# Agenda Report

2725 Judge Fran Jamieson Way
Viera, FL 32940

## Resolution/Award/Presentation

B.1. 1/16/2025

## Subject:
Tourism Marketing Support Program Workshop Presentation

## Fiscal Impact:
N/A

## Dept/Office:

## Requested Action:
N/A

## Summary Explanation and Background:
N/A

## Clerk to the Board Instructions:
N/A

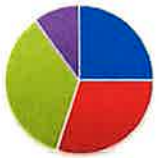
Space Coast
FLORIDA

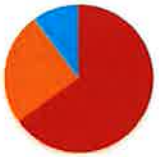
# Brevard County Board of County Commissioners
# Tourism Development Office

## Board Workshop, January 16, 2025

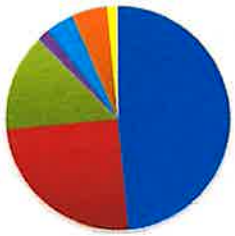
# TDT ALLOCATION

| Brevard County Tourist Development Tax | | | | FY Budget 2024-25 |
|---|---|---|---|---|
| | | | $ | 27,000,000 |
| **Less Statutory Reduction** | | | $ | 25,650,000 |
| **Statutory Allocation:** | | | $ | 23,058,000 |
| **1986 - 2% Tax (First Two Cents):** | | Allocated % | % of Total Tax | |
| Fund 1441 | Promotion/Advertising | 25.0% | 10.0% | $ 2,305,800 |
| Fund 1442 | Beach Improvement | 30.0% | 12.0% | $ 2,766,960 |
| Fund 1443 | Capital Facilities | 35.0% | 14.0% | $ 3,228,120 |
| Fund 1446 | Cultural Events | 10.0% | 4.0% | $ 922,320 |
| | | 100.0% | 40.0% | $ 9,223,200 |
| **1989 - 1% Tax (Third Cent)** | | | | |
| Fund 1442 | Beach Improvement | 65.0% | 13.0% | $ 2,997,540 |
| Fund 1447 | Brevard Zoo | 25.0% | 5.0% | $ 1,152,900 |
| Fund 1445 | Tourist Information Center | 10.0% | 2.0% | $ 461,160 |
| | | 100.0% | 20.0% | $ 4,611,600 |
| **1994 - 1% Tax (Fourth Cent)** | | | | |
| Fund 1448 | USSSA contractual obligations | 7.6% | 1.5% | $ 350,000 |
| Fund 1441 | Promotion/Advertising | 92.4% | 18.5% | $ 4,261,600 |
| | (100% less $350,000) | 100.0% | 20.0% | $ 4,611,600 |
| **2005 - 1% Tax (Fifth Cent)** | | | | |
| Fund 1441 | Promotion/Advertising | 100.0% | 20.0% | $ 4,611,600 |
| | | | $ | 23,058,000 |



| | | | | |
|---|---|---|---|---|
| Fund 1441 | Promotion/Advertising | 48.48% | $ | 11,179,000 |
| Fund 1442 | Beach Improvement | 25.0% | $ | 5,764,500 |
| Fund 1443 | Capital Facilities | 14.0% | $ | 3,228,120 |
| Fund 1445 | Tourist Information Center | 2.0% | $ | 461,160 |
| Fund 1446 | Cultural Events | 4.0% | $ | 922,320 |
| Fund 1447 | Brevard Zoo | 5.0% | $ | 1,152,900 |
| Fund 1448 | USSSA contractual obligations | 1.52% | $ | 350,000 |
| | | **100.0%** | **$** | **23,058,000** |
| ***Tax Collection Forecast Less 5% Statutory Reduction** | | | | |
| | Administration Fees | | $ | 1,971,000 |
| | Statutory Reduction of 5% | | $ | 1,350,000 |
| | Tax Collector Fees | | $ | 621,000 |
| | | | $ | 3,942,000 |
| | | | $ | 27,000,000 |



| | | | |
|---|---|---|---|
| Promotion/Advertising | 48.48% | $ | 11,179,000 |
| Beach Improvement | 25% | $ | 5,764,500 |
| Capital Facilities | 14% | $ | 3,228,120 |
| Tourist Info Center | 2% | $ | 461,160 |
| Cultural Events | 4% | $ | 922,320 |
| Brevard Zoo | 5% | $ | 1,152,900 |
| USSSA contractual obligations | 1.52% | $ | 350,000 |
| | 100.0% | $ | 23,058,000 |

# GRANT HISTORY

- Grants have been part of the Tourism Development Office since 1986, and funds have been allocated in different ways.
- Beach, Capital and Cultural events were all designated for funding with the first two cents. Sports was added in 1994 with the additional Marketing cents.
- In 2024, the Board of County Commissioners merged the Cultural and Sports grants to establish the new Marketing Support Program.

# FY 2023-24 CULTURAL GRANTS

- Grant Program established to provide support for cultural events from the Cultural Event Fund (4% of TDT).
  FY 2023-24 - $600,000.
- Program guidelines and applications reviewed by Cultural Committee of the TDC and approved by TDC and Board.
- Minimum eligibility of at least 1,000 out-of-county attendees.
- Funds provided to event organizers for out-of-county marketing (50%) and other event expenses (50%).
- Awarded funds were by reimbursement after the event was held (applicant spends the awarded money, sends receipts to TDO staff and receives a check up to awarded amount).

# FY 2024-25 CULTURAL BUDGET

**1446 - Cultural Fund**

FY 2024-25

| | |
|---|---|
| *Brevard Cultural Alliance (BCA)* | ***$202,000*** |
| *Marketing Support Program* | ***$600,000*** |
| *Lifeguard Transfer* | ***$300,000*** |
| *Remaining Unallocated Funds* | ***$65,610*** |
| *Transfer to the Tax Collector* | ***$32,400*** |
| ***TOTAL EXPENSES*** | ***$1,200,010*** |

# FY 2023-24 SPORTS GRANTS

- Grant Program established to generate room nights from sports events. FY 2023-24 - $240,000 from Marketing Fund. Generated over 16,000 room nights.
- Program guidelines and applications reviewed by Sports Committee of the TDC and approved by TDC and Board.
- Minimum eligibility of at least 200 room nights. Based award on $15 per room night up to $25,000 maximum per event.
- Tourism Office received grants from Florida Sports Foundation for eligible events – nearly $30,000.
- Funds provided to event organizers for out-of-county marketing and other event expenses – on reimbursement after the event is held.

# FY 2024-25 MARKETING SUPPORT PROGRAM

- New for FY 2024-25 (initial recommendation from a commissioner and approved by TDC and Board of County Commissioners) - cultural and sports events combined and awarded marketing support based on out-of-county attendance or room nights.
- Cultural events that generate over 5,001 out-of-county attendees (as measured by TDO software tool) – up to $50k per event.
- Marketing support is provided by the Tourism Office marketing team. The event organizer does not receive reimbursement directly.
- Sports events must have over 200 room nights to qualify. If the event meets the qualifications and does not require marketing support (invitational event where no marketing is needed), it could receive a paid sponsorship.
- Criteria and budget approved by TDC and Board - $840,000.
- 44 Events were recommended for FY 2024-25 - $805,000 (list provided).

# FY 2024-25 MARKETING SUPPORT PROGRAM

| | |
|---|---|
| From Cultural Fund - 1446 | $600,000 |
| From Advertising/Promotion - 1441 | $240,000 |
| Approved Sub-Total for MSP | $840,000 |
| Recommended list of Events | $805,000 |
| Remaining | $35,000 |

# FY 2024-25 MARKETING SUPPORT PROGRAM TDC AWARD RECOMMENDATIONS

Marketing Support Program
FY 2024-25

| Cultural Events | 2024 OOC# | Marketing Support |
|---|---|---|
| Thunder on Cocoa Beach | 75,883 | $50,000 |
| Cocoa Beach Air Show | 62,141 | $50,000 |
| Maxwell King Center | 32,918 | $25,000 |
| Space Coast State Fair | 25,020 | $25,000 * |
| Merritt Island Wildlife Refuge | 24,583 | $20,000 |
| Museum of Dinosaurs | 21,450 | $20,000 |
| Brevard Regional Arts Group/Henegar | 21,070 | $20,000 |
| Titusville Playhouse | 16,520 | $20,000 |
| Renaissance Fair | 16,333 | $20,000 |
| Valiant Air Command | 14,290 | $20,000 |
| Beach n' Boards | 13,520 | $20,000 |
| American Police Hall of Fame | 9,860 | $15,000 |
| Wizard of Oz Museum | 9,640 | $15,000 |
| Cocoa Village Main Street | 7,087 | $15,000 |
| Cocoa Beach Main Street | 6,716 | $15,000 |
| Cape Canaveral Lighthouse | 6,500 | $15,000 |
| Melbourne Main Street | 6,011 | $15,000 * |
| US Space Walk of Fame Foundation | 5,891 | $15,000 |
| Brevard Symphony Orchestra | 5,470 | $15,000 |
| Moore Center | 5,355 | $15,000 |
| Cocoa Village Playhouse | 5,292 | $15,000 |
| Florida Surf Museum (Surfing Santas) | 5,289 | $15,000 |
| Space Coast Symphony Orchestra | 5,184 | $15,000 |
| City of Palm Bay | 5,148 | $15,000 |
| | | |
| | | **$485,000** |

| Sports Events | 2023 Room Nights | Marketing Support |
|---|---|---|
| Space Coast Spring Games Softball Inv. | 7,496 | $25,000 |
| Bless the Babies Bowl Inv. | 2,000 | $25,000 |
| Florida Marathon - open | 1,272 | $20,000 |
| Cocoa Beach Half Marathon - open | 1,163 | $5,000 * |
| Space Coast Clash Soccer Inv. | 1,011 | $20,000 |
| C1N 7 v 7 National Champ. Inv. | 1,000 | $15,000 |
| Cocoa Beach Spring Training - open | 1,000 | $15,000 |
| Cocoa Beach Triathlon - open | 820 | $15,000 |
| Softball Mag Spring Training - open | 578 | $15,000 |
| Central Brevard Soccer Hurricane Classic Inv. | 500 | $15,000 |
| Central Brevard Soccer Winter Classic Inv. | 500 | $15,000 |
| Space Coast Cup Soccer Inv. | 500 | $15,000 |
| Columbia Classic Golf Inv. | 453 | $15,000 |
| ESA Surf - open | 453 | $15,000 |
| Moon Golf Inv. | 434 | $15,000 |
| Softball Mag Seniors - open | 428 | $15,000 |
| USA Beach Running - open | 294 | $15,000 |
| Moon Golf Jr. All-star Inv. | 285 | $15,000 |
| Florida Cup Juniors Soccer Inv. | 250 | $15,000 |
| Florida Cup Soccer Inv. | 250 | $15,000 |
| | | |
| | | **$320,000** |

*Event started prior to approval, will support future events.

**Total Awards** **$805,000**

| | |
|---|---|
| 5,001 – 10,000 (200 - 1,000 room nights) | $15,000 |
| 10,001 – 25,000 (1,001-1,500 room nights) | $20,000 |
| 25,001 – 50,000 (1,501+ room nights) | $25,000 |
| 50,001+ | $50,000 |

| | | |
|---|---|---|
| Cocoa Beach Art Show | 3,340 | $0 |
| Native Rhythms Festival | 3,220 | $0 |
| 321Fest | 2,678 | $0 |
| Green Gables | 2,445 | $0 |
| Field Manor | 2,363 | $0 |
| Surfside Playhouse | 1,756 | $0 |
| Melbourne Municipal Band | 1,687 | $0 |
| Space Coast Pride | 1,464 | $0 |
| Space Coast Art Festival | 1,397 | $0 |
| EGAD | 1,383 | $0 |
| Melbourne Art Festival | 1,272 | $0 |

# FY 2024-25 MARKETING SUPPORT PROGRAM TDC AWARD RECOMMENDATIONS

## Cultural

| Event Name: | | Start Date | End Date | Support Level | Location |
|---|---|---|---|---|---|
| Space Coast Symphony | Cultural | 10/1/2024 | 9/30/2025 | $15,000 | Space Coast |
| King Center | Cultural | 10/1/2024 | 9/30/2025 | $25,000 | Melbourne |
| Merritt Island Wildlife Refuge | Cultural | 10/1/2024 | 9/30/2025 | $20,000 | Merritt Island |
| Museum of Dinosaurs | Cultural | 10/1/2024 | 9/30/2025 | $20,000 | Cocoa Beach |
| Henegar Center | Cultural | 10/1/2024 | 9/30/2025 | $20,000 | Melbourne |
| Titusville Playhouse | Cultural | 10/1/2024 | 9/30/2025 | $20,000 | Titusville |
| Valiant Air Command | Cultural | 10/1/2024 | 9/30/2025 | $20,000 | Titusville |
| American Police Hall of Fame | Cultural | 10/1/2024 | 9/30/2025 | $15,000 | Titusville |
| Wizard of Oz museum | Cultural | 10/1/2024 | 9/30/2025 | $15,000 | Cocoa Beach |
| Cape Canaveral Lighthouse | Cultural | 10/1/2024 | 9/30/2025 | $15,000 | Merritt Island |
| US Space Walk of Fame Foundation | Cultural | 10/1/2024 | 9/30/2025 | $15,000 | Titusville |
| Harry T. & Harriette V. Moore Center | Cultural | 10/1/2024 | 9/30/2025 | $15,000 | Mims |
| Cocoa Village Playhouse | Cultural | 10/1/2024 | 9/30/2025 | $15,000 | Cocoa Village |
| Green Gables | Cultural | 10/1/2024 | 9/30/2025 | | Melbourne |
| Field Manor | Cultural | 10/1/2024 | 9/30/2025 | | Merritt Island |
| Surfside Playhouse | Cultural | 10/1/2024 | 9/30/2025 | | Cocoa Beach |
| Melbourne Municipal Band | Cultural | 10/1/2024 | 9/30/2025 | | Melbourne |
| EGAD | Cultural | 10/1/2024 | 9/30/2025 | | Eau Gallie Arts District |
| Brevard Symphony | Cultural | 10/15/2024 | 9/30/2025 | $15,000 | Space Coast |
| Space Coast State Fair | Cultural | 10/31/2024 | 11/17/2024 | $25,000 | Space Coast Daily Park |
| Native Rhythms Festival | Cultural | 11/8/2024 | 11/10/2024 | | Wickham Park |
| Melbourne Main Street - Various Events | Cultural | 11/9/2024 | 4/12/2024 | $15,000 | Downtown Melbourne |
| Space Coast Art Festival | Cultural | 11/9/2024 | 11/10/2024 | | The Avenue, Viera |
| Cocoa Beach Art Show | Cultural | 11/28/2024 | 12/1/2024 | | Downtown Cocoa Beach |
| Cocoa Beach Main Street - Various Events | Cultural | 12/7/2024 | 4/27/2025 | $15,000 | Cocoa Beach |
| Surfing Santas | Cultural | 12/24/2024 | 12/24/2024 | $15,000 | Minutemen Beach |
| Brevard Renaissance Fair | Cultural | 1/18/2025 | 2/23/2025 | $20,000 | Melbourne |
| City of Palm Bay - Multicultural Festival | Cultural | 1/25/2025 | 1/25/2025 | $15,000 | Fred Poppe Park |
| Beach 'n Boards Fest | Cultural | 3/12/2025 | 3/16/2025 | $20,000 | Cocoa Beach |
| 321Fest | Cultural | 3/21/2025 | 3/22/2025 | | Space Coast Daily Park |
| Cocoa Beach Main Street - Songwriters Fest | Cultural | 4/25/2025 | 4/27/2025 | $15,000 | Cocoa Beach |
| Melbourne Art Festival | Cultural | 4/26/2025 | 4/27/2025 | | Wickham Park |
| Thunder on Cocoa Beach | Cultural | 5/15/2025 | 5/19/2025 | $50,000 | Lori Wilson Park, CB |
| Cocoa Beach Air Show | Cultural | 7/12/2025 | 7/12/2025 | $50,000 | Lori Wilson Park, CB |
| Space Coast Pride | Cultural | 9/27/2025 | 9/27/2025 | | Downtown Melbourne |
| | | | | **$485,000** | |

