 28,265. | | |
| 13 Office expenses | 7,813. | 1,406. | 6,407. | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 12,722. | 11,866. | 856. | |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 10,676. | 8,541. | 2,135. | |
| 23 Insurance | 6,652. | 6,319. | 333. | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a BOD MEETING | 2,045. | | 2,045. | |
| b PROFESSIONAL DUES/SERV | 1,975. | 1,975. | | |
| c LANDSCAPE WORK | 1,125. | | 1,125. | |
| d EDUCATIONAL EXPENSES | 819. | 819. | | |
| e All other expenses | 984. | 905. | 79. | |
| 25 Total functional expenses. Add lines 1 through 24e | 228,231. | 172,806. | 42,021. | 13,404. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year | |
|-----------------------------|---|---|----------|--------------------|----------|
| Assets | 1 | Cash - non-interest-bearing | 119,117. | 1 | 156,981. |
| | 2 | Savings and temporary cash investments | 162,357. | 2 | 105,780. |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 510,008. | | |
| | | 10a | | | |
| | b | Less: accumulated depreciation | 148,538. | | |
| | | 10b | | | |
| | | | 372,146. | 10c | 361,470. |
| | 11 | Investments - publicly traded securities | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| 13 | Investments - program-related. See Part IV, line 11 | | 13 | | |
| 14 | Intangible assets | | 14 | | |
| 15 | Other assets. See Part IV, line 11 | | 15 | | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 653,620. | 16 | 624,231. | |
| Liabilities | 17 | Accounts payable and accrued expenses | 23,482. | 17 | 991. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | 239,666. | 23 | 210,841. |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 263,148. | 26 | 211,832. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> | | | | |
| | and complete lines 27, 28, 32, and 33. | | | | |
| | 27 | Net assets without donor restrictions | 390,472. | 27 | 412,399. |
| | 28 | Net assets with donor restrictions | | 28 | |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> | | | | |
| | and complete lines 29 through 33. | | | | |
| | 29 | Capital stock or trust principal, or current funds | | 29 | |
| | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | | |
| 32 | Total net assets or fund balances | 390,472. | 32 | 412,399. | |
| 33 | Total liabilities and net assets/fund balances | 653,620. | 33 | 624,231. | |

Part XI Reconciliation of Net Assets

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

| | | | |
|----|--|----|----------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 187,184. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 228,231. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -41,047. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 390,472. |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | 62,974. |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 412,399. |

Part XII Financial Statements and Reporting

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

| | Yes | No |
|--|-----|----|
| 1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| 2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| 2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | X |
| 3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | |

Form 990 (2024)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

| | |
|---|---|
| Name of the organization U.S. SPACE WALK OF FAME FOUNDATION, INC. | Employer identification number 59-3267408 |
|---|---|

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

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

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

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

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2023 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 48,021. | 102,871. | 103,418. | 101,510. | 61,375. | 417,195. |
| 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 | 578,702. | 800,778. | 678,045. | 609,762. | 224,015. | 2891302. |
| 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 | 626,723. | 903,649. | 781,463. | 711,272. | 285,390. | 3308497. |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0. |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | 0. |
| c Add lines 7a and 7b | | | | | | 0. |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | 3308497. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | 626,723. | 903,649. | 781,463. | 711,272. | 285,390. | 3308497. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 645. | 2,030. | 420. | 1,657. | 6,334. | 11,086. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 645. | 2,030. | 420. | 1,657. | 6,334. | 11,086. |
| 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.) | 43,732. | 1,355. | 1,153. | 1,484. | 11,004. | 58,728. |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | 671,100. | 907,034. | 783,036. | 714,413. | 302,728. | 3378311. |

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|--|----|---------|
| 15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) | 15 | 97.93 % |
| 16 Public support percentage from 2023 Schedule A, Part III, line 15 | 16 | 97.86 % |

Section D. Computation of Investment Income Percentage

| | | |
|---|----|-------|
| 17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) | 17 | .33 % |
| 18 Investment income percentage from 2023 Schedule A, Part III, line 17 | 18 | .14 % |

19a **33 1/3% support tests - 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support tests - 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11a, 11b, 11c regarding gift acceptance.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2 regarding governing body and benefit of supported organizations.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1 regarding directors/trustees of supported organizations.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3 regarding support provided and relationship with supported organizations.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3 regarding Integral Part Test and activities.

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

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

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

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

| Section C - Distributable Amount | | | Current Year |
|----------------------------------|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |

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

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

| Section D - Distributions | | Current Year |
|---------------------------|--|--------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) | 5 |
| 6 | Other distributions (describe in Part VI). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8 |
| 9 | Distributable amount for 2024 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2024 | (iii) Distributable Amount for 2024 |
|---|---|--|---|
| 1 | Distributable amount for 2024 from Section C, line 6 | | |
| 2 | Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions. | | |
| 3 | Excess distributions carryover, if any, to 2024 | | |
| a | From 2019 | | |
| b | From 2020 | | |
| c | From 2021 | | |
| d | From 2022 | | |
| e | From 2023 | | |
| f | Total of lines 3a through 3e | | |
| g | Applied to under distributions of prior years | | |
| h | Applied to 2024 distributable amount | | |
| i | Carryover from 2019 not applied (see instructions) | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | |
| 4 | Distributions for 2024 from Section D, line 7: \$ | | |
| a | Applied to underdistributions of prior years | | |
| b | Applied to 2024 distributable amount | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | |
| 5 | Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | |
| 6 | Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | |
| 7 | Excess distributions carryover to 2025. Add lines 3j and 4c. | | |
| 8 | Breakdown of line 7: | | |
| a | Excess from 2020 | | |
| b | Excess from 2021 | | |
| c | Excess from 2022 | | |
| d | Excess from 2023 | | |
| e | Excess from 2024 | | |

Schedule A (Form 990) 2024

Part VI

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

Lined area for supplemental information with a large diagonal watermark reading 'CLIENT COPY'.

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

U.S. SPACE WALK OF FAME FOUNDATION, INC.

Employer identification number

59-3267408

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (Rev. 12-2024)

| | |
|---|---|
| Name of organization U.S. SPACE WALK OF FAME FOUNDATION, INC. | Employer identification number 59-3267408 |
|---|---|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|---|
| 1 | BREVARD COUNTY TOURIST DEVELOPMENT OFFICE 150 COCOA ISLES BLVD. STE 401 COCOA BEACH, FL 32931 | \$ 19,808. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | STATE OF FLORIDA DIVISION FOR CULTURAL AFFAIRS 500 S BRONOUGH STREET TALLAHASSEE, FL 32399-0250 | \$ 25,281. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

U.S. SPACE WALK OF FAME FOUNDATION, INC.

59-3267408

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|--|---|----------------------|
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |

Name of organization

Employer identification number

U.S. SPACE WALK OF FAME FOUNDATION, INC.

59-3267408

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed.

Form with columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held, (e) Transfer of gift. Includes sub-sections for Transferee's name, address, and ZIP + 4, and Relationship of transferor to transferee. Multiple rows for reporting.

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

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

Name of the organization **U.S. SPACE WALK OF FAME FOUNDATION, INC.** Employer identification number **59-3267408**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|--|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

| | |
|---|---|
| <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included on line 2a | 2c |
| d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

| | |
|---|----------|
| (i) Revenue included on Form 990, Part VIII, line 1 | \$ _____ |
| (ii) Assets included in Form 990, Part X | \$ _____ |

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

| | |
|---|----------|
| a Revenue included on Form 990, Part VIII, line 1 | \$ _____ |
| b Assets included in Form 990, Part X | \$ _____ |

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) (Rev. 12-2024)

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment _____ %
- b** Permanent endowment _____ %
- c** Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

| | Yes | No |
|-------------------------------------|-----|----|
| (i) Unrelated organizations? | | |
| (ii) Related organizations? | | |

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 42,799. | | 42,799. |
| b Buildings | | 416,364. | 97,693. | 318,671. |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | 50,845. | 50,845. | 0. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) | | | | 361,470. |

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) | | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) | | |

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) | |

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) | |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) | |
|-----------------|--|---|---------------------------------------|---------------------|---|---------|
| | | AUCTION-JANUARY 2024 (event type) | AUCTION-FEBRUARY 2024 (event type) | 8 (total number) | | |
| Revenue | 1 | Gross receipts | 3,905. | 24,539. | 14,117. | 42,561. |
| | 2 | Less: Contributions | | | | |
| | 3 | Gross income (line 1 minus line 2) | 3,905. | 24,539. | 14,117. | 42,561. |
| Direct Expenses | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| | 6 | Rent/facility costs | | | | |
| | 7 | Food and beverages | | | | |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | 29,222. | 18,759. | 33,891. | 81,872. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | | 81,872. |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | -39,311. | |

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|--|-----------------------|---|---|---|
| | | 1 | Gross revenue | | |
| Direct Expenses | 2 | Cash prizes | | | |
| | 3 | Noncash prizes | | | |
| | 4 | Rent/facility costs | | | |
| | 5 | Other direct expenses | | | |
| | 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No |
| 7 | Direct expense summary. Add lines 2 through 5 in column (d) | | | | |
| 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

U.S. SPACE WALK OF FAME FOUNDATION, INC.

Employer identification number

59-3267408

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO PRESERVE THE HISTORY OF THE UNITED STATES' SPACE PROGRAM;
TO HONOR OUR NATION'S ASTRONAUTS AND AEROSPACE INNOVATORS;
TO EDUCATE CURRENT AND FUTURE GENERATIONS ABOUT THE SACRIFICE AND
COOPERATION NECESSARY TO BUILD THE EARLY SPACE PROGRAM;
TO INSPIRE THE NEXT GENERATION OF SCIENTISTS, INNOVATORS, AND EXPLORERS
WHO WILL TAKE OUR NATION, AND THE WORLD, IN NEW AND EXCITING
DIRECTIONS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO EDUCATE CURRENT AND FUTURE GENERATIONS ABOUT THE SACRIFICE AND
COOPERATION NECESSARY TO BUILD THE EARLY SPACE PROGRAM; TO INSPIRE THE
NEXT GENERATION OF SCIENTISTS, INNOVATORS, AND EXPLORERS WHO WILL TAKE
OUR NATION, AND THE WORLD, IN NEW AND EXCITING DIRECTIONS.

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

A COPY OF THE RETURN IS REVIEWED BY THE EXECUTIVE COMMITTEE PRIOR TO FILING
WITH THE IRS.

FORM 990, PART VI, SECTION C, LINE 18:

THE FOUNDATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE
UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN IRC SECTION
6104(D).

FORM 990, PART VI, SECTION C, LINE 19:

THE FOUNDATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE
UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN IRC SECTION
6104(D).

2024 DEPRECIATION AND AMORTIZATION REPORT

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| Asset No. | Description | Date Acquired | Method | Life | C o v | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec. 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|-----------------------------------|---------------|--------|-------|-------------|----------|--------------------------|------------|---------------------|--------------------|------------------------|------------------------------------|--------------------------|------------------------|---------------------------------|
| 1 | 20 CHAIRS | 11/03/98 | 200DE | 7.00 | | HY17 | 300. | | | | 300. | 300. | | 0. | 300. |
| 2 | KIOSK CABINET | 12/10/98 | 200DE | 7.00 | | HY17 | 1,000. | | | | 1,000. | 1,000. | | 0. | 1,000. |
| 3 | OFFICE COPIER | 06/23/00 | 200DE | 7.00 | | HY17 | 500. | | | | 500. | 500. | | 0. | 500. |
| 4 | TELEVISION/VCR | 06/23/00 | 200DE | 7.00 | | HY17 | 220. | | | | 220. | 220. | | 0. | 220. |
| 5 | PORTABLE COMPUTER | 11/03/98 | 200DE | 5.00 | | HY17 | 1,200. | | | | 1,200. | 1,200. | | 0. | 1,200. |
| 6 | DESK TOP COMPUTER | 11/03/98 | 200DE | 5.00 | | HY17 | 600. | | | | 600. | 600. | | 0. | 600. |
| 7 | KIOSK COMPUTER | 12/10/98 | 200DE | 5.00 | | HY17 | 3,014. | | | | 3,014. | 3,014. | | 0. | 3,014. |
| 8 | OFFICE PRINTER | 12/10/98 | 200DE | 5.00 | | HY17 | 450. | | | | 450. | 450. | | 0. | 450. |
| 9 | OFFICE SCANNER | 12/10/98 | 200DE | 5.00 | | HY17 | 450. | | | | 450. | 450. | | 0. | 450. |
| 10 | OFFICE COMPUTER | 12/10/98 | 200DE | 7.00 | | HY17 | 1,000. | | | | 1,000. | 1,000. | | 0. | 1,000. |
| 11 | COMPUTER SOFTWARE | 12/10/98 | | 60M | | HY43 | 3,800. | | | | 3,800. | 3,800. | | 0. | 3,800. |
| 12 | MS OFFICE/PUBLISHER | 12/10/98 | | 60M | | HY43 | 950. | | | | 950. | 950. | | 0. | 950. |
| 13 | COMPUTER SYSTEM | 01/10/08 | 200DE | 7.00 | | HY17 | 11,041. | | | 5,521. | 5,520. | 5,520. | | 0. | 5,520. |
| 14 | 2 HP PRINTERS | 03/07/12 | 200DE | 5.00 | | HY17 | 507. | | | 254. | 253. | 253. | | 0. | 253. |
| 15 | APOLLO MONUMENT MONITORING SYSTEM | 02/16/14 | 200DE | 5.00 | | HY17 | 1,021. | | | | 1,021. | 1,021. | | 0. | 1,021. |
| 16 | SWOFF COMPUTER | 11/05/13 | 200DE | 5.00 | | HY17 | 578. | | | 289. | 289. | 289. | | 0. | 289. |
| 17 | 423 S. PALM AVE., TITUSVILLE, FL | 07/14/15 | SL | 39.00 | | MM16 | 385,190. | | | | 385,190. | 83,954. | | 9,877. | 93,831. |
| 18 | LAND | 07/14/15 | L | | | | 42,799. | | | | 42,799. | | | 0. | 0. |

428111 04-01-24

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2024 DEPRECIATION AND AMORTIZATION REPORT

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| Asset No. | Description | Date Acquired | Method | Life | C h v | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|----------------------------------|---------------|--------|-------|-------------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 19 | ROOF REPLACEMENT | 02/27/20 | SL | 39.00 | MM | 16 | 31,174. | | | | 31,174. | 3,063. | | 799. | 3,862. |
| 20 | CARPET REPLACEMENT | 07/21/22 | 200DB | 5.00 | HY | 17 | 24,214. | | | 24,214. | | | | 0. | |
| | * TOTAL 990 PAGE 10 DEPR & AMORT | | | | | | 510,008. | | | 30,278. | 479,730. | 107,584. | | 10,676. | 118,260. |

428111 04-01-24

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Power of Attorney and Declaration of Representative

OMB No. 1545-0150

▶ Go to www.irs.gov/Form2848 for instructions and the latest information.

For IRS Use Only
 Received by: _____
 Name _____
 Telephone _____
 Function _____
 Date / / _____

Part I Power of Attorney

Caution: A separate Form 2848 must be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS.

1 Taxpayer information. Taxpayer must sign and date this form on page 2, line 7.

| | |
|---|--|
| Taxpayer name and address U.S. SPACE WALK OF FAME FOUNDATION, INC. 308 PINE STREET TITUSVILLE, FL 32796 | Taxpayer identification number(s) 59-3267408 |
| | Daytime telephone number 321-720-4038 |
| | Plan number (if applicable) |

hereby appoints the following representative(s) as attorney(s)-in-fact:

2 Representative(s) must sign and date this form on page 2, Part II.

| | |
|--|--|
| Name and address B. EUGENE BURKETT PO BOX 562665 ROCKLEDGE, FL 32956-2665 | CAF No. 0303-42478R PTIN P00649848 Telephone No. 321-631-0383 Fax No. 321-632-9662 |
| Check if to be sent copies of notices and communications <input checked="" type="checkbox"/> | Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/> |
| Name and address Check if to be sent copies of notices and communications <input type="checkbox"/> | CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/> |
| Name and address (Note: IRS sends notices and communications to only two representatives.) | CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/> |
| Name and address (Note: IRS sends notices and communications to only two representatives.) | CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/> |

to represent the taxpayer before the Internal Revenue Service and perform the following acts:

3 Acts authorized (you are required to complete line 3). Except for the acts described in line 5b, I authorize my representative(s) to receive and inspect my confidential tax information and to perform acts I can perform with respect to the tax matters described below. For example, my representative(s) shall have the authority to sign any agreements, consents, or similar documents (see instructions for line 5a for authorizing a representative to sign a return).

| Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions) | Tax Form Number (1040, 941, 720, etc.) (if applicable) | Year(s) or Period(s) (if applicable) (see instructions) |
|--|--|---|
| INCOME | 990 | 2023-2025 |
| | | |

4 Specific use not recorded on the Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See *Line 4. Specific Use Not Recorded on CAF* in the instructions

5a Additional acts authorized. In addition to the acts listed on line 3 above, I authorize my representative(s) to perform the following acts (see instructions for line 5a for more information):

Access my IRS records via an Intermediate Service Provider;
 Authorize disclosure to third parties; Substitute or add representative(s); Sign a return;

Other acts authorized: _____

b Specific acts not authorized. My representative(s) is (are) not authorized to endorse or otherwise negotiate any check (including directing or accepting payment by any means, electronic or otherwise, into an account owned or controlled by the representative(s) or any firm or other entity with whom the representative(s) is (are) associated) issued by the government in respect of a federal tax liability.
List any other specific deletions to the acts otherwise authorized in this power of attorney (see instructions for line 5b): _____