# FY 2024-25 MARKETING SUPPORT PROGRAM TDC AWARD RECOMMENDATIONS

Sports

| | | | | | |
|---|---|---|---|---|---|
| Cocoa Beach Half Marathon | Sports | 11/10/2024 | 11/10/2024 | $20,000 | Lori Wilson Park |
| Softball Magazine Seniors Open | Sports | 11/12/2024 | 11/14/2024 | $15,000 | USSSA Stadium |
| Bless the Babies Bowl Invitational | Sports | 12/5/2024 | 12/8/2024 | $25,000 | McKnight Sports Complex |
| Florida Cup Juniors | Sports | 12/7/2024 | 12/9/2024 | $15,000 | Viera Regional |
| CBS Winter Classic | Sports | 1/25/2025 | 1/27/2024 | $15,000 | Mitchell Ellington |
| Columbia Classic Golf Invitational | Sports | 2/7/2025 | 2/9/2024 | $15,000 | Duran Golf Club |
| Florida Marathon | Sports | 2/8/2025 | 2/9/2024 | $20,000 | Melbourne |
| C1N 7v7 National Champaignship | Sports | 2/8/2025 | 2/9/2024 | $15,000 | Viera Regional |
| Cocoa Beach Spring Training | Sports | 2/14/2025 | 3/14/2024 | $15,000 | Mitchell Ellington |
| Moon Golf Invitational | Sports | 2/16/2025 | 2/19/2024 | $15,000 | Suntree Golf Club |
| Space Coast Spring Games Softball | Sports | 2/24/2025 | 2/25/2024 | $25,000 | USSSA Stadium |
| Softball Magazine Spring | Sports | 3/20/2025 | 3/24/2024 | $15,000 | Cocoa Beach |
| Space Coast Clash Soccer | Sports | 4/5/2025 | 4/8/2024 | $20,000 | Viera Regional |
| ESA Surfing contest | Sports | 4/11/2025 | 4/12/2024 | $15,000 | Paradise Beach |
| Cocoa Beach Trialthon | Sports | 4/13/2025 | 4/14/2024 | $15,000 | Cocoa Beach |
| USA Beach Running | Sports | 5/3/2025 | 5/3/2024 | $15,000 | Lori Wilson Park, CB |
| Florida Cup | Sports | 5/10/2025 | 5/11/2024 | $15,000 | Viera Regional |
| Moon Golf Jr. All-star | Sports | 5/23/2025 | 5/25/2024 | $15,000 | Viera East Golf |
| CBS Hurricane Classic | Sports | 8/16/2025 | 8/18/2024 | $15,000 | Mitchell Ellington |
| | | | | **$320,000** | |

# OPTIONS FOR THE BOARD

- Approve the new FY 2024-25 Marketing Support Program as is and recommended awards. 44 events - $805,000.
  - Allow for reimbursement for events that have already occurred (using prior grant program as the criteria).
- Revert back to the previous program from prior year where cultural events and sports events have separate grant programs.
  - Due to timing, approve the recommended awards above as reimbursable grants.
- Any other option as directed by the Board.

THANK YOU!!!

Q & A

# BREVARD COUNTY
# TOURISM DEVELOPMENT OFFICE

## Criteria

## MARKETING SUPPORT PROGRAM

## Fiscal Year 2024-2025

# MARKETING SUPPORT PROGRAM
# Fiscal Year 2024-2025

## 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)a.(5).(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 a sports event that does not require out-of-county advertising and marketing a sponsorship will be available in the amount of eligible funding as designated in Section 6.0. Organizations must meet or exceed the event criteria to receive this support and events must occur between October 1, 2024, and September 30, 2025.

## 2.0 STATEMENT OF APPLICANT RESPONSIBILITY

Please read this entire document carefully.

The Tourism Development Office (TDO) will review the submitted questionnaires when the deadline closes to determine if the questionnaire 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 (or room nights 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. Questionnaires 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 2024-2025 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 a sports event that does not require out-of-county advertising/marketing a sponsorship will be available in the amount of eligible funding as designated in Section 6.0. Organizations must meet or exceed the event criteria to receive this support and events must occur between October 1, 2024, and September 30, 2025.*

| | |
|---|---|
| September 26, 2024 | FY 2024-2025 questionnaire window opens |
| September 26, 2024 | FY 2024-2025 non mandatory Information meeting |
| October 11, 2024 | FY 2024-2025 questionnaire window closes |
| October 14 – 25, 2024 | Staff reviews questionnaire, out-of-county attendance, amount of marketing support is determined & communicated to applicants. |
| November 13, 2024 | TDC for recommendations |
| December 3, 2024 | BoCC for final approval |
| September 30, 2025 | 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 a sports event that does not require out-of-county advertising and marketing, a sponsorship will be available in the amount of eligible funding as designated in Section 6.0. 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 2024-2025 Marketing Support Program, the event/year-round programming must meet all of the following criteria:

1. In order to be eligible for the FY 2024-2025 cycle, organizations must complete and submit a FY 2024-2025 Marketing Support Program questionnaire.
2. Each event/year-round programming should attract a minimum of 5,001 out-of-county attendees (or 200 room nights evidenced by room night reports from hotels), measured by the TDO.
3. The event/year-round programming must have at least (1) year of 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 nature.
6. Marketing and other support will be given in preference to organizations operated in Brevard County before those outside of Brevard County.

Organizations may submit only one questionnaire 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 (or 200 room nights). 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. 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 2024-2025 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 2024-2025 the Marketing Support Program will provide up to $600,000, 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**

| # of Out-of-County attendees (as determined by cellular data)/Room Night counts | Funding (up to....) | Program |
|---|---|---|
| 5,001 – 10,000 (200 - 1,000 room nights) | $15,000 | Marketing Support Program |
| 10,001 – 25,000 (1,001-1,500 room nights) | $20,000 | Marketing Support Program |
| 25,001 – 50,000 (1,501+ room nights) | $25,000 | Marketing Support Program |
| 50,001+ | $50,000 | Marketing Support Program |

*(1) Room Night = (5) Out-of-County attendees

The Marketing Support Program will provide support to events and year-round programming by three 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.

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 projected room nights and TDO staff analysis.

Category #3 – For qualified sports events that do not require out-of-county advertising and marketing (i.e. invitationals, championships, all-stars, etc.) a sponsorship will be available in the amount of eligible funding as designated in Section 6.0 based on projected room nights and TDO staff analysis. Sponsorship funding will be contingent on room night production and inclusion in marketing materials. 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 plan 60 days before the event. See Section 6.0 for detail on the Support Amount Tier packages.

## 7.0 QUESTIONNAIRE SUBMITTAL PROCEDURES

The Marketing Support Program questionnaire may only be submitted electronically through an online portal link that will be available to interested organizations on September 26, 2024.

A non-mandatory information meeting will be conducted at 1pm for Cultural and at 2pm for Sports on September 26, 2024, you are welcome to join in both times. The questionnaire deadline is no later than 5pm EST on October 11, 2024, to be considered for support. If you have questions about the questionnaire 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: Sep 26, 2024 01:00 PM Eastern Time (US and Canada)

Join Zoom Meeting
https://us06web.zoom.us/j/83664157419

Meeting ID: 836 6415 7419

SPORTS
Topic: Marketing Support Program - Sports
Time: Sep 26, 2024 02:00 PM Eastern Time (US and Canada)

Join Zoom Meeting
https://us06web.zoom.us/j/81412661215

Meeting ID: 814 1266 1215

## 8.0 EVALUATION CRITERIA AND APPROVAL PROCESS

On the close of the questionnaire window, 5pm EST on October 11, 2024, TDO staff will receive and review all questionnaires to ensure they have met eligibility for the program:

1. Questionnaires must be submitted by the deadline; no later arrivals will be accepted.
2. Questionnaires must be complete and contain all required information.
3. Questionnaires are for eligible events/year-round programming only.
4. Questionnaires must meet the minimum out-of-county visitor requirements.
5. TDO staff will review the questionnaires 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 questionnaires who meet the minimum requirements and eligibility. Support amounts will be assigned to each organization as per Section 6.0 Available Funds.

7. Eligible questionnaires 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.

## 9.0 REPORTING REQUIREMENTS

For FY 2024-2025 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, 2025.

## 10.0 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.

## 11.0 TERMS & CONDITIONS

By submitting a questionnaire 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 is 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. 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, a General Commercial Liability Insurance policy with a $1,000,000 combined single limit for each occurrence to include personal injury, contractual liability covering the project performed pursuant to the program, 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 AWARDEE 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 AWARDEE, 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 AWARDEE's records relating to the acceptance and use of the COUNTY funding are public records that may be subject to production upon request. The AWARDEE agrees to keep and maintain these public records until completion of the event or activity. Upon completion, AWARDEE 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, AWARDEE will forward any such request to the COUNTY. COUNTY will respond to any public records request. Upon request, as to records in the AWARDEE possession, AWARDEE 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 AWARDEE HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO AWARDEE'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.

**Tourism Development Office**
**FY 2024-2025 Marketing Support Program**
**checklist**

Applicant Organization Name: **Space Coast Super Boat LLC**

Applicant Event Name: **Thunder on Cocoa Beach**

| | Yes | No | Comment |
|---|---|---|---|
| Completed questionnaire | X | | |
| Copy of 990 form (if applicable) | | X | N/A - dw |
| Copy of IRS Articles of Incorporation – (if applicable) | X | | |
| Copy of IRS Determination letter – (if applicable) | | X | N/A - dw |
| Copy of SunBiz.org (if applicable) | X | | |
| Copy of this MSP checklist | X | | |

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

Cranis, Peter Digitally signed by Cranis, Peter Date: 2024.10.17 10:51:23 -04'00'

Peter Cranis, Executive Director

# FY 2024-2025 Marketing Support Program application

Response ID:26 Data

## 2. (untitled)

**1. I have read and understand the policies/procedures within the FY 2024-2025 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**

Florida

**City**

Cape Canaveral

**Zip**

32920

**Primary contact name**

Kerry Bartlett

**Primary contact phone number**

3218635228

**Primary contact email**

kerrybartlett@beachlinemarine.com

**Secondary contact name**

Mike Schwarz

**Secondary contact phone number**

407-460-7443

**Secondary contact email**

fishlipsbar@aol.com

**Organization website address**

www.spacecoastsuperboat.com

5. (untitled)

4. **Which best describes your organization?**

For profit, LLC, Inc., etc.

6. (untitled)

5. **What is your Federal Employee ID number?**

80-0656667

7. (untitled)

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

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

8. (untitled)

7. **EVENT INFORMATION**

**Name of event**

Thunder On Cocoa Beach

**Event website address (if different from organization website)**

www.thunderoncocoabeach.com

**Event location**

Port, Cape Canaveral, Cocoa Beach

9. (untitled)

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

05/15/2025

10. (untitled)

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

4

11. (untitled)

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

Billboards
Digital advertising (banner ads, etc.)
Radio
Search advertising (pay-per-click, etc.)
Social hashtags
Social media (Facebook, Instagram, YouTube, etc.)
TV/Video

12. (untitled)

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

13. (untitled)

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

Facebook : Thunder on Cocoa Beach Offshore Race
Instagram : Thunderoncocoabeach

14. (untitled)

12. **What hashtags do you use?**

#powerboatp1

15. (untitled)

**13. As a cultural organization how would you like us to spend your support?**

Out-of-county advertising/marketing support
Defray rental costs for venues and/or facilities operated by Brevard County

16. (untitled)

14. **If you were asked to include the Space Coast Office of Tourism in your marketing materials, what elements could you include us in?**

Billboards
Event banners/signage
Email blast (e-newsletter, promotional, etc.)
Event brochures/program (Playbill, etc.)
Radio
Social media post
TV/Video
Website/blog

17. (untitled)

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

18. (untitled)

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

19. (untitled)

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

smtp@flhsi.net_2024sunbiz.pdf

20. (untitled)

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

smtp@flhsi.net_2024sunbiz.pdf

21. (untitled)

17. **Upload your completed Checklist.**

tdc_checklist.pdf

22. (untitled)

18. **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

## 23. Thank You!

**New Send Email**

Oct 02, 2024 15:10:24 Success: Email Sent to: Deborah.Webster@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

DIVISION OF CORPORATIONS

# 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**

Space Coast
FLORIDA

## Tourism Development Office
## FY 2024-2025 Marketing Support Program
## checklist

Applicant Organization Name: B. Lilley Productions

Applicant Event Name: Cocoa Beach Air Show

| | Yes | No | Comment |
|---|---|---|---|
| Completed questionnaire | X | | |
| Copy of 990 form (if applicable) | | X | |
| Copy of IRS Articles of Incorporation – (if applicable) | X | | |
| Copy of IRS Determination letter – (if applicable) | | X | |
| Copy of SunBiz.org (if applicable) | X | | |
| Copy of this MSP checklist | X | | |

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

Cranis, Peter Digitally signed by Cranis, Peter
Date: 2024.10.17 10:51:56 -04'00'

Peter Cranis, Executive Director

# FY 2024-2025 Marketing Support Program application

Response ID:49 Data

## 2. (untitled)

**1. I have read and understand the policies/procedures within the FY 2024-2025 Marketing Support Program Criteria.**

Signature of: Kyle J. Smith

## 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**

B. Lilley Productions

**Organization address**

5700 N. Harbor City Blvd #280

**State**

FL

**City**

Melbourne

**Zip**

32940

**Primary contact name**

Kyle Smith

**Primary contact phone number**

320-699-0470

**Primary contact email**

kyle@blilley.com

**Secondary contact name**

Bryan Lilley

**Secondary contact phone number**

321-368-3808

**Secondary contact email**

bryan@blilley.com

**Organization website address**

air.show

5. (untitled)

4. **Which best describes your organization?**

For profit, LLC, Inc., etc.

6. (untitled)

5. **What is your Federal Employee ID number?**

42-2408756

7. (untitled)

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

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

8. (untitled)

7. **EVENT INFORMATION**

**Name of event**

Cocoa Beach Air Show

**Event website address (if different from organization website)**

cocoabeachairshow.com

**Event location**

Lori Wilson Park, Cocoa Beach

9. (untitled)

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

07/12/2025

10. (untitled)

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

2

11. (untitled)

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

Digital advertising (banner ads, etc.)
Radio
Search advertising (pay-per-click, etc.)
Social hashtags
Social media (Facebook, Instagram, YouTube, etc.)