6 Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this form. If you **do not** want to revoke a prior power of attorney, check here

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

7 Taxpayer declaration and signature. If a tax matter concerns a year in which a joint return was filed, each spouse must file a separate power of attorney even if they are appointing the same representative(s). If signed by a corporate officer, partner, guardian, tax matters partner, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify I have the legal authority to execute this form on behalf of the taxpayer.
▶ **IF NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THIS POWER OF ATTORNEY TO THE TAXPAYER.**

Signature: _____ Date: _____ EXECUTIVE DIRECTOR
 GABRIEL G. ROTHBLATT U.S. SPACE WALK OF FAME FOUNDATION, INC. (if applicable)
 Print name Print name of taxpayer from line 1 if other than individual

Part II Declaration of Representative

Under penalties of perjury, by my signature below I declare that:

- I am not currently suspended or disbarred from practice, or ineligible for practice, before the Internal Revenue Service;
- I am subject to regulations in Circular 230 (31 CFR, Subtitle A, Part 10), as amended, governing practice before the Internal Revenue Service;
- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
- I am one of the following:
 - a Attorney - a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b Certified Public Accountant - a holder of an active license to practice as a certified public accountant in the jurisdiction shown below.
 - c Enrolled Agent - enrolled as an agent by the IRS per the requirements of Circular 230.
 - d Officer - a bona fide officer of the taxpayer organization.
 - e Full-Time Employee - a full-time employee of the taxpayer.
 - f Family Member - a member of the taxpayer's immediate family (spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
 - g Enrolled Actuary - enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the IRS is limited by section 10.3(d) of Circular 230).
 - h Unenrolled Return Preparer - Authority to practice before the IRS is limited. An unenrolled return preparer may represent, provided the preparer (1) prepared and signed the return or claim for refund (or prepared if there is no signature space on the form); (2) was eligible to sign the return or claim for refund; (3) has a valid PTIN; and (4) possesses the required Annual Filing Season Program Record of Completion(s). **See Special Rules and Requirements for Unenrolled Return Preparers in the instructions for additional information.**
 - k Qualifying Student or Law Graduate - receives permission to represent taxpayers before the IRS by virtue of his/her status as a law, business, or accounting student, or law graduate working in a LITC or STCP. See instructions for Part II for additional information and requirements.
 - r Enrolled Retirement Plan Agent - enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

▶ **IF THIS DECLARATION OF REPRESENTATIVE IS NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THE POWER OF ATTORNEY. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN PART I, LINE 2.**

Note: For designations d-f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column.

| Designation - Insert above letter (a-r). | Licensing jurisdiction (State) or other licensing authority (if applicable) | Bar, license, certification, registration, or enrollment number (if applicable) | Signature | Date |
|--|---|---|-----------|------|
| B | FLORIDA | AC34371 | | |
| | | | | |
| | | | | |
| | | | | |

2024 DEPRECIATION AND AMORTIZATION REPORT
- CURRENT YEAR FEDERAL - U.S. SPACE WALK OF FAME FOUNDATION, INC.

| Asset No. | Description | Date Acquired | Method | Life | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|-----------|--------------------------------------|---------------|-----------|------|----------|--------------------------|------------|--------------------|------------------------|--------------------------|-----------------|------------------------|
| 1 | 20 CHAIRS | 110398 | 200DB7.00 | 17 | | 300. | | | 300. | 300. | | 0. |
| 2 | KIOSK CABINET | 121098 | 200DB7.00 | 17 | | 1,000. | | | 1,000. | 1,000. | | 0. |
| 3 | OFFICE COPIER | 062300 | 200DB7.00 | 17 | | 500. | | | 500. | 500. | | 0. |
| 4 | TELEVISION/VCR | 062300 | 200DB7.00 | 17 | | 220. | | | 220. | 220. | | 0. |
| 5 | PORTABLE COMPUTER | 110398 | 200DB5.00 | 17 | | 1,200. | | | 1,200. | 1,200. | | 0. |
| 6 | DESK TOP COMPUTER | 110398 | 200DB5.00 | 17 | | 600. | | | 600. | 600. | | 0. |
| 7 | KIOSK COMPUTER | 121098 | 200DB5.00 | 17 | | 3,014. | | | 3,014. | 3,014. | | 0. |
| 8 | OFFICE PRINTER | 121098 | 200DB5.00 | 17 | | 450. | | | 450. | 450. | | 0. |
| 9 | OFFICE SCANNER | 121098 | 200DB5.00 | 17 | | 450. | | | 450. | 450. | | 0. |
| 10 | OFFICE COMPUTER | 121098 | 200DB7.00 | 17 | | 1,000. | | | 1,000. | 1,000. | | 0. |
| 11 | COMPUTER SOFTWARE | 121098 | 60M | 43 | | 3,800. | | | 3,800. | 3,800. | | 0. |
| 12 | MS OFFICE/PUBLISHER | 121098 | 60M | 43 | | 950. | | | 950. | 950. | | 0. |
| 13 | COMPUTER SYSTEM | 011008 | 200DB7.00 | 17 | | 11,041. | | 5,521. | 5,520. | 5,520. | | 0. |
| 14 | HP PRINTERS | 030712 | 200DB5.00 | 17 | | 507. | | 254. | 253. | 253. | | 0. |
| 15 | APOLLO MONUMENT MONITORING SYSTEM | 021614 | 200DB5.00 | 17 | | 1,021. | | | 1,021. | 1,021. | | 0. |
| 16 | SWOFF COMPUTER 423 S. PALM AVE., | 110513 | 200DB5.00 | 17 | | 578. | | 289. | 289. | 289. | | 0. |
| 17 | TITUSVILLE, FL | 071415 | SL | 16 | | 385,190. | | | 385,190. | 83,954. | | 9,877. |
| 18 | LAND | 071415 | L | 16 | | 42,799. | | | 42,799. | | | 0. |

42B102, 04-01-24

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2024 DEPRECIATION AND AMORTIZATION REPORT
- CURRENT YEAR FEDERAL - U.S. SPACE WALK OF FAME FOUNDATION, INC.

| Asset No. | Description | Date Acquired | Method | Life | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|-----------|----------------------------------|---------------|--------|-------|----------|--------------------------|------------|--------------------|------------------------|--------------------------|-----------------|------------------------|
| 19 | ROOF REPLACEMENT | 022720 | SL | 39.00 | 16 | 31,174. | | | 31,174. | 3,063. | | 799. |
| 20 | CARPET REPLACEMENT | 072122 | 200DB | 5.00 | 17 | 24,214. | | 24,214. | | | | 0. |
| | * TOTAL 990 PAGE 10 DEPR & AMORT | | | | | 510,008. | | 30,278. | 479,730. | 107,584. | | 10,676. |

2025 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - U.S. SPACE WALK OF FAME FOUNDATION, INC.

| Asset No. | Description | Date Acquired | Method | Life | Unadjusted Cost Or Basis | * Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Amount Of Depreciation |
|-----------|-----------------------------------|---------------|--------|-------|--------------------------|----------------------|------------------------|--------------------------|------------------------|
| 1 | 20 CHAIRS | 110398 | 200DB | 7.00 | 300. | | 300. | 300. | 0. |
| 2 | KIOSK CABINET | 121098 | 200DB | 7.00 | 1,000. | | 1,000. | 1,000. | 0. |
| 3 | OFFICE COPIER | 062300 | 200DB | 7.00 | 500. | | 500. | 500. | 0. |
| 4 | TELEVISION/VCR | 062300 | 200DB | 7.00 | 220. | | 220. | 220. | 0. |
| 5 | PORTABLE COMPUTER | 110398 | 200DB | 5.00 | 1,200. | | 1,200. | 1,200. | 0. |
| 6 | DESK TOP COMPUTER | 110398 | 200DB | 5.00 | 600. | | 600. | 600. | 0. |
| 7 | KIOSK COMPUTER | 121098 | 200DB | 5.00 | 3,014. | | 3,014. | 3,014. | 0. |
| 8 | OFFICE PRINTER | 121098 | 200DB | 5.00 | 450. | | 450. | 450. | 0. |
| 9 | OFFICE SCANNER | 121098 | 200DB | 5.00 | 450. | | 450. | 450. | 0. |
| 10 | OFFICE COMPUTER | 121098 | 200DB | 7.00 | 1,000. | | 1,000. | 1,000. | 0. |
| 11 | COMPUTER SOFTWARE | 121098 | | 60M | 3,800. | | 3,800. | 3,800. | 0. |
| 12 | MS OFFICE/PUBLISHER | 121098 | | 60M | 950. | | 950. | 950. | 0. |
| 13 | COMPUTER SYSTEM | 011008 | 200DB | 7.00 | 11,041. | 5,521. | 5,520. | 5,520. | 0. |
| 14 | 2 HP PRINTERS | 030712 | 200DB | 5.00 | 507. | 254. | 253. | 253. | 0. |
| 15 | APOLLO MONUMENT MONITORING SYSTEM | 021614 | 200DB | 5.00 | 1,021. | | 1,021. | 1,021. | 0. |
| 16 | SWOFF COMPUTER | 110513 | 200DB | 5.00 | 578. | 289. | 289. | 289. | 0. |
| 17 | 423 S. PALM AVE., TITUSVILLE, FL | 071415 | SL | 39.00 | 385,190. | | 385,190. | 93,831. | 9,877. |
| 18 | LAND | 071415 | SL | | 42,799. | | 42,799. | | 0. |
| 19 | ROOF REPLACEMENT | 022720 | SL | 39.00 | 31,174. | | 31,174. | 3,862. | 799. |
| 20 | CARPET REPLACEMENT | 072122 | 200DB | 5.00 | 24,214. | 24,214. | | | 0. |
| | * TOTAL 990 PAGE 10 DEPR & AMORT | | | | 510,008. | 30,278. | 479,730. | 118,260. | 10,676. |