12. (untitled)

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

13. (untitled)

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

Facebook : airdotshow
Instagram : airdotshow
YouTube : airdotshow

14. (untitled)

**12. What hashtags do you use?**

#airdotshow #cocoabeachairshow

15. (untitled)

**13. As a cultural organization how would you like us to spend your support?**

Out-of-county advertising/marketing support
Defray rental costs for venues and/or facilities operated by Brevard County

16. (untitled)

14. **If you were asked to include the Space Coast Office of Tourism in your marketing materials, what elements could you include us in?**

Event banners/signage
Social media post
Website/blog
Other - Please be specific.....: Digital Video ads

17. (untitled)

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

18. (untitled)

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

19. (untitled)

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

ConvertTiffToPDF.pdf

20. (untitled)

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

BLP24-Sunbiz.pdf

21. (untitled)

17. **Upload your completed Checklist.**

Checklist.pdf

22. (untitled)

18. **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: Kyle J. Smith

## 23. Thank You!

**New Send Email**

Oct 08, 2024 10:12:39 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

# Electronic Articles of Organization
# For
# Florida Limited Liability Company

L11000038514
FILED 8:00 AM
March 31, 2011
Sec. Of State
lsellers

## Article I

The name of the Limited Liability Company is:

B. LILLEY PRODUCTIONS, LLC

## Article II

The street address of the principal office of the Limited Liability Company is:

301 NORTH ATLANTIC AVENUE
#205
COCOA BEACH, FL. US 32931

The mailing address of the Limited Liability Company is:

301 NORTH ATLANTIC AVENUE
#205
COCOA BEACH, FL. US 32931

## Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

## Article IV

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

BRYAN S LILLEY
301 NORTH ATLANTIC AVENUE
#205
COCOA BEACH, FL. 32931

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: BRYAN S. LILLEY

## Article V

L11000038514
FILED 8:00 AM
March 31, 2011
Sec. Of State
lsellers

The name and address of managing members/managers are:

Title: MGR
BRYAN S LILLEY
301 NORTH ATLANTIC AVENUE #205
COCOA BEACH, FL. 32931 US

Signature of member or an authorized representative of a member

Electronic Signature: BRYAN S. LILLEY

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

# Detail by Entity Name

Florida Limited Liability Company
B. LILLEY PRODUCTIONS, LLC

**Filing Information**

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**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**

LILLEY, BRYAN S
5700 North Harbor City Blvd
Suite 280
Melbourne, FL 32940

Address Changed: 03/22/2022

**Authorized Person(s) Detail**

**Name & Address**

Title MGR

LILLEY, BRYAN S
5700 North Harbor City Blvd
Suite 280
Melbourne, FL 32940

**Annual Reports**

| Report Year | Filed Date |
|---|---|
| 2022 | 03/22/2022 |
| 2023 | 01/23/2023 |
| 2024 | 01/27/2024 |

**Document Images**

| | |
|---|---|
| 01/27/2024 -- ANNUAL REPORT | View image in PDF format |
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Space Coast
FLORIDA

**Tourism Development Office**
**FY 2024-2025 Marketing Support Program**
**checklist**

Applicant Organization Name: Maxwell C. King Center for the Performing Arts

Applicant Event Name: Year-round programming

| | Yes | No | Comment |
|---|---|---|---|
| Completed questionnaire | X | | |
| Copy of 990 form (if applicable) | X | | |
| Copy of IRS Articles of Incorporation – (if applicable) | | X | N/A - dw |
| Copy of IRS Determination letter – (if applicable) | X | | |
| Copy of SunBiz.org (if applicable) | X | | |
| Copy of this MSP checklist | X | | |

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

Cranis, Peter Digitally signed by Cranis, Peter Date: 2024.10.17 10:52:28 -04'00'

Peter Cranis, Executive Director

# FY 2024-2025 Marketing Support Program application

Response ID:68 Data

## 2. (untitled)

**1. I have read and understand the policies/procedures within the FY 2024-2025 Marketing Support Program Criteria.**

Signature of: Ashley Dillow

## 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**

Maxwell C. King Center for the Performing Arts (King Center)

**Organization address**

3865 N Wickham Rd

**State**

FL

**City**

Melbourne

**Zip**

32935

**Primary contact name**

Ashley Dillow

**Primary contact phone number**

321.433.5720

**Primary contact email**

adillow@asmmelbourne.com

**Secondary contact name**

Madysen Brutto

**Secondary contact phone number**

321.433.5763

**Secondary contact email**

mbrutto@asmmelbourne.com

**Organization website address**

kingcenter.com

5. (untitled)

**4. Which best describes your organization?**

501(C)(3)

6. (untitled)

**5. What is your Federal Employee ID number?**

59-2844281

7. (untitled)

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

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

8. (untitled)

**1. E7ENT INFORMATION**

**Name of event**

**Event website address Vf 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)

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

12. (untitled)

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

Digital advertising (banner ads, etc.)
Direct mail
Radio
Search advertising (pay-per-click, etc.)
Social media (Facebook, Instagram, YouTube, etc.)
TV/Video

13. (untitled)

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

Facebook : king.center
Instagram : kingcentermelbourne
YouTube : maxwellc.kingcenter5404

14. (untitled)

**, . What hashtags do you use?**

n/a

15. (untitled)

**10. As a cultural organization how would you like us to spend your support?**

Out-of-county advertising/marketing support

16. (untitled)

**11. If you were asked to include the Space Coast Office of Tourism in your marketing materials) what elements could you include us in?**

Direct mail
Email blast (e-newsletter, promotional, etc.)
Social media post
Website/blog

17. (untitled)

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

King_Center_-_IRS_Determination_Letter.pdf

18. (untitled)

13. **Upload a copy of your organization's , , 0 form.**

King_Center_-_990.pdf

19. (untitled)

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

20. (untitled)

14. **If you are a Florida organization) please upload a copy of your SunBiz.com account associated with your organization.**

King_Center_-_Sunbiz_Detail_by_Entity_Name.pdf

21. (untitled)

15. **Upload your completed Checklist.**

MSP_applicant_checklist_9-27-2024_KingCenter.pdf

22. (untitled)

16. **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: Ashley Dillow

## 23. Thank You!

**New Send Email**

Oct 09, 2024 21:18:40 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

Internal Revenue Service

District Director — Delaware-Maryland District

Department of the Treasury

31 Hopkins Plaza, Baltimore, MD 21201

P.O. Box 13163, Room 317
Baltimore, MD 21203

Employer Identification Number:
59-2844281

Person to Contact:
EP/EO Tax Examiner

Telephone Number:
(410) 962-6058

OCTOBER 21, 1997

MAXWELL C KING CENTER FOR THE
PERFORMING ARTS, INC.
1519 CLEARLAKE RD
COCOA, FL 32922

Dear Sir/Madam:

This is in response to your inquiry dated OCTOBER 14, 1997, requesting a copy of the letter which granted tax exempt status to the above named organization.

Our records show that the organization was granted exemption from Federal Income Tax under section 501(c)(3) of the Internal Revenue Code effective MARCH, 1988.

We have also determined that the organization is not a private foundation because it is described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you under section 170 of the Code.

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 the calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

You are required to file Form 990, Return of Organization Exempt from Income Tax, only if your gross receipts each year are normally more than $25,000. However, if you receive a Form 990 package in the mail, please file the return even if you do not exceed the gross receipts test. If you are not required to file, 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.

A copy of our letter certifying the status of the organization is not available, however, this letter may be used to verify your tax-exempt status.

Because this letter could help resolve any questions about your exempt status, it should be kept in your permanent records.

Sincerely yours,

Paul M. Harrington
District Director

** PUBLIC DISCLOSURE COPY **

# Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

**2022**

Open to Public Inspection

**A** For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN 30, 2023

**B** Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/ terminated
- [ ] Amended return
- [ ] Application pending

**C** Name of organization
MAXWELL C. KING CENTER FOR THE PERFORMING ARTS INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
1519 CLEARLAKE ROAD

City or town, state or province, country, and ZIP or foreign postal code
COCOA, FL 32922

**F** Name and address of principal officer: LAURA MAXWELL
1519 CLEARLAKE ROAD, COCOA, FL 32922

**D** Employer identification number
59-2844281

**E** Telephone number
3214337030

**G** Gross receipts $ 7,837,083.

**H(a)** Is this a group return for subordinates? [ ] Yes [X] No

**H(b)** Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. See instructions

**H(c)** Group exemption number

**I** Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) (insert no.) [ ] 4947(a)(1) or [ ] 527

**J** Website: KINGCENTER.COM

**K** Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other

**L** Year of formation: 1987 **M** State of legal domicile: FL

## Part I Summary

| | | | |
|---|---|---|---|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: THE KING CENTER PROVIDED CULTURAL ENRICHMENT FOR BREVARD COUNTY RESIDENTS BY SPONSORING | |
| | 2 | Check this box [ ] 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 2022 (Part V, line 2a) | 206 |
| | 6 | Total number of volunteers (estimate if necessary) | 180 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 0. |
| | b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | 0. |

| | | | Prior Year | Current Year |
|---|---|---|---|---|
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 3,076,004. | 332,075. |
| | 9 | Program service revenue (Part VIII, line 2g) | 4,988,180. | 6,501,208. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 225,619. | 109,667. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 78,823. | 226,350. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 8,368,626. | 7,169,300. |
| 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) | 1,505,396. | 1,962,313. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b | Total fundraising expenses (Part IX, column (D), line 25) 0. | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 3,971,319. | 5,502,075. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 5,476,715. | 7,464,388. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | 2,891,911. | -295,088. |

| | | | Beginning of Current Year | End of Year |
|---|---|---|---|---|
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | 10,137,230. | 10,420,953. |
| | 21 | Total liabilities (Part X, line 26) | 1,838,782. | 1,990,563. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 8,298,448. | 8,430,390. |

## 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 — Date

LAURA MAXWELL, VP OPERATIONS / CFO
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check if self-employed | PTIN |
|---|---|---|---|---|
| ROMAN G CARRAWAY, CPA | ROMAN G CARRAWAY, CP | 03/20/24 | [ ] | P00448173 |

Firm's name CARR, RIGGS & INGRAM, LLC — Firm's EIN 72-1396621

Firm's address 215 BAYTREE DRIVE, MELBOURNE, FL 32940 — Phone no. 321-255-0088

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



SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

**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 IMPROVE THE QUALITY OF LIFE FOR ALL RESIDENTS OF BREVARD COUNTY THROUGH CULTURAL, EDUCATIONAL, RECREATIONAL AND COMMUNITY ARTS PROGRAMS BY PROVIDING ACCESS TO HIGH QUALITY CHALLENGING AND DIVERSE TOURING AND LOCAL PERFORMING ARTS EVENTS.

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 $ 76,733. including grants of $ ) (Revenue $ 66,620. )
THE THEATRE FOR YOUTH OUTREACH (TFYO) OFFERED 6 PROGRAMS DURING FISCAL YEAR 2022-2023. THE TFYO CONTINUES TO NURTURE THE RELATIONSHIP WITH BREVARD COUNTY PUBLIC SCHOOL SYSTEM BY OFFERING AFFORDABLE AND COMPLIMENTARY TICKETS TO UNDER PRIVILEGED SCHOOL AGED CHILDREN AND PROFESSIONAL DEVELOPMENT WORKSHOPS FOR LOCAL EDUCATORS.

4b (Code: ) (Expenses $ 167,778. including grants of $ ) (Revenue $ 296,576. )
DURING FISCAL YEAR 2022-2023, THE CENTER PURCHASED NEW MAIN STAGE LIGHTS, PHASE MODULE AND FOG MACHINE TO UPGRADE THE PATRON'S SHOW EXPERIENCE. THEY ALSO REPLACED THE STRUCTURAL STEEL SUPPORT SYSTEM FOR THE SPEAKERS ABOVE THE MAIN STAGE.

4c (Code: ) (Expenses $ 6,720,134. including grants of $ ) (Revenue $ 6,162,774. )
THE CENTER'S 2022-2023 SEASON OFFERED 110 MAIN STAGE EVENTS. THIS WAS 17 MORE SHOWS FROM THE PREVIOUS YEAR. THE CENTER ALSO PRESENTED A FREE CONCERT PRESENTED BY THE BREVARD SYMPHONY ORCHESTRA TO ENGAGE THE COMMUNITY IN THE CULTURAL ARTS PROGRAMS.

4d Other program services (Describe on Schedule O.)
(Expenses $ including grants of $ ) (Revenue $ )

4e Total program service expenses 6,964,645.

**Part IV Checklist of Required Schedules**

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | X | |
| 2 | Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | X |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II* | 4 | | 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* | 5 | | 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* | 6 | | 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* | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for 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* | 9 | | 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* | 10 | X | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI* | 11a | | 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* | 11b | | 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* | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX* | 11d | | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X* | 11f | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII* | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional* | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV* | 14b | | 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* | 15 | | 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* | 16 | | 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 | 17 | | 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* | 18 | | 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* | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 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* | 21 | | 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? *If "Yes," complete Schedule I, Parts I and III* | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* | 23 | X | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a* | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| 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? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 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? *If "Yes," complete Schedule L, Part I* | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I* | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II* | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III* | 27 | | 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? *If "Yes," complete Schedule L, Part IV* | 28a | | X |
| b | A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV* | 28b | | X |
| c | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV* | 28c | | X |
| 29 | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | 32 | | 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? *If "Yes," complete Schedule R, Part I* | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1* | 34 | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | 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)? *If "Yes," complete Schedule R, Part V, line 2* | 35b | | |
| 36 | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | 36 | | 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? *If "Yes," complete Schedule R, Part VI* | 37 | | 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 | 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 | 1a | 0 | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 1b | 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 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 206 | | | |
| 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 | | |
| 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

| | | | | 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. | 1a | 19 | | |
| b | Enter the number of voting members included on line 1a, above, who are independent ..... | 1b | 19 | | |
| 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? ..... | 2 | | | 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? ..... | 3 | | X | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ..... | 4 | | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? ..... | 5 | | | X |
| 6 | Did the organization have members or stockholders? ..... | 6 | | | 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? ..... | 7a | | | 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? ..... | 7b | | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| a | The governing body? ..... | 8a | | X | |
| b | Each committee with authority to act on behalf of the governing body? ..... | 8b | | 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* ..... | 9 | | | 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? ..... | 10a | | 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? | 11a | 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* ..... | 12a | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ..... | 12b | 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* ..... | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? ..... | 13 | | X |
| 14 | Did the organization have a written document retention and destruction policy? ..... | 14 | | 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 ..... | 15a | | X |
| b | Other officers or key employees of the organization ..... | 15b | | 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? ..... | 16a | | 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.

☐ 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

EASTERN FLORIDA STATE COLLEGE - (321)433-7030
1519 CLEARLAKE ROAD, COCOA, FL 32922

## 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) ROBERT PAPKE<br>GENERAL MANAGER | 40.00 | | | | | X | | 126,000. | 0. | 38,047. |
| (2) ANTHONY J. CATANESE<br>CHAIR | 5.00 | X | | X | | | | 0. | 0. | 0. |
| (3) TOM MOLNAR<br>VICE-CHAIR | 5.00 | X | | X | | | | 0. | 0. | 0. |
| (4) STEVEN WM. BIERBRUNNER<br>TREASURER/SECRETARY | 5.00 | X | | X | | | | 0. | 0. | 0. |
| (5) JAMES H. RICHEY J.D.<br>PRESIDENT OF EFSC | 5.00 | X | | X | | | | 0. | 0. | 0. |
| (6) CAROL CRAIG<br>MEMBER | 3.00 | X | | | | | | 0. | 0. | 0. |
| (7) DARCIA JONES FRANCEY<br>MEMBER | 3.00 | X | | | | | | 0. | 0. | 0. |
| (8) MICHAEL GRIEVES<br>MEMBER | 3.00 | X | | | | | | 0. | 0. | 0. |
| (9) RITA MORENO<br>MEMBER | 3.00 | X | | | | | | 0. | 0. | 0. |
| (10) GREGORY WATSON<br>MEMBER | 3.00 | X | | | | | | 0. | 0. | 0. |
| (11) HOWIE DOROUGH<br>MEMBER | 3.00 | X | | | | | | 0. | 0. | 0. |
| (12) CHRISTINE LANCE<br>MEMBER | 3.00 | X | | | | | | 0. | 0. | 0. |
| (13) SCOTT D. WIDERMAN<br>MEMBER | 3.00 | X | | | | | | 0. | 0. | 0. |
| (14) BRIAN CURTIN<br>MEMBER | 3.00 | X | | | | | | 0. | 0. | 0. |
| (15) DON FARNSWORTH<br>MEMBER | 3.00 | X | | | | | | 0. | 0. | 0. |
| (16) MITCH VARNES<br>MEMBER | 3.00 | X | | | | | | 0. | 0. | 0. |
| (17) WINSTON E. SCOTT<br>DISTRICT BOARD OF TRUSTEES | 5.00 | | 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) STEPHANIE MOSS DANDRIDGE MEMBER | 3.00 | X | | | | | | 0. | 0. | 0. |
| (19) NANCY DWYER MEMBER | 3.00 | X | | | | | | 0. | 0. | 0. |
| (20) THOMAS FOX MEMBER | 3.00 | X | | | | | | 0. | 0. | 0. |
| (21) LAURA MAXWELL CFO/VP OPERATIONS | 5.00 | X | | X | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 126,000. | 0. | 38,047. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 126,000. | 0. | 38,047. |