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

| Marketing Support Program - US SPACE WALK OF FAME | | | | | | | |
|---|----------------------|---------------------|------------------|----------------------------|----------------------|---------------------|-------------|
| FY 2025-2026 | | | | | | | |
| Event Income/Expense Report | | | | | | | |
| Expenses | 2025-2026 projection | 2024-2025 actuals | VAR+10% increase | Income | 2025-2026 projection | 2024-2025 actuals | VAR |
| Personnel | \$185,000.00 | \$150,000.00 | \$35,000.00 | Admissions | \$50,000.00 | \$42,131.00 | \$7,869.00 |
| Contracted Services | \$5,000.00 | \$3,950.00 | \$1,050.00 | Gift Shop | \$30,000.00 | \$25,702.00 | \$4,298.00 |
| Utilities | \$17,500.00 | \$15,203.16 | \$2,296.84 | Membership | \$15,000.00 | \$14,340.00 | \$660.00 |
| Space Rental/Mortgage | \$36,000.00 | \$22,694.16 | \$13,305.84 | Engravings | \$1,500.00 | \$1,484.00 | \$16.00 |
| Insurance General Liability | \$7,500.00 | \$5,576.20 | \$1,923.80 | Consignment | \$35,000.00 | \$24,500.00 | \$10,500.00 |
| Insurance D & O | \$1,200.00 | \$1,070.60 | \$129.40 | Interest/Investment | \$8,500.00 | \$6,667.00 | \$1,833.00 |
| | | | | | | | |
| Subtotal Expense | \$252,200.00 | \$198,494.12 | \$53,705.88 | Donations: | | | |
| Other Expenses | | | | Corp. contributions | \$25,000.00 | \$18,500.00 | \$6,500.00 |
| Equipment/Supplies | \$10,000.00 | \$6,250.00 | \$3,750.00 | Ind. Contributions | \$75,000.00 | \$68,300.00 | \$6,700.00 |
| Inventory | \$18,000.00 | \$20,000.00 | -\$2,000.00 | | | | |
| Special Events | \$20,000.00 | \$12,500.00 | \$7,500.00 | Subtotal Income | \$240,000.00 | \$201,624.00 | \$38,376.00 |
| | | | \$0.00 | Income Sponsors | | | |
| | | | \$0.00 | Cash in Bank to start | \$260,000.00 | \$257,850.18 | \$2,149.82 |
| | | | \$0.00 | | | | |
| | | | \$0.00 | TDC grant funding | \$12,500.00 | \$15,000.00 | -\$2,500.00 |
| | | | \$0.00 | Total Income | \$252,500.00 | \$216,624.00 | \$35,876.00 |
| | | | \$0.00 | Total Expenses Paid | \$319,279.00 | \$251,253.62 | \$68,025.38 |
| Subtotal Other Expenses | \$48,000.00 | \$38,750.00 | \$9,250.00 | Profit/Loss | -\$66,779.00 | -\$34,629.62 | |
| Marketing - please specify Brevard/Out-of-County | | | | | | | |
| CFPM | \$10,000.00 | \$7,400.00 | \$2,600.00 | | | | |
| Gannet | \$2,500.00 | \$999.50 | \$1,500.50 | | | | |
| Belden Communications | \$6,579.00 | \$5,610.00 | \$969.00 | | | | |
| | | | \$0.00 | | | | |
| | | | \$0.00 | | | | |
| | | | \$0.00 | | | | |
| | | | \$0.00 | | | | |
| Subtotal Marketing | \$19,079.00 | \$14,009.50 | \$5,069.50 | | | | |
| Marketing Expense | | | | | | | |
| Total Expenses 2025-2026 | \$319,279.00 | \$251,253.62 | | | | | |

Space Coast FLORIDA

**Tourism Development Office
FY 2025-2026 Marketing Support Program
Applicant checklist**

Applicant organization name: OS Space Walk of Fame Foundation Inc.

Applicant event name: American Space Museum

Applicant name completing this form: Gabriel Rothblatt

Applicant- Use this checklist to confirm that you have completed all elements of the application prior to submitting. Initial next to each item. Items (2-9) must be uploaded within the application.

| | | Applicant initial | TDO staff initial | TDO staff comments |
|----|--|-------------------|-------------------|--------------------|
| 1. | Application – | <i>GR</i> | <i>DW</i> | |
| 2. | Copy of IRS Articles of Incorporation – (submit if for-profit) | <i>GR</i> | <i>DW</i> | <i>N/A</i> |
| 3. | Copy of IRS Determination Letter – (submit if 501(c)(3)) | <i>GR</i> | <i>DW</i> | |
| 4. | Copy of SunBiz.com - (if applicable, see application for details) | <i>GR</i> | <i>DW</i> | |
| 5. | Copy of 990 form (if applicable, see application) | <i>GR</i> | <i>DW</i> | |
| 6. | Copy of completed W-9 form (March 2024) | <i>GR</i> | <i>DW</i> | |
| 7. | Income/Expense worksheet (required for all applicants) | <i>GR</i> | <i>DW</i> | |
| 8. | Copy of this checklist – (completed, initialed, and signed by applicant) | <i>GR</i> | <i>DW</i> | |

I, consent that all above documents have been submitted completely by uploading within the application packet.

Gabriel Rothblatt *08/02/2025*
Applicant signature & date

Brevard Symphony Orchestra

[Return to Table of Contents](#)



**Tourism Development Office
 FY 2025-2026 Marketing Support Program
 Application Packet checklist**

Applicant Organization Name: Brevard Symphony Orchestra

Applicant Event Name: Year-round programming

| | Yes | No | Comment |
|--|-----|----|---------|
| 1. Completed application | X | | |
| 2. Copy of IRS Articles of Incorporation – (if applicable) | | X | N/A |
| 3. Copy of IRS Determination letter – (if applicable) | X | | |
| 4. Copy of SunBiz.org (if applicable) | X | | |
| 5. Copy of 990 (if applicable) | X | | |
| 6. Copy of completed W-9 (March 2024) | X | | |
| 7. Income/Expense worksheet (required for all applicants) | X | | |
| 8. Copy of the Applicant checklist | X | | |

This application meets the minimum requirement of 5,001 out-of-county attendees (Cultural) or 250 room nights (Sports).

| | |
|-----|----|
| YES | NO |
|-----|----|

All documents have been submitted, reviewed and/or addressed in the comments.

Peter Cranis 7/2/2025

Peter Cranis, Executive Director

FY 2025-2026 Marketing Support Program application

Response ID:13 Data

2. (untitled)

1. I have read and understand the policies/procedures within the FY 2025-2026 Marketing Support Program Criteria.



Signature of: Hadassah Etienne

3. (untitled)

2. Which best describes your event/year-round programming?

Cultural

4. (untitled)

3. ORGANIZATION INFORMATION

Name of organization hosting event/year-round programming

Brevard Symphony Orchestra

Organization address

780 S Apollo Blvd Ste 218

State

Florida

City

Melbourne

Zip

32901

Primary contact name

Hadassah Etienne

Primary contact phone number

321-345-5052

Primary contact email

hetienne@brevardsymphony.com

Secondary contact name

Laura Sayer

Secondary contact phone number

321-345-5052

Secondary contact email

lsayer@brevardsymphony.com

Organization website address

www.brevardsymphony.com

5. (untitled)

4. Which best describes your organization?

501(C)(3)

6. (untitled)

5. What is your Federal Employee ID number?

59-1149727

7. (untitled)

6. Are you completing this application for an event or year-round programming?

Year-round programming - theater, symphony, concerts, museum, etc.

8. (untitled)

1. EVENT INFORMATION - #1

Name of event

Event website address (if different from organization website)

Event location

9. (untitled)

What is the first date of your event?

10. (untitled)

In total, how many days will your event be held?