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

| | | 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 |
|---|---|---|
| ASM GLOBAL MELBOURNE, LLC, 300 CONSHOHOCKEN STATE RD., WEST CONSHOHOCKEN, | MGMT / CONSULTING / OPERATIONS | 428,311. |
| BRPH ARCHITECTS ENGINEERS INC, 5700 N US HWY 1 STE 400, MELBOURNE, FL 32940 | ARCHITECTURAL | 153,750. |
| A B ENTERPRISES LLC 627 ADAMS AVE, CAPE CANAVERAL, FL 32920 | PROJECT MANAGEMENT | 114,671. |
| | | |
| | | |

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 3

**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 | 44,865. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 287,210. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | $ | | | | |
| | h **Total.** Add lines 1a-1f | | | 332,075. | | | |
| Program Service Revenue | | Business Code | | | | | |
| | 2a TICKET SALES & FEES | 711190 | | 5,459,090. | 5,459,090. | | |
| | b CONCESSSIONS | 711190 | | 654,966. | 654,966. | | |
| | c CO-PRODUCTION OF SHOWS | 711190 | | 288,656. | 288,656. | | |
| | d OTHER EVENTS | 711190 | | 98,496. | 98,496. | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| | g **Total.** Add lines 2a-2f | | | 6,501,208. | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 250,967. | | | 250,967. |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6a Gross rents 6a | 201,588. | | | | | |
| | b Less: rental expenses 6b | 0. | | | | | |
| | c Rental income or (loss) 6c | 201,588. | | | | | |
| | d Net rental income or (loss) | | | 201,588. | | | 201,588. |
| | | (i) Securities | (ii) Other | | | | |
| | 7a Gross amount from sales of assets other than inventory 7a | 526,483. | | | | | |
| | b Less: cost or other basis and sales expenses 7b | 667,783. | | | | | |
| | c Gain or (loss) 7c | -141,300. | | | | | |
| | d Net gain or (loss) | | | -141,300. | | | -141,300. |
| | 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 | 23,441. | | | | | |
| | b Less: cost of goods sold 10b | 0. | | | | | |
| | c Net income or (loss) from sales of inventory | | | 23,441. | 23,441. | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| | 11a MISC | 711190 | | 1,321. | 1,321. | | |
| | b | | | | | | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| | e **Total.** Add lines 11a-11d | | | 1,321. | | | |
| | 12 **Total revenue.** See instructions | | | 7,169,300. | 6,525,970. | 0. | 311,255. |

## 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 | 1,600,751. | 1,581,402. | 19,349. | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 33,979. | 31,662. | 2,317. | |
| 9 Other employee benefits | 200,405. | 190,395. | 10,010. | |
| 10 Payroll taxes | 127,178. | 125,681. | 1,497. | |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 28,350. | | 28,350. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 43,841. | 42,835. | 1,006. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 1,096,707. | 1,012,198. | 84,509. | |
| 12 Advertising and promotion | 251,599. | 250,629. | 970. | |
| 13 Office expenses | 209,204. | 207,939. | 1,265. | |
| 14 Information technology | 2,628. | 2,628. | | |
| 15 Royalties | | | | |
| 16 Occupancy | | | | |
| 17 Travel | 20,823. | 20,823. | | |
| 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 | 94,489. | 67. | 94,422. | |
| 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 RELATED EXPENSES | 3,240,002. | 3,240,002. | | |
| b MINOR EQUIPMENT/REPAIRS | 453,817. | 198,817. | 255,000. | |
| c MISC | 29,926. | 29,926. | | |
| d REPAIR & MAINTENANCE | 23,298. | 22,250. | 1,048. | |
| e All other expenses | 7,391. | 7,391. | | |
| 25 **Total functional expenses.** Add lines 1 through 24e | 7,464,388. | 6,964,645. | 499,743. | 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 ☐ 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 | 3,031,219. | 1 | 2,042,516. |
| | 2 | Savings and temporary cash investments | 1,673,523. | 2 | 1,830,903. |
| | 3 | Pledges and grants receivable, net | 6,250. | 3 | 19,865. |
| | 4 | Accounts receivable, net | 88,136. | 4 | 186,041. |
| | 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 | 20,465. | 8 | 32,954. |
| | 9 | Prepaid expenses and deferred charges | 37,389. | 9 | 41,559. |
| | 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 | 5,280,248. | 11 | 6,242,678. |
| | 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 | 0. | 15 | 24,437. |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 33) | 10,137,230. | 16 | 10,420,953. |
| Liabilities | 17 | Accounts payable and accrued expenses | 598,319. | 17 | 325,792. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | 1,240,463. | 19 | 1,664,771. |
| | 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 | 1,838,782. | 26 | 1,990,563. |
| Net Assets or Fund Balances | | **Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.** | | | |
| | 27 | Net assets without donor restrictions | 7,098,448. | 27 | 7,230,390. |
| | 28 | Net assets with donor restrictions | 1,200,000. | 28 | 1,200,000. |
| | | **Organizations that do not follow FASB ASC 958, check here** ☐ **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 | 8,298,448. | 32 | 8,430,390. |
| | 33 | Total liabilities and net assets/fund balances | 10,137,230. | 33 | 10,420,953. |

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 | 7,169,300. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 7,464,388. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -295,088. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 8,298,448. |
| 5 | Net unrealized gains (losses) on investments | 5 | 427,030. |
| 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 | 8,430,390. |

## 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: ☐ Cash ☒ Accrual ☐ 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? | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | X | |
| | 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: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| 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? | 2c | X | |
| | 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? | 3a | | 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 | 3b | | |

**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

**2022**

**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| MAXWELL C. KING CENTER FOR THE PERFORMING ARTS INC. | 59-2844281 |

**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? Yes | (iv) No | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| **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) 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** ☐

## 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 ☐

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 ☐

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 ☐

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 ☐

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) 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.") | 76,919. | 800,084. | 74,291. | 58,522. | 332,075. | 1341891. |
| 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 | 5819203. | 4230456. | 868,344. | 4988180. | 6524649. | 22430832. |
| 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 | 5896122. | 5030540. | 942,635. | 5046702. | 6856724. | 23772723. |
| 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.) | | | | | | 23772723. |

### 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 | 5896122. | 5030540. | 942,635. | 5046702. | 6856724. | 23772723. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 244,240. | 209,593. | 130,177. | 225,619. | 452,555. | 1262184. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 244,240. | 209,593. | 130,177. | 225,619. | 452,555. | 1262184. |
| 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.) | 18,804. | 9,560. | 19,416. | 78,823. | 1,321. | 127,924. |
| 13 **Total support.** (Add lines 9, 10c, 11, and 12.) | 6159166. | 5249693. | 1092228. | 5351144. | 7310600. | 25162831. |

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 | 94.48 % |
| 16 Public support percentage from 2021 Schedule A, Part III, line 15 | 16 | % |

### Section D. Computation of Investment Income Percentage

| | | |
|---|---|---|
| 17 Investment income percentage for **2022** (line 10c, column (f), divided by line 13, column (f)) | 17 | 5.02 % |
| 18 Investment income percentage from **2021** Schedule A, Part III, line 17 | 18 | % |

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**

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

**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 ☐ 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).*

| | | | Yes | No |
|---|---|---|---|---|
| 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 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

**Schedule A (Form 990) 2022**

**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.)

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

# 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
MAXWELL C. KING CENTER FOR THE PERFORMING ARTS INC.

**Employer identification number**
59-2844281

**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).

Name of organization
MAXWELL C. KING CENTER FOR THE PERFORMING ARTS INC.

Employer identification number
59-2844281

**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 | | $ 25,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 2 | | $ 250,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| 3 | | $ 7,500. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| | | $ | Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| | | $ | Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| | | $ | Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |

Name of organization
MAXWELL C. KING CENTER FOR THE PERFORMING ARTS INC.

Employer identification number
59-2844281

**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 |
|---|---|---|---|
| | | $ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | $ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | $ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | $ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | $ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | $ | |

Name of organization
MAXWELL C. KING CENTER FOR THE PERFORMING ARTS INC.

Employer identification number
59-2844281

**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 |
|---|---|
| | |

| (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 |
|---|---|
| | |

| (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 |
|---|---|
| | |

| (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 |
|---|---|
| | |

**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

**2022**

**Open to Public Inspection**

**Name of the organization** MAXWELL C. KING CENTER FOR THE PERFORMING ARTS INC.

**Employer identification number** 59-2844281

## 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? ☐ 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.

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)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a 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 in (a) | 2c |
| d | Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 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 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense 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 |
|---|---|---|
| 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 | 4,701,536. | 5,380,814. | 4,934,375. | 7,424,225. | 7,512,522. |
| b Contributions | | | | 355,310. | |
| c Net investment earnings, gains, and losses | 469,207. | -631,599. | 1,257,390. | 280,941. | 478,755. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 270,233. | 900. | 773,369. | 3,099,047. | 539,950. |
| f Administrative expenses | 42,836. | 46,779. | 37,582. | 27,054. | 27,102. |
| g End of year balance | 4,857,674. | 4,701,536. | 5,380,814. | 4,934,375. | 7,424,225. |

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

a Board designated or quasi-endowment 75.0000 %
b Permanent endowment 25.0000 %
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) | | X |
| (ii) Related organizations — 3a(ii) | | X |
| 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 | | | | |
| e Other | | | | |
| **Total.** Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* | | | | 0. |

**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 ... 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.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 8,134,655. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| a | Net unrealized gains (losses) on investments | 2a | 427,030. | | |
| b | Donated services and use of facilities | 2b | 538,325. | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| e | Add lines 2a through 2d | | | 2e | 965,355. |
| 3 | Subtract line 2e from line 1 | | | 3 | 7,169,300. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | Add lines 4a and 4b | | | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)* | | | 5 | 7,169,300. |

**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.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 8,002,713. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| a | Donated services and use of facilities | 2a | 538,325. | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| e | Add lines 2a through 2d | | | 2e | 538,325. |
| 3 | Subtract line 2e from line 1 | | | 3 | 7,464,388. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | Add lines 4a and 4b | | | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)* | | | 5 | 7,464,388. |

**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:

THE KING CENTER ENDOWMENT IS DESIGNED TO SUBSIDIZE OPERATING LOSSES OF THE CENTER AND ASSIST WITH CAPITAL NEEDS OF THE FACILITY.

PART X, LINE 2:

THE CENTER IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE CODE AND HAS BEEN DETERMINED TO BE AN ORGANIZATION, WHICH IS NOT A PRIVATE FOUNDATION. CONTRIBUTIONS TO THE CENTER ARE QUALIFIED AS DEDUCTIONS FOR CHARITABLE CONTRIBUTIONS.

THE CENTER FOLLOWS THE ACCOUNTING GUIDANCE FOR UNCERTAINTY IN INCOME TAXES USING THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ASC

**Part XIII Supplemental Information** *(continued)*

740, INCOME TAXES. USING THAT GUIDANCE, TAX POSITIONS INITIALLY NEED TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN IT IS MORE-LIKELY-THAN-NOT THE POSITION WILL BE SUSTAINED UPON EXAMINATION BY THE TAX AUTHORITIES.

PART V LINE 4

THE KING CENTER ENDOWMENT IS DESIGNATED TO SUBSIDIZE OPERATING LOSSES OF THE CENTER AND ASSIST WITH CAPITAL NEEDS OF THE FACILITY.

**SCHEDULE J (Form 990)**

Department of the Treasury
Internal Revenue Service

# Compensation Information

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**
**Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
**Attach to Form 990.**
**Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization: MAXWELL C. KING CENTER FOR THE PERFORMING ARTS INC.

**Employer identification number:** 59-2844281

## Part I Questions Regarding Compensation

| | | | Yes | No |
|---|---|---|---|---|
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use | | |
| | ☐ Travel for companions | ☐ Payments for business use of personal residence | | |
| | ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees | | |
| | ☐ Discretionary spending account | ☐ Personal services (such as maid, chauffeur, chef) | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | | |
| 3 | Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | ☐ Compensation committee | ☐ Written employment contract | | |
| | ☐ Independent compensation consultant | ☐ Compensation survey or study | | |
| | ☐ Form 990 of other organizations | ☐ Approval by the board or compensation committee | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | | |
| a | Receive a severance payment or change-of-control payment? | 4a | | X |
| b | Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | | X |
| c | Participate in or receive payment from an equity-based compensation arrangement? | 4c | | X |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | **Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.** | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | | |
| a | The organization? | 5a | | X |
| b | Any related organization? | 5b | | X |
| | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | | |
| a | The organization? | 6a | | X |
| b | Any related organization? | 6b | | X |
| | If "Yes" on line 6a or 6b, describe in Part III. | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | X |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | X |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | | |

**Part II** **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|---|---|---|---|---|---|---|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) ROBERT PAPKE | (i) | 126,000. | 0. | 0. | 3,780. | 34,267. | 164,047. | 0. |
| GENERAL MANAGER | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
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| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional 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

**2022**

**Open to Public Inspection**

Name of the organization: MAXWELL C. KING CENTER FOR THE PERFORMING ARTS INC.

**Employer identification number:** 59-2844281

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THEATRICAL PERFORMANCES AS WELL AS MAKING THE FACILITY AVAILABLE TO LOCAL PERFORMING ART GROUPS.

FORM 990, PART VI, SECTION A, LINE 3:

THE CENTER'S OPERATIONS ARE MANAGED BY ASM GLOBAL MELBOURNE, LLC ("ASM GLOBAL"), A VENUE AND EVENT MANAGEMENT COMPANY. ASM GLOBAL PROVIDES PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES, INCLUDING OPERATIONS AND MARKETING SERVICES, FOR THE CENTER'S FACILITY.

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

AUDITED FINANCIAL STATEMENTS AND IRS 990 TAX RETURNS ARE PRESENTED AS AN AGENDA ITEM TO THE KING CENTER BOARD OF DIRECTORS FOR REVIEW AND ACCEPTANCE AT A DESIGNATED BOARD MEETING. FURTHER, SECTION 1004.70 OF FLORIDA STATUTES REQUIRES FINAL REVIEW AND APPROVAL BY EASTERN FLORIDA STATE COLLEGE DISTRICT BOARD OF TRUSTEES.

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

BOARD MEMBERS ARE ASKED TO SIGN AND COMPLY WITH THE KING CENTER CONFLICT OF INTEREST POLICY STATEMENT AT THE BEGINNING OF EACH YEAR.

FORM 990, PART VI, SECTION C, LINE 19:

FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND POLICY STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC VIA THE KING CENTER ADMINISTRATIVE OFFICE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

Name of the organization MAXWELL C. KING CENTER FOR THE PERFORMING ARTS INC.

Employer identification number 59-2844281

| | |
|---|---|
| CONTRACTED NON-INSTRUCTIONAL SERVICES: | |
| PROGRAM SERVICE EXPENSES | 537,776. |
| MANAGEMENT AND GENERAL EXPENSES | 44,899. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 582,675. |
| | |
| OTHER SERVICES NON-CONTRACTED: | |
| PROGRAM SERVICE EXPENSES | 20,442. |
| MANAGEMENT AND GENERAL EXPENSES | 1,707. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 22,149. |
| | |
| CREDIT CARD FEES: | |
| PROGRAM SERVICE EXPENSES | 2,230. |
| MANAGEMENT AND GENERAL EXPENSES | 186. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 2,416. |
| | |
| SABO SERVICE FEES: | |
| PROGRAM SERVICE EXPENSES | 78,730. |
| MANAGEMENT AND GENERAL EXPENSES | 6,573. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 85,303. |
| | |
| OTHER PROFESSIONAL FEES: | |
| PROGRAM SERVICE EXPENSES | 20,335. |
| MANAGEMENT AND GENERAL EXPENSES | 1,698. |
| FUNDRAISING EXPENSES | 0. |

Name of the organization MAXWELL C. KING CENTER FOR THE PERFORMING ARTS INC.

Employer identification number 59-2844281

| | |
|---|---|
| TOTAL EXPENSES | 22,033. |
| | |
| ARTIST FEES: | |
| PROGRAM SERVICE EXPENSES | 137,703. |
| MANAGEMENT AND GENERAL EXPENSES | 11,497. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 149,200. |
| | |
| BANK FEES: | |
| PROGRAM SERVICE EXPENSES | 214,982. |
| MANAGEMENT AND GENERAL EXPENSES | 17,949. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 232,931. |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 1,096,707. |

Sunbiz.org DIVISION of CORPORATIONS an official State of Florida website



# Detail by Entity Name

Florida Not For Profit Corporation
MAXWELL C. KING CENTER FOR THE PERFORMING ARTS, INC.

**Filing Information**

| | |
|---|---|
| **Document Number** | N21714 |
| **FEI/EIN Number** | 59-2844281 |
| **Date Filed** | 07/27/1987 |
| **State** | FL |
| **Status** | ACTIVE |
| **Last Event** | RESTATED ARTICLES |
| **Event Date Filed** | 09/26/2023 |
| **Event Effective Date** | NONE |

**Principal Address**

3865 N. WICKHAM RD
MELBOURNE, FL 32935

Changed: 01/25/2000

**Mailing Address**

3865 N. WICKHAM RD
MELBOURNE, FL 32935

Changed: 07/05/2008

**Registered Agent Name & Address**

RICHEY, JAMES HESQ
3865 N. WICKHAM RD
MELBOURNE, FL 32935

Name Changed: 04/27/2009

Address Changed: 02/27/2018

**Officer/Director Detail**

**Name & Address**

Title Other, General Manager

Papke, Bob
3865 N. WICKHAM RD
MELBOURNE, FL 32935

Title Chairman

Catanese, Anthony J.
135 Lansing Island Drive
Indian Harbour Beach, FL 32937

Title VICE CHAIRPERSON

MOLNAR, TOM
3 COUNTRY CLUB DRIVE
COCOA BEACH, FL 32931

Title Treasurer

Bierbrunner, Steven W
8035 Spyglass Hill Road
Melbourne, FL 32940

Title EFSC PRESIDENT

RICHEY, JAMES
3865 N. WICKHAM RD
MELBOURNE, FL 32935

Title EFSC TRUSTEE

WINSTON, SCOTT
3865 N. WICKHAM RD
MELBOURNE, FL 32935

Title Secretary

Lance , Christine
245 Lansing Island Drive
Indian Harbour Beach, FL 32937

**Annual Reports**

| Report Year | Filed Date |
|---|---|
| 2022 | 01/11/2022 |
| 2023 | 01/23/2023 |
| 2024 | 02/01/2024 |

**Document Images**

| | |
|---|---|
| 02/01/2024 -- ANNUAL REPORT | View image in PDF format |
| 09/26/2023 -- Restated Articles | View image in PDF format |
| 01/23/2023 -- ANNUAL REPORT | View image in PDF format |

| | |
|---|---|
| 01/11/2022 -- ANNUAL REPORT | View image in PDF format |
| 04/07/2021 -- ANNUAL REPORT | View image in PDF format |
| 01/24/2020 -- ANNUAL REPORT | View image in PDF format |
| 01/30/2019 -- ANNUAL REPORT | View image in PDF format |
| 02/27/2018 -- ANNUAL REPORT | View image in PDF format |
| 04/10/2017 -- ANNUAL REPORT | View image in PDF format |
| 01/05/2016 -- ANNUAL REPORT | View image in PDF format |
| 01/22/2015 -- ANNUAL REPORT | View image in PDF format |
| 02/10/2014 -- ANNUAL REPORT | View image in PDF format |
| 01/25/2013 -- ANNUAL REPORT | View image in PDF format |
| 02/13/2012 -- ANNUAL REPORT | View image in PDF format |
| 02/17/2011 -- ANNUAL REPORT | View image in PDF format |
| 04/23/2010 -- ANNUAL REPORT | View image in PDF format |
| 04/27/2009 -- ANNUAL REPORT | View image in PDF format |
| 07/05/2008 -- ANNUAL REPORT | View image in PDF format |
| 04/18/2007 -- ANNUAL REPORT | View image in PDF format |
| 06/23/2006 -- Amended and Restated Articles | View image in PDF format |
| 01/09/2006 -- ANNUAL REPORT | View image in PDF format |
| 01/18/2005 -- ANNUAL REPORT | View image in PDF format |
| 01/05/2004 -- ANNUAL REPORT | View image in PDF format |
| 01/21/2003 -- ANNUAL REPORT | View image in PDF format |
| 02/19/2002 -- ANNUAL REPORT | View image in PDF format |
| 03/02/2001 -- ANNUAL REPORT | View image in PDF format |
| 01/25/2000 -- ANNUAL REPORT | View image in PDF format |
| 02/27/1999 -- ANNUAL REPORT | View image in PDF format |
| 12/17/1998 -- Amended and Restated Articles | View image in PDF format |
| 09/02/1998 -- ANNUAL REPORT | View image in PDF format |
| 12/08/1997 -- Amended and Restated Articles | View image in PDF format |
| 02/03/1997 -- ANNUAL REPORT | View image in PDF format |
| 02/02/1996 -- ANNUAL REPORT | View image in PDF format |
| 02/17/1995 -- ANNUAL REPORT | View image in PDF format |

Space Coast
FLORIDA

## Tourism Development Office
## FY 2024-2025 Marketing Support Program
## checklist

Applicant Organization Name: **Brevard Production Inc.**

Applicant Event Name: **Space Coast State Fair**

| | Yes | No | Comment |
|---|---|---|---|
| Completed questionnaire | X | | |
| Copy of 990 form (if applicable) | | X | **N/A - dw** |
| Copy of IRS Articles of Incorporation – (if applicable) | X | | |
| Copy of IRS Determination letter – (if applicable) | | X | **N/A - dw** |
| Copy of SunBiz.org (if applicable) | X | | |
| Copy of this MSP checklist | X | | |

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

Cranis, Peter Digitally signed by Cranis, Peter Date: 2024.10.17 10:53:03 -04'00'

Peter Cranis, Executive Director

FY 2024-2025 Marketing Support Program application

Response ID:35 Data

## 2. (untitled)

**1. I have read and understand the policies/procedures within the FY 2024-2025 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 Alleyne James Malone

**Primary contact phone number**

3213234460

**Primary contact email**

gilesmalone@gmail.com

**Secondary contact name**

Tom Palermo

**Secondary contact phone number**

321-615-8111

**Secondary contact email**

palermo.tom@gmail.com

**Organization website address**

https://spacecoaststatefair.com/

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 questionnaire for an event or year-round programming?

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

8. (untitled)

## 7. EVENT INFORMATION

**Name of event**

Space Coast State Fair

**Event website address (if different from organization website)**

https://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?**

10/31/2024

10. (untitled)

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

18

11. (untitled)

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

Billboards
Digital advertising (banner ads, etc.)
Direct mail
Radio
Social media (Facebook, Instagram, YouTube, etc.)
TV/Video

12. (untitled)

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

13. (untitled)

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

Facebook : https://www.facebook.com/spacecoastfair/
Instagram : https://www.instagram.com/stories/spacecoastdaily/
YouTube : https://www.youtube.com/user/SpaceCoastDaily

14. (untitled)

**12. What hashtags do you use?**

NA

15. (untitled)

**13. As a cultural organization how would you like us to spend your support?**

Out-of-county advertising/marketing support
Defray rental costs for venues and/or facilities operated by Brevard County

16. (untitled)

**14. If you were asked to include the Space Coast Office of Tourism in your marketing materials, what elements could you include us in?**

Direct mail
Event banners/signage
Email blast (e-newsletter, promotional, etc.)
Event brochures/program (Playbill, etc.)
Social media post
Website/blog
Other - Please be specific.....: print ads

17. (untitled)

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

18. (untitled)

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

19. (untitled)

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

Lamar_Invoice.pdf

20. (untitled)

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

Lamar_Invoice.pdf

21. (untitled)

**17. Upload your completed Checklist.**

Lamar_Invoice.pdf

22. (untitled)

18. **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: Giles Malone

## 23. Thank You!

**New Send Email**

Oct 06, 2024 12:02:09 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

# Electronic Articles of Incorporation For

BREVARD PRODUCTION, INC.

P05000165265
FILED
December 20, 2005
Sec. Of State
shawkes

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

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 29, 2024**
**Secretary of State**
**5388025716CC**

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 | Title | D |
| Name | PALERMO, THOMAS J | Name | MALONE, GILES |
| Address | 750 AVOCADO DR. | Address | 2230 SYKES CREEK DR. |
| City-State-Zip: | MERRITT ISLAND FL 32953 | 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 PRESIDENT 04/29/2024

Electronic Signature of Signing Officer/Director Detail — Date

Space Coast
FLORIDA

**Tourism Development Office**
**FY 2024-2025 Marketing Support Program**
**checklist**

Applicant Organization Name: Merritt Island Wildlife Association

Applicant Event Name: Year-round programming

| | Yes | No | Comment |
|---|---|---|---|
| Completed questionnaire | X | | |
| Copy of 990 form (if applicable) | X | | |
| Copy of IRS Articles of Incorporation – (if applicable) | | X | N/A - dw |
| Copy of IRS Determination letter – (if applicable) | X | | |
| Copy of SunBiz.org (if applicable) | X | | |
| Copy of this MSP checklist | X | | |

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

Cranis, Peter Digitally signed by Cranis, Peter
Date: 2024.10.17 10:53:25 -04'00'

Peter Cranis, Executive Director

# FY 2024-2025 Marketing Support Program application

Response ID:82 Data

## 2. (untitled)

**1. I have read and understand the policies/procedures within the FY 2024-2025 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 / 1987 Scrub Jay Way (no USPS delivery)

**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**

Laurilee Thompson

**Secondary contact phone number**

321-794-6866

**Secondary contact email**

laurileethompson@aol.com

**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 questionnaire for an event or year-round programming?**

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

8. (untitled)

1. **E7 ENT INFORMATION**

**Name of event**

**Event website address \f 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)

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

12. (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.)
Other - Please be specific.....: Digital Newsletter

13. (untitled)

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

Facebook : @merrittislandwildlifeassociation
Instagram : @merrittislandwildlife

14. (untitled)

**, . What hashtags do you use?**

#SpaceCoast #wildlifeconservation

15. (untitled)

**10. As a cultural organization how would you like us to spend your support?**

Out-of-county advertising/marketing support

16. (untitled)

**11. If you were asked to include the Space Coast Office of Tourism in your marketing materials) what elements could you include us in?**

Email blast (e-newsletter, promotional, etc.)
Radio
Social media post
Website/blog
Other - Please be specific.....: Digital banner and digital newsletter

17. (untitled)

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

FinalLetter_59-3289841_MERRITTISLANDWILDLIFEASSOCIATION_07062023_Reinstatement_Determination_Letter.pdf

18. (untitled)

13. **Upload a copy of your organization's , , 0 form.**

IRS_eFile_of_Form_990_for__FY2022_for_Oct_2022_to_Sept_2023_digital_version_submitted_by_eFile_service.pdf

19. (untitled)

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

20. (untitled)

14. **If you are a Florida organization) please upload a copy of your SunBiz.com account associated with your organization.**

SunBiz_2024_Annual_Report_Filing.pdf

21. (untitled)

15. **Upload your completed Checklist.**

MSP_applicant_checklist_9-27-2024_Merritt_Island_Wildlife_Association.pdf

22. (untitled)

16. **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

## 23. Thank You!

**New Send Email**

Oct 14, 2024 12:02:18 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

**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,

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

Taxpayer Copy | TIN:

Form **990**

Department of the Treasury
Internal Revenue Service

# 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

**2022**

Open to Public Inspection

**A For the 2022 calendar year, or tax year beginning 10-01-2022 , and ending 09-30-2023**

**B** Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ 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

**E** Telephone number
(321) 861-2377

**G** Gross receipts $ 612,153

**F** Name and address of principal officer:
Laurilee Thompson
PO Box 2683
Titusville , FL 32781

**H(a)** Is this a group return for subordinates? ☐ Yes ☑ No

**H(b)** Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

**H(c)** Group exemption number ▶

**I** Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

**J Website:** ▶ https://miwarefuge.org/

**K** Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation: 1994

**M** State of legal domicile: FL

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities:
MIWA is the Friends Group for the Merritt Island National Wildlife Refuge. We support and enable the mission of the Refuge to conserve habitat and protect wildlife.

**Activities & Governance**

| | | | |
|---|---|---|---|
| 2 | Check this box ▶ ☐ 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 | 19 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 19 |
| 5 | Total number of individuals employed in calendar year 2022 (Part V, line 2a) | 5 | 3 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 16 |
| 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**

| | | Prior Year | Current Year |
|---|---|---|---|
| 8 | Contributions and grants (Part VIII, line 1h) | | 407,139 |
| 9 | Program service revenue (Part VIII, line 2g) | | 3,998 |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | | 142 |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 79,167 |
| 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 0 | 490,446 |

**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) | | 0 |
| 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) | | 0 |
| 18 | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 0 | 0 |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | 0 | 490,446 |

**Net Assets or Fund Balances**

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| 20 | Total assets (Part X, line 16) | 167,011 | 222,507 |
| 21 | Total liabilities (Part X, line 26) | 0 | 0 |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 167,011 | 222,507 |

## 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**

****** 2024-04-09
Signature of officer — Date

Bertrand C Alm Jr Treasurer
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| | | | | |

Firm's name ▶ | Firm's EIN ▶

Firm's address ▶ | Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

**For Paperwork Reduction Act Notice, see the separate instructions.** Cat. No. 11282Y Form **990** (2022)

## 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 protect wildlife and preserve habitat by enabling the mission of the Merritt Island National wildlife refuge. As the Friends Group to the Refuge we support conservation through education, outreach, fundraising, and advocacy.

**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 $ including grants of $ ) (Revenue $ )

Primary support is through memberships, legacy giving, and operation of our Nature's Treasures Gift Shop.