11. (untitled)

7. Do you have a second event?

No

12. (untitled)

4. **EVENT INFORMATION - #2**

Name of event

Event website address (if different from organization website)

Event location

13. (untitled)

What is the first date of your event?

14. (untitled)

In total, how many days will your event be held?

15. (untitled)

Do you have a third event?

16. (untitled)

8. **EVENT INFORMATION - #3**

Name of event

Event website address (if different from organization website)

Event location

17. (untitled)

What is the first date of your event?

18. (untitled)

In total, how many days will your event be held?

19. (untitled)

What types of marketing do you plan to do for this event?

20. (untitled)

8. What types of marketing do you plan to do for your year-round programming?

Billboards
Digital advertising (banner ads, etc.)
Direct mail
Radio
Search advertising (pay-per-click, etc.)
Social hashtags
Social media (Facebook, Instagram, YouTube, etc.)
TV/Video
Other - Please be specific.....: EDDM

21. (untitled)

9. What are your social media handles?

Facebook : Brevard Symphony Orchestra
Instagram : @brevardsymphony
YouTube : @BrevardSymphonyOrchestra

22. (untitled)

10. What hashtags do you currently use?

#yourBSO, #musiconthespacecoast

23. (untitled)

11. Upload a copy of your organization's IRS Determination letter.

[IRS_Determination_Letter.pdf](#)

24. (untitled)

12. Upload a copy of your organization's 990 form.

[US_Tax_Return_2022-23_-_Public_Disclosure_Copy.PDF](#)

25. (untitled)

Upload a copy of your organization's Articles of Incorporation.

26. (untitled)

13. If you are a Florida organization, please upload a copy of your SunBiz.com account associated with your organization.

[SunBiz_BSO_Page.pdf](#)

27. (untitled)

14. Upload your completed W-9 form.

[__W-9_Apollo_signed.pdf](#)

28. (untitled)

15. Upload your completed Event Income/Expense report.

[25-26_Event_Income_Expense_Report_Complete.pdf](#)

29. (untitled)

16. Upload your completed Checklist.

[MSP_Checklist_Completed.pdf](#)

30. (untitled)

17.

ATTESTATION

I attest that all information in this questionnaire is true and correct. I further attest that will comply with the requirements set forth, if awarded support.

A handwritten signature in black ink that reads "Hadassah Etienne". The first name is written in a blocky, outlined style, while the last name is in a more fluid, cursive script.

Signature of: Hadassah Etienne

31. Thank You!

New Send Email

May 27, 2025 10:15:43 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com;
Terrence.Parks@VisitSpaceCoast.com

Internal Revenue Service
District Director

DATE: February 13, 1996

Brevard Symphony Orchestra Inc.
1500 Highland Ave
Melbourne, FL 32935-6521

Department of the Treasury
Returns Program Management
Staff - Taxpayer Assistance
401 West Peachtree St.,NW
C-1130, Stop 520-D
Atlanta, GA 30365

Date of Inquiry:
02/01/96
Person to Contact:
F. Pressley
Telephone Number:
404 331-3006

EIN: 59-1149727

Dear Taxpayer:

This is in response to your request for confirmation of your exemption from Federal income tax.

Our records indicate your organization was granted exemption from Federal income tax under section 501(c)(3) of the Internal Revenue Code by our letter dated December 1966 . You were further determined not to be a private foundation within the meaning of section 509(a) of the Code because you are an organization described in section 509(a)(2).

Contributions to you are deductible as provided in section 170 of the Code.

The tax exempt status recognized by our letter referred to above is currently in effect and will remain in effect until terminated, modified or revoked by the Internal Revenue Service. Any change in your purposes, character, or method of operation must be reported to us so we may consider the effect of the change on your exempt status. You must also report any change in your name and address.

Thank you for your cooperation.

Sincerely,



Exempt Organizations
Coordinator

TPA440ltr



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Not For Profit Corporation
BREVARD SYMPHONY ORCHESTRA, INC.

Filing Information

| | |
|-----------------------------|--|
| Document Number | 710274 |
| FEI/EIN Number | 59-1149727 |
| Date Filed | 01/28/1966 |
| State | FL |
| Status | ACTIVE |
| Last Event | AMENDED AND RESTATEDARTICLES/NAME CHANGE |
| Event Date Filed | 01/26/1998 |
| Event Effective Date | NONE |

Principal Address

780 S Apollo Blvd
Suite 218
Melbourne, FL 32901

Changed: 01/29/2021

Mailing Address

PO Box 361965
Melbourne, FL 32936-1965

Changed: 06/04/2020

Registered Agent Name & Address

Brevard Symphony Orchestra, Inc.
780 S Apollo Blvd
Suite 218
Melbourne, FL 32901

Name Changed: 01/25/2022

Address Changed: 01/29/2021

Officer/Director Detail

Name & Address

Title Immediate Past Board Chair

Zies, Philip
PO Box 361965
Melbourne, FL 32936-1965

Title Board Chair

Forrer, Janet
PO Box 361965
Melbourne, FL 32936-1965

Title Treasurer

Proctor, Travis
PO Box 361965
Melbourne, FL 32936-1965

Title Board Vice Chair

Johnson, Nancy, Dr.
PO Box 361965
Melbourne, FL 32936-1965

Title Board Vice Chair

Caldwell, Debbie
PO Box 361965
Melbourne, FL 32936-1965

Title Board Secretary

Allen, Dorothy
PO Box 361965
Melbourne, FL 32936-1965

Title Director

Anderson, J. Patrick
PO Box 361965
Melbourne, FL 32936-1965

Title Director

Anderson, Roger
PO Box 361965
Melbourne, FL 32936-1965

Title Orchestra Representative

Apelgren, Christina
PO Box 361965
Melbourne, FL 32936-1965

Title Director

Blanchard, Geraldine
PO Box 361965
Melbourne, FL 32936-1965

Title Director

Brush, Ann-Marie
PO Box 361965
Melbourne, FL 32936-1965

Title Director

Clayborne, Yvonne
PO Box 361965
Melbourne, FL 32936-1965

Title Director

Fanelli, Alfredo, Dr.
PO Box 361965
Melbourne, FL 32936-1965

Title Director

Hart, Lauri
PO Box 361965
Melbourne, FL 32936-1965

Title Director

Hughes, Tess
PO Box 361965
Melbourne, FL 32936-1965

Title Director

Jobson, Joanna
PO Box 361965
Melbourne, FL 32936-1965

Title Director

Jones Francey, Darcia
PO Box 361965
Melbourne, FL 32936-1965

Title Director

Kitchel, Marilyn
PO Box 361965
Melbourne, FL 32936-1965

Title Orchestra Representative

Korczynski, Sasha
PO Box 361965
Melbourne, FL 32936-1965

Title Director

Lamb, Robert, Dr.
PO Box 361965
Melbourne, FL 32936-1965

Title Director

McAlpine, Christopher
PO Box 361965
Melbourne, FL 32936-1965

Title Director

Nash, Charles
PO Box 361965
Melbourne, FL 32936-1965

Title Director

Normile, Hugh
PO Box 361965
Melbourne, FL 32936-1965

Title Director

Ramirez, Alexies, Dr.
PO Box 361965
Melbourne, FL 32936-1965

Title Director

Reeve, Carol
PO Box 361965
Melbourne, FL 32936-1965

Title Director

McApline, Lisa
PO Box 361965
Melbourne, FL 32936-1965

Title Director

Wieseler, Jason, Dr.
PO Box 361965
Melbourne, FL 32936-1965

Title Director

Carey, Jason
PO Box 361965
Melbourne, FL 32936-1965

Title Director

LeGros, Brian
PO Box 361965
Melbourne, FL 32936-1965

Title Director

Strickhausen, Laura
PO Box 361965
Melbourne, FL 32936-1965

Title Director

Taylor, Heather
PO Box 361965
Melbourne, FL 32936-1965

Title CEO

Etienne, Hadassah
PO Box 361965
Melbourne, FL 32936-1965

Annual Reports

| Report Year | Filed Date |
|--------------------|-------------------|
| 2023 | 04/06/2023 |
| 2024 | 04/01/2024 |
| 2025 | 05/21/2025 |

Document Images

| | |
|---|--|
| 05/21/2025 -- ANNUAL REPORT | View image in PDF format |
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| 01/26/1998 -- Amended/Restated Article/NC | View image in PDF format |
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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2022

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN 30, 2023

Form 990 header section containing fields B through M: Name of organization (BREVARD SYMPHONY ORCHESTRA, INC.), Employer identification number (59-1149727), Telephone number (321-242-2024), Gross receipts (\$1,225,739), Website (WWW.BREVARDSYMPHONY.COM), Form of organization (Corporation), and State of legal domicile (FL).

Part I Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement (CLASSICAL MUSIC FOR COMMUNITY, FAMILY CONCERTS & MUSICAL EDUCATION), governance metrics, revenue breakdown (Total revenue: 1,118,787), expense breakdown (Total expenses: 49,743), and net assets (Total assets: 2,322,892).

Part II Signature Block

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

Signature Block section containing officer signature (DAVID SCHILLHAMMER, EXECUTIVE DIRECTOR), preparer signature (ROMAN G CARRAWAY, CPA), date (05/14/24), and firm information (CARR, RIGGS & INGRAM, LLC).

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: CLASSICAL MUSIC FOR COMMUNITY, FAMILY CONCERTS & MUSICAL EDUCATION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 823,102. including grants of \$) (Revenue \$ 465,069.) SYMPHONY CONCERTS ATTENDED BY APPROXIMATELY 32,000 PEOPLE INCLUDING CHILDREN'S CONCERTS AND OUTREACH PROGRAMS.

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

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

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

4e Total program service expenses 823,102.

Part IV Checklist of Required Schedules

| | Yes | No |
|--|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | | X |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> | X | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | | X |
| c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | | X |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | | X |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | | X |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions | | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | X | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i> | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | | X |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|-----|----|
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | | X |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| 24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): | | |
| 28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 28b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 28c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | | X |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| 35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax shelter transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

| | | Yes | No |
|----|--|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | |
| | 28 | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | | |
| | 28 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | X | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | X |

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

| | | Yes | No |
|-----|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 10b | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | | X |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| 12b | | | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done | | X |
| 12c | | | |
| 13 | Did the organization have a written whistleblower policy? | | X |
| 14 | Did the organization have a written document retention and destruction policy? | | X |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a | The organization's CEO, Executive Director, or top management official | | X |
| 15a | | | |
| b | Other officers or key employees of the organization | | X |
| 15b | | | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |
| 16b | | | |

Section C. Disclosure

| | | |
|----|---|------|
| 17 | List the states with which a copy of this Form 990 is required to be filed | NONE |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain on Schedule O) | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records DAVID SCHILLHAMMER - 321-345-5052 PO BOX 361965, MELBOURNE, FL 32936 | |

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) DAVID SCHILLHAMMER EXECUTIVE DIRECTOR | 40.00 | | | X | | | | 95,000. | 0. | 0. |
| (2) PHILIP ZIES CHAIR | 3.00 | X | X | | | | | 0. | 0. | 0. |
| (3) DEBBIE CALDWELL VICE CHAIR | 3.00 | X | X | | | | | 0. | 0. | 0. |
| (4) DR. NANCY J JOHNSON VICE CHAIR | 3.00 | X | X | | | | | 0. | 0. | 0. |
| (5) TRAVIS PROCTOR TREASURER | 3.00 | X | X | | | | | 0. | 0. | 0. |
| (6) DOTTY ALLEN SECRETARY | 3.00 | X | X | | | | | 0. | 0. | 0. |
| (7) DR. JASON WIESELER PAST CHAIR | 3.00 | X | X | | | | | 0. | 0. | 0. |
| (8) GERALDINE BLANCHARD DIRECTOR | 3.00 | X | | | | | | 0. | 0. | 0. |
| (9) ANN-MARIE BRUSH DIRECTOR | 3.00 | X | | | | | | 0. | 0. | 0. |
| (10) YVONNE CLAYBORNE DIRECTOR | 3.00 | X | | | | | | 0. | 0. | 0. |
| (11) DR. ALFREDO FANELLI DIRECTOR | 3.00 | X | | | | | | 0. | 0. | 0. |
| (12) JANET FORRER DIRECTOR | 3.00 | X | | | | | | 0. | 0. | 0. |
| (13) PEDRO GUIROLA DIRECTOR | 3.00 | X | | | | | | 0. | 0. | 0. |
| (14) LAURI HART DIRECTOR | 3.00 | X | | | | | | 0. | 0. | 0. |
| (15) TESS HUGHES GUILD REP | 3.00 | X | | | | | | 0. | 0. | 0. |
| (16) JOANNA JOBSON DIRECTOR | 3.00 | X | | | | | | 0. | 0. | 0. |
| (17) DARCIA JONES FRANCEY DIRECTOR | 3.00 | X | | | | | | 0. | 0. | 0. |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) MARILYN KITCHEL DIRECTOR | 3.00 | X | | | | | | 0. | 0. | 0. |
| (19) SASHA KORCZYNSKI MUSICIAN | 3.00 | X | | | | | | 0. | 0. | 0. |
| (20) DR. ROBERT LAMB DIRECTOR | 3.00 | X | | | | | | 0. | 0. | 0. |
| (21) CHRISTOPHER MCALPINE DIRECTOR | 3.00 | X | | | | | | 0. | 0. | 0. |
| (22) LISA MCALPINE BSYO REP | 3.00 | X | | | | | | 0. | 0. | 0. |
| (23) CHARLES NASH PAST CHAIR | 3.00 | X | | | | | | 0. | 0. | 0. |
| (24) HUGH NORMILE DIRECTOR | 3.00 | X | | | | | | 0. | 0. | 0. |
| (25) JACKIE PANTELLO DIRECTOR | 3.00 | X | | | | | | 0. | 0. | 0. |
| (26) CAROL REEVE DIRECTOR | 3.00 | X | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 95,000. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 95,000. | 0. | 0. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 | |
|--|--|--|--|--------------------------------------|---|----------|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | |
| | b Membership dues | 1b | | | | |
| | c Fundraising events | 1c | | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) | 1e | 113,333. | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 215,011. | | | |
| | g Noncash contributions included in lines 1a-1f | 1g \$ | | | | |
| | h Total. Add lines 1a-1f | | 328,344. | | | |
| Program Service Revenue | 2 a SELF FUNDED INCOME EVE | Business Code 711190 | 248,627. | 248,627. | | |
| | b PERFORMANCE INCOME | 711190 | 153,893. | 153,893. | | |
| | c SPONSORED EVENTS | 711190 | 53,701. | 53,701. | | |
| | d SPONSORSHIPS | 711190 | 6,601. | 6,601. | | |
| | e CONCERT CLUB | 711190 | 2,247. | 2,247. | | |
| | f All other program service revenue | | | | | |
| | g Total. Add lines 2a-2f | | 465,069. | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 40,870. | | 40,870. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | | | | |
| | 6 a Gross rents | 6a | (i) Real | (ii) Personal | | |
| | | b Less: rental expenses | 6b | | | |
| | | c Rental income or (loss) | 6c | | | |
| | d Net rental income or (loss) | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | 7a | (i) Securities | (ii) Other | | |
| | | b Less: cost or other basis and sales expenses | 7b | 344,033. | | |
| | | c Gain or (loss) | 7c | -32,419. | | |
| | d Net gain or (loss) | | -32,419. | | | -32,419. |
| | 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | 8a | 79,842. | | | |
| | | b Less: direct expenses | 8b | 12,417. | | |
| | | c Net income or (loss) from fundraising events | | 67,425. | | |
| | 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | |
| b Less: direct expenses | | 9b | | | | |
| c Net income or (loss) from gaming activities | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | 10a | | | | | |
| | b Less: cost of goods sold | 10b | | | | |
| | c Net income or (loss) from sales of inventory | | | | | |
| Miscellaneous Revenue | 11 a | Business Code | | | | |
| | b | | | | | |
| | c | | | | | |
| | d All other revenue | | | | | |
| | e Total. Add lines 11a-11d | | | | | |
| 12 Total revenue. See instructions | | 869,289. | 465,069. | 0. | 75,876. | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX X

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 95,000. | | 95,000. | |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 129,750. | | 129,750. | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | 19,282. | | 19,282. | |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | | | | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 283,274. | 283,274. | | |
| 12 Advertising and promotion | 35,459. | 35,459. | | |
| 13 Office expenses | | | | |
| 14 Information technology | 12,538. | | 12,538. | |
| 15 Royalties | | | | |
| 16 Occupancy | 41,427. | 30,656. | 10,771. | |
| 17 Travel | 40,294. | 40,294. | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 186. | 186. | | |
| 23 Insurance | 5,959. | | 5,959. | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a CONCERT/PERFORMANCE | 392,873. | 392,873. | | |
| b OFFICE SUPPLIES | 31,356. | 8,466. | 22,890. | |
| c SECURITY | 13,262. | 13,262. | | |
| d MUSIC EQUIPMENT | 9,740. | 9,740. | | |
| e All other expenses | 29,722. | 8,892. | 20,830. | |
| 25 Total functional expenses. Add lines 1 through 24e | 1,140,122. | 823,102. | 317,020. | 0. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year | |
|-----------------------------|---|---|------------|--------------------|------------|
| Assets | 1 | Cash - non-interest-bearing | 182,849. | 1 | 232,971. |
| | 2 | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | 14,699. | 9 | 19,336. |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 74,134. | | |
| | | 10a | | | |
| | b | Less: accumulated depreciation | 63,636. | 10b | |
| | | | 10,684. | 10c | 10,498. |
| | 11 | Investments - publicly traded securities | 789,981. | 11 | 2,040,326. |
| | 12 | Investments - other securities. See Part IV, line 11 | 1,324,290. | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| 14 | Intangible assets | | 14 | | |
| 15 | Other assets. See Part IV, line 11 | 389. | 15 | 389. | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 2,322,892. | 16 | 2,303,520. | |
| Liabilities | 17 | Accounts payable and accrued expenses | 13,822. | 17 | 15,831. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | 174,882. | 19 | 239,236. |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 188,704. | 26 | 255,067. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> | | | | |
| | and complete lines 27, 28, 32, and 33. | | | | |
| | 27 | Net assets without donor restrictions | 1,534,188. | 27 | 1,448,453. |
| | 28 | Net assets with donor restrictions | 600,000. | 28 | 600,000. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> | | | | |
| | and complete lines 29 through 33. | | | | |
| | 29 | Capital stock or trust principal, or current funds | | 29 | |
| 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | | |
| 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | | |
| 32 | Total net assets or fund balances | 2,134,188. | 32 | 2,048,453. | |
| 33 | Total liabilities and net assets/fund balances | 2,322,892. | 33 | 2,303,520. | |