**4b** (Code: ) (Expenses $ including grants of $ ) (Revenue $ )

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

**4d** Other program services (Describe in Schedule O.)
(Expenses $ including grants of $ ) (Revenue $ )

**4e** **Total program service expenses ▶** 0

## Checklist of Required Schedules

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | Yes | |
| 2 | Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions. | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | No |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II* | 4 | | No |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III* | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I | 6 | | No |
| 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* | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III | 8 | | No |
| 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* | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V* | 10 | | No |
| 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. | 11a | | No |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII* | 11b | | No |
| 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* | 11c | | No |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX* | 11d | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* | 11e | | No |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X* | 11f | | No |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII* | 12a | | No |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional* | 12b | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV* | 14b | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV* | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV* | 16 | | No |
| 17 | Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions. | 17 | | No |
| 18 | Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II* | 18 | | No |
| 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* | 19 | | No |
| 20a | Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 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* | 21 | | No |

**Checklist of Required Schedules** *(continued)*

| | | | Yes | No |
|---|---|---|---|---|
| 22 | Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III* | 22 | | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* | 23 | | No |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a* | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| 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? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 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? *If "Yes," complete Schedule L,* Part I | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I | 25b | | No |
| 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? *If "Yes," complete Schedule L, Part II* | 26 | | No |
| 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? *If "Yes," complete Schedule L,* Part III | 27 | | No |
| 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? *If "Yes," complete Schedule L, Part IV* | 28a | | No |
| b | A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV* | 28b | | No |
| c | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV* | 28c | | No |
| 29 | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | 32 | | No |
| 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? *If "Yes," complete Schedule R, Part I* | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1* | 34 | | No |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No |
| 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)? *If "Yes," complete Schedule R, Part V, line 2* | 35b | | |
| 36 | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI* | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O. | 38 | Yes | |

## 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 | 1a | 0 | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 1b | 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | | | |

## Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

| | | | | |
|---|---|---|---|---|
| **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** | | | |
| **b** | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. | **2b** | Yes | |
| **3a** | Did the organization have unrelated business gross income of $1,000 or more during the year? . . . | **3a** | | No |
| **b** | If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in 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** | | No |
| **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** | | No |
| **b** | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | **5b** | | No |
| **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** | | No |
| **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** | | No |
| **b** | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in 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, any disqualified person, or mine operator 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** | | |

**Governance, Management, and Disclosure.** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in 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 | 1a | 19 | | |
| | 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 in Schedule O. | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | 19 | | |
| 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? | 2 | | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Yes | |
| 6 | Did the organization have members or stockholders? | 6 | | | No |
| 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? | 7a | | | No |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| a | The governing body? | 8a | | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | | | |
| 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 in Schedule O* | 9 | | | No |

## 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? | 10a | | No |
| 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? | 11a | Yes | |
| 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* | 12a | Yes | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done* | 12c | Yes | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | No |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | No |
| 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 | 15a | | |
| b | Other officers or key employees of the organization | 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? | 16a | | No |
| 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▶

18 Section 6104 requires an organization to make its Form 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 in Schedule O)

19 Describe in 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 PO Box 2683 Titusville, 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 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, 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, or 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) Rochelle Hood<br>Executive Director | 40.00 | | | | X | | | 0 | 0 | 0 |
| | | | | | | | | | | |
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**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 | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| 1b Sub-Total ▶ | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A ▶ | | | | | | | | | | |
| 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 or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* | 3 | | No |
| 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* | 4 | | No |
| 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* | 5 | | No |

**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

## 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 | 4,820 | | | |
| | c Fundraising events | 1c | | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) | 1e | 88,350 | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 313,969 | | | |
| | g Noncash contributions included in lines 1a - 1f: $ | 1g | | | | |
| | h **Total.** Add lines 1a-1f | ▶ | 407,139 | | | |
| Program Service Revenue | | Business Code | | | | |
| | 2a Turtle Walks | 123456 | 3,998 | 3,998 | | |
| | b | | | | | |
| | c | | | | | |
| | d | | | | | |
| | e | | | | | |
| | f All other program service revenue. | | | | | |
| | g **Total.** Add lines 2a–2f. | ▶ | 3,998 | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | ▶ | 142 | 142 | | |
| | 4 Income from investment of tax-exempt bond proceeds | ▶ | | | | |
| | 5 Royalties | ▶ | | | | |
| | | | (i) Real | (ii) Personal | | |
| | 6a Gross rents | 6a | | | | |
| | b Less: rental expenses | 6b | | | | |
| | c Rental income or (loss) | 6c | | | | |
| | d Net rental income or (loss) | ▶ | | | | |
| | | | (i) Securities | (ii) Other | | |
| | 7a Gross amount from sales of assets other than inventory | 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 | | | | |
| | 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 | 200,874 | | | |
| | b Less: cost of goods sold | 10b | 121,707 | | | |
| | c Net income or (loss) from sales of inventory | ▶ | 79,167 | 79,167 | | |
| | Miscellaneous Revenue | | Business Code | | | |
| | 11a | | | | | |
| | b | | | | | |
| | c | | | | | |
| | d All other revenue | | | | | |
| | e **Total.** Add lines 11a–11d | ▶ | | | | |
| | 12 **Total revenue.** See instructions | ▶ | 490,446 | 83,307 | 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 | | | | |
| 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 (non-employees): | | | | |
| 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 Schedule O) | | | | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | | | | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | | | | |
| 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 | | | | |
| 23 Insurance | | | | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e All other expenses | | | | |
| 25 **Total functional expenses.** Add lines 1 through 24e | 0 | 0 | 0 | 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 ▶ ☐ if following SOP 98-2 (ASC 958-720). | | | | |

## Balance Sheet

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

| | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|
| Assets | 1 | Cash—non-interest-bearing | | 1 | 6,780 |
| | 2 | Savings and temporary cash investments | 138,179 | 2 | 194,709 |
| | 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 | 19,369 | 8 | 21,018 |
| | 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 | 9,463 | 10c | 0 |
| | 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) | 167,011 | 16 | 222,507 |
| 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 | |
| | 26 | **Total liabilities.** Add lines 17 through 25 | 0 | 26 | 0 |
| Net Assets or Fund Balances | | **Organizations that follow FASB ASC 958, check here ▶ ☐ 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 ▶ ☑ 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 | 100,000 | 30 | 0 |
| | 31 | Retained earnings, endowment, accumulated income, or other funds | 67,011 | 31 | 222,507 |
| | 32 | Total net assets or fund balances | 167,011 | 32 | 222,507 |
| | 33 | Total liabilities and net assets/fund balances | 167,011 | 33 | 222,507 |

## Reconcilliation 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 | 490,446 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 0 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 490,446 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 167,011 |
| 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 in 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 | 222,507 |

## Financial Statements and Reporting

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

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990: ☑ Cash ☐ Accrual ☐ 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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | 2a | | No |
| 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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | 2b | | No |
| 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 in Schedule O. | 2c | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | | No |
| 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 in Schedule O and describe any steps taken to undergo such audits. | 3b | | |

☐ Taxpayer Copy | TIN:

**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

**2022**

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 **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 . . . . . 0

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? Yes | (iv) No | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| **Total** 0 | | | | | 0 | 0 |

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 failed 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 grant.") . . | | | | | | |
| 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** . . . . . ▶ ☐

**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 for 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 . . . . . ▶ ☐

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 . . . . . ▶ ☐

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 . . . . . ▶ ☐

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 . . . . . ▶ ☐

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) 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.") . | 162,835 | 69,685 | 186,988 | 136,803 | 407,139 | 963,450 |
| 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 | 185,654 | 179,070 | | 0 | 204,872 | 569,596 |
| 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 | 348,489 | 248,755 | 186,988 | 136,803 | 612,011 | 1,533,046 |
| 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.) | | | | | | 1,533,046 |

**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. . . | 348,489 | 248,755 | 186,988 | 136,803 | 612,011 | 1,533,046 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . | 253 | | | | 142 | 395 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | 0 |
| c Add lines 10a and 10b. | 253 | 0 | 0 | 0 | 142 | 395 |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. | | | | | | 0 |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . | | | | | | 0 |
| 13 **Total support.** (Add lines 9, 10c, 11, and 12.). . | 348,742 | 248,755 | 186,988 | 136,803 | 612,153 | 1,533,441 |

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 | 99.970 % |
| 16 | Public support percentage from 2021 Schedule A, Part III, line 15 . . . . . | 16 | 0 % |

**Section D. Computation of Investment Income Percentage**

| | | | |
|---|---|---|---|
| 17 | Investment income percentage for **2022** (line 10c, column (f) divided by line 13, column (f)) . . . . . | 17 | 0.030 % |
| 18 | Investment income percentage from **2021** Schedule A, Part III, line 17 . . . . . | 18 | 0 % |

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

**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 11a above? | 11b | | |
| c | A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI.*** | 11c | | |

**Section B. Type I Supporting Organizations**

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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 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? *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 ☐ 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 government entity (see instructions)

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

| | | | Yes | No |
|---|---|---|---|---|
| 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): | 1 | | |
| 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 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 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-2021** | **(iii) Distributable Amount for 2021** |
|---|---|---|---|
| **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 e | | | |
| **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. If the amount is greater than zero, *explain in* ***Part VI***. See instructions. | | | |
| **6** Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions. | | | |
| **7** **Excess distributions carryover to 2022.** 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).

| Facts And Circumstances Test |
| --- |
| |

| Return Reference | Explanation |
| --- | --- |

☐ Taxpayer Copy | TIN:

**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

**2022**

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 other 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 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
MERRITT ISLAND WILDLIFE ASSOCIATION

**Employer identification number**
59-3289841

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

**Contributors**

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---|---|---|---|
| 1 | Rosemary M Maloscay Trust<br>PO Box 1810<br>Debra Hogan Fudiciary TTEE<br>Deland, FL 32721 | $ 313,569 | ☑ Person<br>☐ Payroll<br>☐ Noncash<br>(Complete Part II for noncash contributions.) |
| | | $ | ☐ Person<br>☐ Payroll<br>☐ Noncash<br>(Complete Part II for noncash contributions.) |
| | | $ | ☐ Person<br>☐ Payroll<br>☐ Noncash<br>(Complete Part II for noncash contributions.) |
| | | $ | ☐ Person<br>☐ Payroll<br>☐ Noncash<br>(Complete Part II for noncash contributions.) |
| | | $ | ☐ Person<br>☐ Payroll<br>☐ Noncash<br>(Complete Part II for noncash contributions.) |
| | | $ | ☐ Person<br>☐ Payroll<br>☐ Noncash<br>(Complete Part II for noncash contributions.) |

Name of organization
MERRITT ISLAND WILDLIFE ASSOCIATION

**Employer identification number**
59-3289841

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 |
|---|---|---|---|
| | | $ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | $ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | $ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | $ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | $ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | $ | |

Name of organization
MERRITT ISLAND WILDLIFE ASSOCIATION

**Employer identification number**
59-3289841

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 information once. See instructions.)** ▶ $ _____

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<br>Transferee's name, address, and ZIP 4 | Relationship of transferor to transferee | |
| | | | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |
| | (e) Transfer of gift<br>Transferee's name, address, and ZIP 4 | Relationship of transferor to transferee | |
| | | | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |
| | (e) Transfer of gift<br>Transferee's name, address, and ZIP 4 | Relationship of transferor to transferee | |
| | | | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |
| | (e) Transfer of gift<br>Transferee's name, address, and ZIP 4 | Relationship of transferor to transferee | |
| | | | |

Taxpayer Copy | TIN:

**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 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
MERRITT ISLAND WILDLIFE ASSOCIATION

**Employer identification number**
59-3289841

| Return Reference | Explanation |
|---|---|
| Part VI, Line 11b | The Treasurer of Merritt Island Wildlife Association prepares the 990 and reviews it with the Finance Committee and the Officers prior to filing the return. Form 990 is reviewed with the Governing Body by the President. |
| Part VI, Line 12c | Once a year the Board of Directors review the Conflict of Interest policy and make any declaration of conflicts as necessary. The Board of Directors are periodically reminded throughout the year to make any Conflict of Interest updates as applicable. |
| Part VI, Line 19 | Merritt Island Wildlife Association makes its governing documents and financials available to the public upon request. |
| Part VI, Line 1a | The organization has become aware of a significant diversion of the organization's assets. This issue is part of an active investigation with the Brevard County Sheriff's Office case# 2023-277-966. |
| Part VI, Line 5 | The organization has become aware of a significant diversion of the organization's assets. This issue is part of an active investigation with the Brevard County Sheriff's Office case# 2023-277-966. |
| Part VI, Section A, Line 8b | There are no existing committees with authority to act on behalf of the governing body. |
| Part VI, Section B, Line 12c | Once a year all of the Board of Directors review the Conflict of Interest Policy and make any updates to declare conflicts as applicable. The Board of Directors are periodically reminded throughout the year to make revisions as needed. |
| Part XI, Line 9 | The organization has become aware of a significant diversion of the organization's assets. This issue is part of an active investigation with the Brevard County Sheriff's Office case# 2023-277-966. |

Taxpayer Copy TIN:

## TY 2022 ReasonableCauseExplanation

**Name:** MERRITT ISLAND WILDLIFE ASSOCIATION

**EIN:** 59-3289841

**Explanation:** Form 990 was submitted by US Postal Service on February 14, 2024 via certified mail. We received a letter reference 0422604607 indicating we were required to file electronically. Our Fiscal Tax Year ending in Sept 30, 2023 is our first after being granted reinstatement. During the process of filing for reinstatement, we had to submit 3 years of Form 990's and we instructed that our eFile access was revoked until reinstatement was granted.

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Jan 30, 2024**
**Secretary of State**
**0111077519CC**

DOCUMENT# N94000005425

**Entity Name:** MERRITT ISLAND WILDLIFE ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

P.O. BOX 2683
TITUSVILLE, FL 32781 US

**FEI Number: 59-3289841**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

THOMSPSON, LAURILEE
MERRIT ISLAND NWR VISTOR CENTER
1987 SCRUB JAY WAY
TITUSVILLE, FL 32782 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: LAURILEE THOMSPSON 01/30/2024
Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | | | |
|---|---|---|---|
| Title | VP | Title | TREASURER |
| Name | THOMPSON, LAURILEE | Name | ALM , BERT |
| Address | P.O. BOX 307 | Address | 1482 TRALEE BAY AVE |
| City-State-Zip: | MIMS FL 32754 | City-State-Zip: | MELBOURNE FL 32940 |
| Title | SECRETARY | Title | PRESIDENT |
| Name | STEES, DIANE | Name | VENUTO, CHARLIE |
| Address | 21 BOUGAINVILLEA DRIVE | Address | 195 MONTECITO DR |
| City-State-Zip: | COCOA BEACH FL 32931 | City-State-Zip: | SATELLITE BEACH FL 32937 |

*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: LAURILEE THOMPSON VICE PRESIDET 01/30/2024
Electronic Signature of Signing Officer/Director Detail — Date

Space Coast FLORIDA

## Tourism Development Office
## FY 2024-2025 Marketing Support Program
## checklist

Applicant Organization Name: **Museum of Dinosaurs and Anicent Cultures**

Applicant Event Name: **Year-round programming**

| | Yes | No | Comment |
|---|---|---|---|
| Completed questionnaire | X | | |
| Copy of 990 form (if applicable) | X | | |
| Copy of IRS Articles of Incorporation – (if applicable) | | X | N/A - dw |
| Copy of IRS Determination letter – (if applicable) | X | | |
| Copy of SunBiz.org (if applicable) | X | | |
| Copy of this MSP checklist | X | | |

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

Cranis, Peter Digitally signed by Cranis, Peter Date: 2024.10.17 10:54:02 -04'00'

Peter Cranis, Executive Director

# FY 2024-2025 Marketing Support Program application

Response ID:31 Data

## 2. (untitled)

1. **I have read and understand the policies/procedures within the FY 2024-2025 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**

321-960-1092

**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 questionnaire for an event or year-round programming?**

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

8. (untitled)

1. **E7 ENT INFORMATION**

**Name of event**

**Event website address Vf 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)

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

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

13. (untitled)

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

Facebook : The Dinosaur Store & Museum

14. (untitled)

**, . What hashtags do you use?**

NA

15. (untitled)

**10. As a cultural organization how would you like us to spend your support?**

Out-of-county advertising/marketing support

16. (untitled)

**11. If you were asked to include the Space Coast Office of Tourism in your marketing materials) what elements could you include us in?**

Social media post
Website/blog

17. (untitled)

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

501c3-MDAC_IRS.pdf

18. (untitled)

13. **Upload a copy of your organization's , , 0 form.**

Exempt_990_(MuseumDinosaursAncientCultures)_GovernmentCopy_2023.pdf

19. (untitled)

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

20. (untitled)

14. **If you are a Florida organization) please upload a copy of your SunBiz.com account associated with your organization.**

Sunbiz-MuseumDAC.pdf

21. (untitled)

15. **Upload your completed Checklist.**

Checklist-MuseumDinosaurs.pdf

22. (untitled)

16. **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

23. Thank You!

**New Send Email**

Oct 04, 2024 15:29:50 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

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 947 (DO/CG)

MUSEUM OF DINOSAURS AND ANCIENT

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

Sincerely,

Lois G. Lerner

Lois G. Lerner
Director, Exempt Organizations

Enclosure: Publication 4221-PC

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 , 2023, and ending , 20

**B** Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

**C** Name of organization: Museum of Dinosaurs and Ancient Cultures

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 250 W Cocoa Beach Cswy

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: Cocoa Beach, FL 32931

**D** Employer identification number: 27-3564062

**E** Telephone number: (321)783-7300

**G** Gross receipts $ 526,253.

**F** Name and address of principal officer: Donna Cayer, 250 W Cocoa Beach Cswy, Cocoa Beach, FL 32931

**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No

**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions.

**H(c)** Group exemption number

**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

**J** Website: N/A

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ 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: 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 Check this box ☐ 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 | 0 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 2 |
| 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**

| | | Prior Year | Current Year |
|---|---|---|---|
| 8 | Contributions and grants (Part VIII, line 1h) | 13,333. | 20,793. |
| 9 | Program service revenue (Part VIII, line 2g) | 523,456. | 503,163. |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 578. |
| 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 536,789. | 524,534. |

**Expenses**

| | | | |
|---|---|---|---|
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | | |
| 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 115,179. | 104,848. |
| 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | | |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | |
| b | Total fundraising expenses (Part IX, column (D), line 25) 0. | | |
| 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 239,668. | 452,368. |
| 18 | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 354,847. | 557,216. |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | 181,942. | -32,682. |

**Net Assets or Fund Balances**

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| 20 | Total assets (Part X, line 16) | 1,008,879. | 726,196. |
| 21 | Total liabilities (Part X, line 26) | 414,079. | 164,078. |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 594,800. | 562,118. |

## 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 — Date: 08/15/2024

Donna Cayer, Treasurer
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| Rhonda Hinds | Rhonda Hinds | 08/13/2024 | | P00038396 |

Firm's name: Rhonda L Hinds & Associates CPA PA — Firm's EIN: 59-3460369

Firm's address: 160 McLeod St, Merritt Island, FL 32953 — Phone no. (321)454-2266

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:

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 $ 555,078. including grants of $ 0. ) (Revenue $ 503,741. )

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 555,078.