Form 990 (2022)

Part XI Reconciliation of Net Assets

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

| | | | |
|----|--|----|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 869,289. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,140,122. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -270,833. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 2,134,188. |
| 5 | Net unrealized gains (losses) on investments | 5 | 186,640. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | -1,542. |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 2,048,453. |

Part XII Financial Statements and Reporting

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

| | Yes | No |
|--|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | X |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|----|--------------------------|
| 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2021 Schedule A, Part II, line 14 | 15 | % |
| 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 778,457. | 186,382. | 270,516. | 525,051. | 328,344. | 2088750. |
| 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 | 475,651. | 495,953. | 329,728. | 503,178. | 465,070. | 2269580. |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | 79,842. | 79,842. |
| 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 | 1254108. | 682,335. | 600,244. | 1028229. | 873,256. | 4438172. |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0. |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | 0. |
| c Add lines 7a and 7b | | | | | | 0. |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | 4438172. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | 1254108. | 682,335. | 600,244. | 1028229. | 873,256. | 4438172. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | 38,341. | 40,870. | 79,211. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | 38,341. | 40,870. | 79,211. |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | 1254108. | 682,335. | 600,244. | 1066570. | 914,126. | 4517383. |

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

| | | |
|---|----|---------|
| 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) | 15 | 98.25 % |
| 16 Public support percentage from 2021 Schedule A, Part III, line 15 | 16 | 99.11 % |

Section D. Computation of Investment Income Percentage

| | | |
|--|----|--------|
| 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) | 17 | 1.75 % |
| 18 Investment income percentage from 2021 Schedule A, Part III, line 17 | 18 | .89 % |

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1-10b containing questions about supported organizations, including their status, control, and support.

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

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

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

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

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

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

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

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

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors
Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

BREVARD SYMPHONY ORCHESTRA, INC.

Employer identification number

59-1149727

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

Employer identification number

BREVARD SYMPHONY ORCHESTRA, INC.

59-1149727

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| <u>1</u> | _____ | \$ <u>53,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>2</u> | _____ | \$ <u>10,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>3</u> | _____ | \$ <u>10,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>4</u> | _____ | \$ <u>10,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>5</u> | _____ | \$ <u>10,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

BREVARD SYMPHONY ORCHESTRA, INC.

59-1149727

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|--|---|----------------------|
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |

| | |
|---|---|
| Name of organization BREVARD SYMPHONY ORCHESTRA, INC. | Employer identification number 59-1149727 |
|---|---|

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

| | | | |
|--|----------------------------|---|--|
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| | | | |

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

OMB No. 1545-0047

2022 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization: BREVARD SYMPHONY ORCHESTRA, INC. Employer identification number: 59-1149727

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple sections: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... (includes sub-table 2a-2d), 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement reported on line 2(d) above satisfy the requirements..., 9 In Part XIII, describe how the organization reports conservation easements...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with sections: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 2,114,272. | 1,956,890. | 1,834,127. | 1,513,139. | 1,081,310. |
| b Contributions | | | | 264,992. | 623,281. |
| c Net investment earnings, gains, and losses | 195,074. | 225,335. | 360,599. | 200,508. | 108,820. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 269,019. | 67,953. | 237,836. | 144,512. | 300,272. |
| f Administrative expenses | | | | | |
| g End of year balance | 2,040,327. | 2,114,272. | 1,956,890. | 1,834,127. | 1,513,139. |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 53.0000 %
 - b Permanent endowment 47.0000 %
 - c Term endowment .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 74,134. | 63,636. | 10,498. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 10,498. |

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | |

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Includes columns for descriptions and numerical values.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Includes columns for descriptions and numerical values.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

IT IS BOARD POLICY THAT IT IS ACCEPTABLE TO USE 4% OF THE CORPUS FOR ANNUAL OPERATIONS.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) | |
|-----------------|----|--|----------------------------------|------------------------|--|---------|
| | | DREAM DRAWING (event type) | FORKS & CORKS (event type) | NONE (total number) | | |
| Revenue | 1 | 26,106. | 53,736. | | 79,842. | |
| | 2 | | | | | |
| | 3 | 26,106. | 53,736. | | 79,842. | |
| Direct Expenses | 4 | | | | | |
| | 5 | | | | | |
| | 6 | | | | | |
| | 7 | | | | | |
| | 8 | | | | | |
| | 9 | 1,793. | 10,623. | | 12,416. | |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | | 12,416. |
| | 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | 67,426. |

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) | |
|-----------------|---|---|---|---|---|--|
| | | | | | | |
| Revenue | 1 | | | | | |
| | 2 | | | | | |
| Direct Expenses | 3 | | | | | |
| | 4 | | | | | |
| | 5 | | | | | |
| | 6 | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | | |
| | 7 | Direct expense summary. Add lines 2 through 5 in column (d) | | | | |
| | 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022
Open to Public
Inspection

Name of the organization

BREVARD SYMPHONY ORCHESTRA, INC.

Employer identification number

59-1149727

FORM 990, PART VI, SECTION A, LINE 2:

CHRISTOPHER MCALPINE (DIRECTOR) AND LISA MCALPINE (DIRECTOR) ARE HUSBAND
AND WIFE.

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

A DRAFT COPY OF THE RETURN IS PROVIDED TO THE EXECUTIVE COMMITTEE OF THE
BOARD FOR REVIEW PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

GUEST ARTIST FEES:

| | |
|---------------------------------|---------|
| PROGRAM SERVICE EXPENSES | 12,000. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 12,000. |

ARTISTIC:

| | |
|---------------------------------|---------|
| PROGRAM SERVICE EXPENSES | 54,600. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 54,600. |

MUSICIAN:

| | |
|--------------------------|----------|
| PROGRAM SERVICE EXPENSES | 190,170. |
|--------------------------|----------|

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization

BREVARD SYMPHONY ORCHESTRA, INC.

Employer identification number
59-1149727

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 190,170.

STAGE CREW:

PROGRAM SERVICE EXPENSES 23,279.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 23,279.

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES 3,225.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 3,225.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 283,274.

| Marketing Support Program - BREVARD SYMPHONY | | | | | | | |
|---|-----------------------|-----------------------|------------------|------------------------------|-----------------------|-----------------------|---------------------|
| FY 2025-2026 | | | | | | | |
| Event Income/Expense Report | | | | | | | |
| Expenses | 2025-2026 projection | 2024-2025 actuals | VAR+10% Increase | Income | 2025-2026 projection | 2024-2025 actuals | VAR |
| Travel/Mileage | \$113,505.00 | \$116,873.00 | -\$3,368.00 | Admissions | \$347,500.00 | \$268,393.00 | \$79,107.00 |
| Personnel-Artistic | \$375,134.00 | \$389,996.00 | -\$14,862.00 | Contracted Services | \$150,000.00 | \$124,109.00 | \$25,891.00 |
| Outside Artistic Services/Fees | \$51,150.00 | \$29,371.00 | \$21,779.00 | Individual Contributions | \$120,000.00 | \$110,460.00 | \$9,540.00 |
| Space Rental/Fees | \$63,798.00 | \$57,134.00 | \$6,664.00 | | | | |
| Contract Services/Fees | \$53,500.00 | \$40,500.00 | \$13,000.00 | | | | |
| Materials/Supplies | \$63,100.00 | \$54,086.00 | \$9,014.00 | | | | |
| | | | | | | | |
| Subtotal Expense | \$720,187.00 | \$687,960.00 | \$32,227.00 | | | | |
| Other Expenses | | | | | | | |
| Insurance | \$5,000.00 | \$4,899.00 | \$101.00 | | | | |
| Equipment Purchase/Supplies | \$8,750.00 | \$20,788.00 | -\$12,038.00 | | | | |
| Personnel-Administrative | \$358,700.00 | \$279,355.00 | \$79,345.00 | Subtotal Income | \$617,500.00 | \$502,962.00 | \$114,538.00 |
| Other Operating Expenses | \$36,228.00 | \$30,030.00 | \$6,198.00 | Income Sponsors | \$255,500.00 | \$207,295.00 | \$48,205.00 |
| | | | | <i>Cash in Bank to start</i> | \$0.00 | \$0.00 | \$0.00 |
| | | | | Other Income | \$267,500.00 | \$320,188.00 | -\$52,688.00 |
| | | | | TDC grant funding | \$12,500.00 | \$15,000.00 | -\$2,500.00 |
| | | | | Total Income | \$1,153,000.00 | \$1,045,445.00 | \$107,555.00 |
| | | | | Total Expenses Paid | \$1,194,865.00 | \$1,083,032.00 | \$111,833.00 |
| Subtotal Other Expenses | \$408,678.00 | \$335,072.00 | \$73,606.00 | Profit/Loss | -\$41,865.00 | -\$37,587.00 | |
| Marketing - please specify Brevard/Out-of-County | | | | | | | |
| Print Advertising-Brevard | \$6,000.00 | \$8,445.00 | \$2,445.00 | | | | |
| Radio-Brevard/OOC | \$4,000.00 | \$3,836.00 | -\$164.00 | | | | |
| Digital-Brevard/OOC | \$22,000.00 | \$15,349.00 | -\$6,651.00 | | | | |
| Billboard-Brevard | \$13,000.00 | \$11,295.00 | -\$1,705.00 | | | | |
| Direct Mail and EDDM-Brevard | \$15,000.00 | \$10,606.00 | -\$4,394.00 | | | | |
| TV-Brevard | \$4,000.00 | \$3,680.00 | -\$320.00 | | | | |
| Telemarketing-Brevard | \$0.00 | \$5,412.00 | \$5,412.00 | | | | |
| Constant Contact-Brevard/OOC | \$2,000.00 | \$1,377.00 | -\$5,377.00 | | | | |
| Subtotal Marketing | \$66,000.00 | \$60,000.00 | -\$10,754.00 | | | | |
| | | | | | | | |
| Total Expenses 2025-2026 | \$1,194,865.00 | \$1,083,032.00 | | | | | |

Space Coast FLORIDA

**Tourism Development Office
FY 2025-2026 Marketing Support Program
Applicant checklist**

Applicant organization name: Brevard Symphony Orchestra

Applicant event name: General Programming

Applicant name completing this form: Hadassah Etienne

Applicant- Use this checklist to confirm that you have completed all elements of the application prior to submitting. Initial next to each item. Items (2-9) must be uploaded within the application.

| | | Applicant initial | TDO staff initial | TDO staff comments |
|----|--|-------------------|-------------------|--------------------|
| 1. | Application – | HE | DW | |
| 2. | Copy of IRS Articles of Incorporation – (submit if for-profit) | | DW | N/A |
| 3. | Copy of IRS Determination Letter – (submit if 501(c)(3)) | HE | DW | |
| 4. | Copy of SunBiz.com - (if applicable, see application for details) | HE | DW | |
| 5. | Copy of 990 form (if applicable, see application) | HE | DW | |
| 6. | Copy of completed W-9 form (March 2024) | HE | DW | |
| 7. | Income/Expense worksheet (required for all applicants) | HE | DW | |
| 8. | Copy of this checklist – (completed, initialed, and signed by applicant) | HE | DW | |

I, consent that all above documents have been submitted completely by uploading within the application packet.

Hadassah Etienne 6/17/2025
Applicant signature & date

Cocoa Beach Main Street

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**Tourism Development Office
 FY 2025-2026 Marketing Support Program
 Application Packet checklist**

Applicant Organization Name: Cocoa Beach Main Street

Applicant Event Name: Winterfest, Friday Fest, Art Wave Fest

| | Yes | No | Comment |
|--|-----|----|---------|
| 1. Completed application | X | | |
| 2. Copy of IRS Articles of Incorporation – (if applicable) | | X | N/A |
| 3. Copy of IRS Determination letter – (if applicable) | X | | |
| 4. Copy of SunBiz.org (if applicable) | X | | |
| 5. Copy of 990 (if applicable) | X | | |
| 6. Copy of completed W-9 (March 2024) | X | | |
| 7. Income/Expense worksheet (required for all applicants) | X | | |
| 8. Copy of the Applicant checklist | X | | |

This application meets the minimum requirement of 5,001 out-of-county attendees (Cultural) or 250 room nights (Sports).

| | |
|-----|----|
| YES | NO |
|-----|----|

All documents have been submitted, reviewed and/or addressed in the comments.

Peter Cranis 7/17/2025

Peter Cranis, Executive Director

FY 2025-2026 Marketing Support Program application

Response ID:89 Data

2. (untitled)

1. I have read and understand the policies/procedures within the FY 2025-2026 Marketing Support Program Criteria.



Signature of: Kenne Wells

3. (untitled)

2. Which best describes your event/year-round programming?

Cultural

4. (untitled)

3. ORGANIZATION INFORMATION

Name of organization hosting event/year-round programming

Cocoa Beach Main Street

Organization address

PO Box 320627

State

FL

City

Cocoa Beach

Zip

32932

Primary contact name

Kenne Wells

Primary contact phone number

321-693-3159

Primary contact email

kenne.cbms@gmail.com

Secondary contact name

Layne Alvarez

Secondary contact phone number

321-698-8800

Secondary contact email

laynejalvarez@gmail.com

Organization website address

<https://www.cocoabeachmainstreet.org>

5. (untitled)

4. Which best describes your organization?

501(C)(3)

6. (untitled)

5. What is your Federal Employee ID number?

47-3225476

7. (untitled)

6. Are you completing this application for an event or year-round programming?

Event - single or multi-day festival, surfing contest, running race, Main Street organizations, etc.

8. (untitled)

7. EVENT INFORMATION - #1

Name of event

WinterFest

Event website address (if different from organization website)

<https://www.cocoabeachmainstreet.org>

Event location

Downtown Cocoa Beach

9. (untitled)

8. What is the first date of your event?

12/06/2025

10. (untitled)

9. In total, how many days will your event be held?

1

11. (untitled)

10. Do you have a second event?

Yes

12. (untitled)

11. **EVENT INFORMATION - #2**

Name of event

Friday Fest

Event website address (if different from organization website)

<https://www.cocoabeachmainstreet.org>

Event location

Downtown Cocoa Beach

13. (untitled)

12. What is the first date of your event?

01/16/2026

14. (untitled)

13. In total, how many days will your event be held?

10

15. (untitled)

14. Do you have a third event?

Yes

16. (untitled)

15. EVENT INFORMATION - #3

Name of event

Art Wave Festival

Event website address (if different from organization website)

<https://www.cocoabeachmainstreet.org>

Event location

Downtown Cocoa Beach

17. (untitled)

16. What is the first date of your event?

03/21/2026

18. (untitled)

17. In total, how many days will your event be held?

2

19. (untitled)

18. What types of marketing do you plan to do for this event?

Social media (Facebook, Instagram, YouTube, etc.)

Other - Please be specific.....: banners, flyers

20. (untitled)

What types of marketing do you plan to do for your year-round programming?

21. (untitled)

19. What are your social media handles?

Facebook : Cocoa Beach Main Street

Instagram : cocoabeachmainstreet2

22. (untitled)

20. What hashtags do you currently use?

#visitspacecoast #cocoabeachmainstreet #cocoabeach #forthe love of downtown coco beach #mainstreet

23. (untitled)

21. Upload a copy of your organization's IRS Determination letter.

[JULY_2025_COCOA_BEACH_mainstreet.pdf](#)

24. (untitled)

22. Upload a copy of your organization's 990 form.

[JULY_2025_COCOA_BEACH_mainstreet.pdf](#)

25. (untitled)

Upload a copy of your organization's Articles of Incorporation.

26. (untitled)

23. If you are a Florida organization, please upload a copy of your SunBiz.com account associated with your organization.

[Sunbiz_\(1\).pdf](#)

27. (untitled)

24. Upload your completed W-9 form.

[W-9_CBMS_2025_\(1\).pdf](#)

28. (untitled)

25. Upload your completed Event Income/Expense report.

[Checklist.pdf](#)

29. (untitled)

26. Upload your completed Checklist.

[Checklist.pdf](#)

30. (untitled)

27.

ATTESTATION

I attest that all information in this questionnaire is true and correct. I further attest that will comply with the requirements set forth, if awarded support.

A handwritten signature in black ink, appearing to be 'Kw' with a stylized flourish.

Signature of: Kenne Wells

31. Thank You!

New Send Email

Jun 20, 2025 11:19:39 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com;
Terrence.Parks@VisitSpaceCoast.com