COPY

## Part IV Checklist of Required Schedules

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | X |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II* | 4 | | 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* | 5 | | 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* | 6 | | 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* | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for 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* | 9 | | 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* | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI* | 11a | 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* | 11b | | 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* | 11c | X | |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX* | 11d | | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X* | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII* | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional* | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV* | 14b | | 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* | 15 | | 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.* | 16 | | 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 | 17 | | 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* | 18 | | 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* | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 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* | 21 | | 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? *If "Yes," complete Schedule I, Parts I and III* | 22 | | × |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* | 23 | | × |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a* | 24a | | × |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| 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? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 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? *If "Yes," complete Schedule L, Part I* | 25a | | × |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I* | 25b | | × |
| 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? *If "Yes," complete Schedule L, Part II* | 26 | | × |
| 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? *If "Yes," complete Schedule L, Part III* | 27 | | × |
| 28 | Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). | | | |
| a | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV* | 28a | | × |
| b | A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV* | 28b | | × |
| c | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV* | 28c | | × |
| 29 | Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M* | 29 | | × |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | 30 | | × |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | 31 | | × |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | 32 | | × |
| 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? *If "Yes," complete Schedule R, Part I* | 33 | | × |
| 34 | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1* | 34 | | × |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | × |
| 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)? *If "Yes," complete Schedule R, Part V, line 2* | 35b | | |
| 36 | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | 36 | | × |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI* | 37 | | × |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O | 38 | × | |

**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 | 1a | 0 | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 1b | 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 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** 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 | | × |
| 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 | | × |
| 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 | | × |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | × |
| 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 | | × |
| 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 | | × |
| 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. | 1a 5 | | |
| b | Enter the number of voting members included on line 1a, above, who are independent . | 1b 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? . . . . . | 2 | | × |
| 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? . | 3 | | × |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | × |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | × |
| 6 | Did the organization have members or stockholders? . . . . . | 6 | | × |
| 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? . . . . . | 7a | | × |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . . | 7b | | × |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| a | The governing body? . . . . . | 8a | × | |
| b | Each committee with authority to act on behalf of the governing body? . . . . . | 8b | × | |
| 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* . . . . | 9 | | × |

## 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? . . . . . | 10a | | × |
| 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? | 11a | × | |
| 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* . . . . . | 12a | | × |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 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* . . . . . | 12c | | |
| 13 | Did the organization have a written whistleblower policy? . . . . . | 13 | | × |
| 14 | Did the organization have a written document retention and destruction policy? . . . . . | 14 | | × |
| 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 . . . . . | 15a | | × |
| b | Other officers or key employees of the organization . . . . . | 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? . . . . . | 16a | | × |
| 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

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 (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<br>Chairman | 8.00 | X | | X | | | | | | |
| (2) Donna Cayer<br>Secretary | 8.00 | X | | X | | | | | | |
| (3) Carol Turcotte<br>Director | 2.00 | X | | | | | | | | |
| (4) Kevin Pruett<br>Director | 2.00 | X | | | | | | | | |
| (5) Tony Hernandez III<br>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? *If "Yes," complete Schedule J for such individual* | | × |
| 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* | | × |
| 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* | | × |

## 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

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**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 | 20,050. | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 743. | | | | |
| | g | Noncash contributions included in lines 1a–1f | 1g | $ 143. | | | | |
| | h | **Total.** Add lines 1a–1f | | | 20,793. | | | |
| Program Service Revenue | | | Business Code | | | | | |
| | 2a | Admissions | 900099 | | 503,163. | 503,163. | 0. | 0. |
| | b | | | | | | | |
| | c | | | | | | | |
| | d | | | | | | | |
| | e | | | | | | | |
| | f | All other program service revenue | | | | | | |
| | g | **Total.** Add lines 2a–2f | | | 503,163. | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | | | | | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 | Royalties | | | | | | |
| | | | (i) Real | (ii) Personal | | | | |
| | 6a | Gross rents 6a | | | | | | |
| | b | Less: rental expenses 6b | | | | | | |
| | c | Rental income or (loss) 6c | | | | | | |
| | d | Net rental income or (loss) | | | | | | |
| | | | (i) Securities | (ii) Other | | | | |
| | 7a | Gross amount from sales of assets other than inventory 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 | | | | | |
| | 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 | 2,297. | | | | |
| | b | Less: cost of goods sold | 10b | 1,719. | | | | |
| | c | Net income or (loss) from sales of inventory | | | 578. | 578. | 0. | 0. |
| Miscellaneous Revenue | | | Business Code | | | | | |
| | 11a | | | | | | | |
| | b | | | | | | | |
| | c | | | | | | | |
| | d | All other revenue | | | | | | |
| | e | **Total.** Add lines 11a–11d | | | | | | |
| | 12 | **Total revenue.** See instructions | | | 524,534. | 503,741. | 0. | |

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## 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 | 104,848. | 104,848. | | |
| 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 | 793. | 0. | 793. | 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.) | 135,240. | 135,240. | 0. | 0. |
| 12 Advertising and promotion | 46,595. | 46,595. | 0. | 0. |
| 13 Office expenses | 3,823. | 3,823. | 0. | 0. |
| 14 Information technology | 107. | 107. | 0. | 0. |
| 15 Royalties | | | | |
| 16 Occupancy | 246,560. | 246,560. | 0. | 0. |
| 17 Travel | 74. | 74. | 0. | 0. |
| 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 | 3,191. | 1,983. | 1,208. | 0. |
| 23 Insurance | 2,470. | 2,470. | 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 Bank Service Fees | 14. | 14. | 0. | 0. |
| b Licenses & Permits | 266. | 266. | 0. | 0. |
| c Meals | 137. | 0. | 137. | 0. |
| d Merchant Fees | 13,098. | 13,098. | 0. | 0. |
| e All other expenses | | | | |
| 25 **Total functional expenses.** Add lines 1 through 24e | 557,216. | 555,078. | 2,138. | 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 ☐ if following SOP 98-2 (ASC 958-720) | | | | |

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**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 | 454,735. | 1 | 172,722. |
| | 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: 36,473. | | | |
| | b | Less: accumulated depreciation — 10b: 31,803. | 7,861. | 10c | 4,670. |
| | 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 | 546,283. | 13 | 548,804. |
| | 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) | 1,008,879. | 16 | 726,196. |
| 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 | 414,079. | 23 | 164,078. |
| | 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 | 414,079. | 26 | 164,078. |
| Net Assets or Fund Balances | | **Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.** | | | |
| | 27 | Net assets without donor restrictions | 594,800. | 27 | 562,118. |
| | 28 | Net assets with donor restrictions | | 28 | |
| | | **Organizations that do not follow FASB ASC 958, check here ☐ 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 | 594,800. | 32 | 562,118. |
| | 33 | Total liabilities and net assets/fund balances | 1,008,879. | 33 | 726,196. |

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## 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 | 524,534. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 557,216. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -32,682. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 594,800. |
| 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 | 562,118. |

## 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: ☒ Cash ☐ Accrual ☐ 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. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | 2a | | × |
| 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. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | 2b | | × |
| 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. | 2c | | |
| 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? | 3a | | × |
| 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 | 3b | | |

**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 | Employer identification number |
|---|---|
| Museum of Dinosaurs and Ancient Cultures | 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? Yes | (iv) No | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| (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.") | 225,226. | 202,272. | 477,107. | 536,789. | 523,955. | 1,965,349. |
| 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 | 225,226. | 202,272. | 477,107. | 536,789. | 523,955. | 1,965,349. |
| 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 | | | | | | 1,965,349. |

## 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 | 225,226. | 202,272. | 477,107. | 536,789. | 523,955. | 1,965,349. |
| 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 | | | | | | 1,965,927. |

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 | 99.97 % |
| 15 | Public support percentage from 2022 Schedule A, Part II, line 14 | 15 | 100 % |

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.") | | | | | | |
| 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** ☐

**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 ☐

COPY

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

## 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 ☐ 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).*

| | | | Yes | No |
|---|---|---|---|---|
| 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 ☐ 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 . . . | | | |

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**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.)

COPY

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**

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.

| | | (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? ☐ 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.

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) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a 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 $

**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 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 | 0. | | | 0. |
| b | Buildings | | | | |
| c | Leasehold improvements | | | | |
| d | Equipment | | 22,933. | 20,076. | 2,857. |
| e | Other | | 13,540. | 11,727. | 1,813. |
| **Total.** | Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))* | | | | 4,670. |

## 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 | 548,804. | Cost |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| **Total.** *(Column (b) must equal Form 990, Part X, line 13, col. (B))* | 548,804. | |

## 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 . ☐

COPY

**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.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| a | Net unrealized gains (losses) on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | |
| 3 | Subtract line **2e** from line **1** | | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)* | | | 5 | |

**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.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| a | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | |
| 3 | Subtract line **2e** from line **1** | | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)* | | | 5 | |

**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.

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**Part XIII Supplemental Information** *(continued)*

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**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 | Employer identification number |
|---|---|
| Museum of Dinosaurs and Ancient Cultures | 27-3564062 |

Pt VI, Line 11b: The board reviews the return before it is filed.

Pt IX, Line 11g:

Description: Leased Labor

Total: $135,240

Program services: $135,240

Management and general: $0

Fundraising: $0

COPY

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

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

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

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

OMB No. 1545-0047

**2023**

Name of filer

Museum of Dinosaurs and Ancient Cultures

**EIN or SSN**

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 . . . ☒ | **b** | **Total revenue**, if any (Form 990, Part VIII, column (A), line 12) . . | **1b** | 524,534. |
| **2a** | **Form 990-EZ** check here . . ☐ | **b** | **Total revenue**, if any (Form 990-EZ, line 9) . . . . . | **2b** | |
| **3a** | **Form 1120-POL** check here . . ☐ | **b** | **Total tax** (Form 1120-POL, line 22) . . . . . | **3b** | |
| **4a** | **Form 990-PF** check here . . ☐ | **b** | **Tax based on investment income** (Form 990-PF, Part V, line 5) . | **4b** | |
| **5a** | **Form 8868** check here . . . ☐ | **b** | **Balance due** (Form 8868, line 3c) . . . . . | **5b** | |
| **6a** | **Form 990-T** check here . . ☐ | **b** | **Total tax** (Form 990-T, Part III, line 4) . . . . . | **6b** | |
| **7a** | **Form 4720** check here . . . ☐ | **b** | **Total tax** (Form 4720, Part III, line 1) . . . . . | **7b** | |
| **8a** | **Form 5227** check here . . . ☐ | **b** | **FMV of assets at end of tax year** (Form 5227, Item D) . . . | **8b** | |
| **9a** | **Form 5330** check here . . . ☐ | **b** | **Tax due** (Form 5330, Part II, line 19) . . . . . | **9b** | |
| **10a** | **Form 8038-CP** check here . . ☐ | **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 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 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 08/15/2024

## 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 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 Rhonda L Hinds & Associates CPA PA Date 08/13/2024

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

Form 990
Part IX, Line 11g

# Other Service Fees

2023

Name
Museum of Dinosaurs and Ancient Cultures

Employer Identification No.
27-3564062

| Description | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|---|---|---|---|---|
| Leased Labor | 135,240. | 135,240. | 0. | 0. |
| **Total to Form 990, Part IX, line 11g** . . . . . | 135,240. | 135,240. | 0. | 0. |

COPY

Sunbiz.org DIVISION of CORPORATIONS an official State of Florida website



# Detail by Entity Name

Florida Not For Profit Corporation
MUSEUM OF DINOSAURS AND ANCIENT CULTURES, INC.

**Filing Information**

| | |
|---|---|
| **Document Number** | N10000009050 |
| **FEI/EIN Number** | 27-3564062 |
| **Date Filed** | 09/22/2010 |
| **State** | FL |
| **Status** | ACTIVE |

**Principal Address**

250 W. COCOA BEACH CSWY
COCOA BEACH, FL 32931

**Mailing Address**

250 W. COCOA BEACH CSWY
COCOA BEACH, FL 32931

**Registered Agent Name & Address**

CAYER, DONNA L
250 W. COCOA BEACH CSWY
COCOA BEACH, FL 32931

**Officer/Director Detail**

**Name & Address**

Title Chairman, Director

CAYER, STEVEN L
250 W. COCOA BEACH CSWY.
COCOA BEACH, FL 32931

Title Secretary, Director

CAYER, DONNA L
250 W. COCOA BEACH CSWY.
COCOA BEACH, FL 32931

Title DIR

TURCOTTE, CAROL
250 W. COCOA BEACH CSWY.
COCOA BEACH, FL 32931

Title Director

Pruett, Kevin
250 W. COCOA BEACH CSWY
COCOA BEACH, FL 32931

Title DIR

HERNANDEZ, TONY, III
503 N ORLANDO AVE
STE 106
COCOA BEACH, FL 32931

**Annual Reports**

| Report Year | Filed Date |
|---|---|
| 2022 | 04/23/2022 |
| 2023 | 04/20/2023 |
| 2024 | 04/15/2024 |

**Document Images**

| | |
|---|---|
| 04/15/2024 -- ANNUAL REPORT | View image in PDF format |
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| 04/12/2018 -- ANNUAL REPORT | View image in PDF format |
| 04/28/2017 -- ANNUAL REPORT | View image in PDF format |
| 04/28/2016 -- ANNUAL REPORT | View image in PDF format |
| 04/28/2015 -- ANNUAL REPORT | View image in PDF format |
| 04/30/2014 -- ANNUAL REPORT | View image in PDF format |
| 04/27/2013 -- ANNUAL REPORT | View image in PDF format |
| 04/27/2012 -- ANNUAL REPORT | View image in PDF format |
| 04/28/2011 -- ANNUAL REPORT | View image in PDF format |
| 09/22/2010 -- Domestic Non-Profit | View image in PDF format |

Space Coast
FLORIDA

**Tourism Development Office**
**FY 2024-2025 Marketing Support Program**
**checklist**

Applicant Organization Name: Henegar Performing Arts Center

Applicant Event Name: Year-round programming

| | Yes | No | Comment |
|---|---|---|---|
| Completed questionnaire | X | | |
| Copy of 990 form (if applicable) | X | | |
| Copy of IRS Articles of Incorporation – (if applicable) | | X | N/A - dw |
| Copy of IRS Determination letter – (if applicable) | X | | |
| Copy of SunBiz.org (if applicable) | X | | |
| Copy of this MSP checklist | X | | |

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

Cranis, Peter Digitally signed by Cranis, Peter Date: 2024.10.17 10:55:13 -04'00'

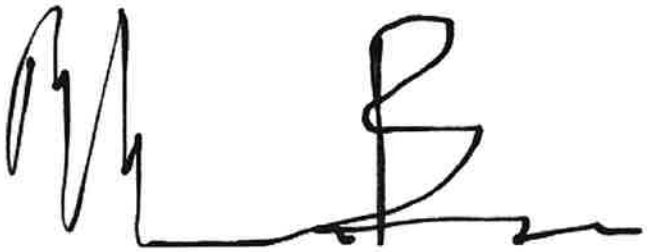
Peter Cranis, Executive Director

# FY 2024-2025 Marketing Support Program application

Response ID:44 Data

## 2. (untitled)

**1. I have read and understand the policies/procedures within the FY 2024-2025 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**

Henegar Performing Arts 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**

Doug Lebo

**Secondary contact phone number**

3217238698

**Secondary contact email**

Doug@henegar.org

**Organization website address**

625 E New Haven Avenue

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 questionnaire for an event or year-round programming?**

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

8. (untitled)

1. **E7ENT INFORMATION**

**Name of event**

**Event website address Vf 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)

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

12. (untitled)

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

Direct mail
Social media (Facebook, Instagram, YouTube, etc.)
Other - Please be specific.....: Patron Database Emails

13. (untitled)

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

Facebook : facebook.com/HenegarCenter
Instagram : @henegarcenter

14. (untitled)

**, . What hashtags do you use?**

#henegarcenter

15. (untitled)

**10. As a cultural organization how would you like us to spend your support?**

Out-of-county advertising/marketing support

16. (untitled)

**11. If you were asked to include the Space Coast Office of Tourism in your marketing materials) what elements could you include us in?**

Event brochures/program (Playbill, etc.)
Website/blog

17. (untitled)

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

BRAG_IRS_Determination_Letter.pdf

18. (untitled)

13. **Upload a copy of your organization's , , 0 form.**

BRAG_990_FY_2023-2024.pdf

19. (untitled)

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

20. (untitled)

14. **If you are a Florida organization) please upload a copy of your SunBiz.com account associated with your organization.**

Detail_by_Entity_Name.pdf

21. (untitled)

15. **Upload your completed Checklist.**

2024-10-07_122242.pdf

22. (untitled)

16. **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

23. Thank You!

**New Send Email**

Oct 07, 2024 12:23:46 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

Internal Revenue Service

District
Director

Brevard Regional Arts
Council Inc
P.O. Box 158
Melbourne, FL 32902

Attn: Jo' Hay

Department of the Treasury

EO Group 7201
C -1130
Atlanta, GA 30301

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

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 Marlee
Exempt Organizations Specialist

Docusign Envelope ID: 464528C0-2EDF-450C-8444-F6900527E48F

Form **990**

Department of the Treasury
Internal Revenue Service

# 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**

A For the 2023 calendar year, or tax year beginning 06-01 , 2023, and ending 05-31 , 2024

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: BREVARD REGIONAL ARTS GROUP INC
Doing business as: THE HENEGAR CENTER FOR THE ARTS
Number and street (or P.O. box if mail is not delivered to street address): 625 EAST NEW HAVEN AVE
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: MELBOURNE, FL 32901

D Employer identification number: 59-2306612

E Telephone number: (321)723-8698

G Gross receipts $: 1,825,318

F Name and address of principal officer: DOUG LEBO
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions
H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.HENEGAR.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1983

M State of legal domicile: FL

## Part I Summary

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

2 Check this box ☐ 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 | 16 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 3 |
| 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 |

| | | Prior Year | Current Year |
|---|---|---|---|
| 8 | Contributions and grants (Part VIII, line 1h) | 602,530 | 609,027 |
| 9 | Program service revenue (Part VIII, line 2g) | 1,271,113 | 1,208,272 |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 114 | 5,724 |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 405 | 2,295 |
| 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,874,162 | 1,825,318 |
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 1,321,185 | 0 |
| 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 91,465 | 0 |
| 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 287,750 | 557,560 |
| 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) | 38,416 | 1,238,070 |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 1,738,816 | 1,795,630 |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | 135,346 | 29,688 |

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| 20 | Total assets (Part X, line 16) | 3,618,918 | 3,850,364 |
| 21 | Total liabilities (Part X, line 26) | 1,318,021 | 1,507,574 |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 2,300,897 | 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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

DOUG LEBO
Signature of officer — Date

DOUG LEBO, PRESIDENT
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| SAM O PEWU | | 09-30-2024 | | XXXXXXXXX |

Firm's name: BLUEFOX — Firm's EIN:
Firm's address: 2542 WOODFIELD CIR, MELBOURNE FL 32904 — Phone no. 321-233-3311

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** (2023)

EEA



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**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? . . . . . ☐ 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 $ 1,625,338 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

Client Copy

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## Part IV Checklist of Required Schedules

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | X | |
| 2 | Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions. | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | X |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II* | 4 | | 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* | 5 | | 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* | 6 | | 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* | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for 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* | 9 | | 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* | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI* | 11a | 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* | 11b | | 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* | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX* | 11d | | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X* | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII* | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional* | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV* | 14b | | 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* | 15 | | 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* | 16 | | 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 | 17 | | 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* | 18 | | 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* | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 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* | 21 | | X |

User copy

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**Part IV Checklist of Required Schedules** *(continued)*

| | | | Yes | No |
|---|---|---|---|---|
| 22 | Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III* | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a* | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| 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? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 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? *If "Yes," complete Schedule L, Part I* | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I* | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II* | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III* | 27 | | 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? *If "Yes," complete Schedule L, Part IV* | 28a | | X |
| b | A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV* | 28b | | X |
| c | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV* | 28c | | X |
| 29 | Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M* | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | 32 | | 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? *If "Yes," complete Schedule R, Part I* | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1* | 34 | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | 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)? *If "Yes," complete Schedule R, Part V, line 2* | 35b | | |
| 36 | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | 36 | | 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? *If "Yes," complete Schedule R, Part VI* | 37 | | 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 | 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 | 1a | 52 | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | | X | |

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**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 | | | |

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**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 . . . . . | 1a | 4 | | |
| | 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. | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent . . . . . | 1b | 4 | | |
| 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? . . . . . | 2 | | | 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? . . . . . | 3 | | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . | 4 | | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . | 5 | | | X |
| 6 | Did the organization have members or stockholders? . . . . . | 6 | | | 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? . . . . . | 7a | | | 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? . . . . . | 7b | | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| a | The governing body? . . . . . | 8a | | X | |
| b | Each committee with authority to act on behalf of the governing body? . . . . . | 8b | | 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* . . . . . | 9 | | | 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? . . . . . | 10a | | 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? . . . | 11a | 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* . . . . . | 12a | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . | 12b | 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* . . . . . | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? . . . . . | 13 | | X |
| 14 | Did the organization have a written document retention and destruction policy? . . . . . | 14 | | 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 . . . . . | 15a | X | |
| b | Other officers or key employees of the organization . . . . . | 15b | | 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? . . . . . | 16a | | 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 **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. 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.

**DOUG LEBO (321)723-8698, 625 EAST NEW HAVEN AVE, MELBOURNE, FL 32901**

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## 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<br>ARTISTIC DIRECTOR | 40.00 | X | | X | | | | 107,722 | 0 | 0 |
| (2) GINA BECKLES<br>DIRECTOR | | X | | | | | | 0 | 0 | 0 |
| (3) RON CLARE<br>DIRECTOR | 0.50 | X | | | | | | 0 | 0 | 0 |
| (4) KEITH MCINTYRE<br>DIRECTOR | 0.50 | X | | | | | | 0 | 0 | 0 |
| (5) MIKE DEROCHE<br>VICE PRESIDENT | | | | X | | | | 0 | 0 | 0 |
| (6) DOUG LEBO<br>PRESIDENT | 20.00 | | | X | | | | 0 | 0 | 0 |
| (7) STEVE HUFF<br>SECRETARY | | | | X | | | | 0 | 0 | 0 |
| (8) NICK RIIPPA<br>TREASURER | 20.00 | | | X | | | | 0 | 0 | 0 |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |

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**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) | | | | | | | | 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

| | | 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

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**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 | 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 | | | | | | |
| | | | (i) Real / (ii) Personal | | | | |
| | 6a Gross rents | 6a | | | | | |
| | b Less: rental expenses | 6b | | | | | |
| | c Rental income or (loss) | 6c | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | | | (i) Securities / (ii) Other | | | | |
| | 7a Gross amount from sales of assets other than inventory | 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 | | | | | |
| | 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 | | 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 |

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## 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 | 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 [X] if following SOP 98-2 (ASC 958-720) | | | | |

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**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 | | 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 | 10a 7,059,949 | | | |
| | b | Less: accumulated depreciation | 10b 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 ☐ 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 ☒ 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 |

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## 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: ☒ Cash ☐ Accrual ☐ 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. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | 2a | | 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. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | 2b | | 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. | 2c | | |
| 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? | 3a | | |
| 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 | 3b | | |



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**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? Yes | (iv) No | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| Total | | | | | | |

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**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.") | 447,131 | 280,415 | 637,686 | 602,530 | 718,114 | 2,685,876 |
| 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 | 447,131 | 280,415 | 637,686 | 602,530 | 718,114 | 2,685,876 |
| 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) | | | | | | 9,345 |
| 6 **Public support.** Subtract line 5 from line 4. | | | | | | 2,676,531 |

**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 | 447,131 | 280,415 | 637,686 | 602,530 | 718,114 | 2,685,876 |
| 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 | | | | | | 2,685,876 |

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 99.65 %

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 . . . . . ☐

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**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** ☐

**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 ☐

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

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**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 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 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? *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 ☐ 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 government entity (see instructions).*

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

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## 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).

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**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 . . . . | | | |

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**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.)

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# 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 |
|---|---|
| 2022 | 01/23/2022 |
| 2023 | 01/21/2023 |
| 2024 | 02/10/2024 |

**Document Images**

| | |
|---|---|
| 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 |

Space Coast FLORIDA

## Tourism Development Office
## FY 2024-2025 Marketing Support Program
## checklist

Applicant Organization Name: **Titusville Playhouse**

Applicant Event Name: **Year-round programming**

| | Yes | No | Comment |
|---|---|---|---|
| Completed questionnaire | X | | |
| Copy of 990 form (if applicable) | X | | |
| Copy of IRS Articles of Incorporation – (if applicable) | | X | N/A - dw |
| Copy of IRS Determination letter – (if applicable) | X | | |
| Copy of SunBiz.org (if applicable) | X | | |
| Copy of this MSP checklist | X | | |

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

Cranis, Peter Digitally signed by Cranis, Peter Date: 2024.10.17 10:56:21 -04'00'

Peter Cranis, Executive Director

# FY 2024-2025 Marketing Support Program application

Response ID:30 Data

## 2. (untitled)

**1. I have read and understand the policies/procedures within the FY 2024-2025 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**

Steven Heron

**Primary contact phone number**

3212681125 x101

**Primary contact email**

steven@titusvilleplayhouse.com

**Secondary contact name**

Marcia Gaedcke

**Secondary contact phone number**

3212681125 x104

**Secondary contact email**

marcia@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 questionnaire for an event or year-round programming?**

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

8. (untitled)

1. **E7 ENT INFORMATION**

**Name of event**

**Event website address \f 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)

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

12. (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.)

13. (untitled)

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

Facebook : @titusvilleplayhouse301
Instagram : @titusville_playhouse
YouTube : @titusvilleplayhouse5606

14. (untitled)

**, . What hashtags do you use?**

#playhouse60

15. (untitled)

**10. As a cultural organization how would you like us to spend your support?**

Out-of-county advertising/marketing support

16. (untitled)

**11. If you were asked to include the Space Coast Office of Tourism in your marketing materials) what elements could you include us in?**

Direct mail
Event brochures/program (Playbill, etc.)
Website/blog

17. (untitled)

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

IRSDeterminationLetter.pdf

18. (untitled)

13. **Upload a copy of your organization's , , 0 form.**

TITUSVILLE_PLAYHOUSE_2022_AmendedTaxReturn.pdf

19. (untitled)

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

20. (untitled)

14. **If you are a Florida organization) please upload a copy of your SunBiz.com account associated with your organization.**

SunBiz2024.pdf

21. (untitled)

15. **Upload your completed Checklist.**

2425TDCApplicantChecklist.pdf

22. (untitled)

16. **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

23. Thank You!

**New Send Email**

Oct 04, 2024 13:28:45 Failure: Email not sent.

U. S. TREASURY DEPARTMENT
INTERNAL REVENUE SERVICE

DISTRICT DIRECTOR
Jacksonville, Florida
P.O.Box 4760
November 14, 1966

TAX= 15-21-01150-59

IN REPLY REFER TO
Form 6-178
AM:DD:Rand
AR:EO:66-410

| PURPOSE | |
|---|---|
| Educational | |
| ADDRESS INQUIRIES & FILE RETURNS WITH DISTRICT DIRECTOR OF INTERNAL REVENUE | |
| Jacksonville, Florida | |
| FORM 990-A REQUIRED | ACCOUNTING PERIOD ENDING |
| [X] YES [ ] NO | May 31 |

Tiburville Playhouse, Inc.
Tiburville, Florida 32710

Gentlemen:

On the basis of your stated purposes and the understanding that your operations will continue as evidenced to date or will conform to those proposed in your ruling application, we have concluded that you are exempt from Federal income tax as an organization described in section 501(c)(3) of the Internal Revenue Code. Any changes in operation from those described, or in your character or purposes, must be reported immediately to your District Director for consideration of their effect upon your exempt status. You must also report any change in your name or address.

You are not required to file Federal income tax returns so long as you retain an exempt status, unless you are subject to the tax on unrelated business income imposed by section 511 of the Code, in which event you are required to file Form 990-T. Our determination as to your liability for filing the annual information return, Form 990-A, is set forth above. That return, if required, must be filed on or before the 15th day of the fifth month after the close of your annual accounting period indicated above.

Contributions made to you are deductible by donors as provided in section 170 of the Code. Bequests, legacies, devises, transfers or gifts to or for your use are deductible for Federal estate and gift tax purposes under the provisions of section 2055, 2106 and 2522 of the Code.

You are not liable for the taxes imposed under the Federal Insurance Contributions Act (social security taxes) unless you file a waiver of exemption certificate as provided in such act. You are not liable for the tax imposed under the Federal Unemployment Tax Act. Inquiries about the waiver of exemption certificate for social security taxes should be addressed to this office, as should any questions concerning excise, employment or other Federal taxes.

This is a determination letter.

Very truly yours,

R.H. Rath, Jr.
Acting District Director

# Forms 990 / 990-EZ Return Summary

For calendar year 2022, or tax year beginning 06/01/22 , and ending 05/31/23

59-6177447

TITUSVILLE PLAYHOUSE INC

| | | | |
|---|---|---|---|
| **Net Asset / Fund Balance at Beginning of Year** | | | 1,387,678 |
| **Revenue** | | | |
| Contributions | 668,669 | | |
| Program service revenue | 1,357,966 | | |
| Investment income | 1,753 | | |
| Capital gain / loss | -8,070 | | |
| Fundraising / Gaming: | | | |
| Gross revenue | | | |
| Direct expenses | | | |
| Net income | | | |
| Other income | 105,440 | | |
| **Total revenue** | | 2,125,758 | |
| **Expenses** | | | |
| Program services | 1,379,890 | | |
| Management and general | 595,438 | | |
| Fundraising | | | |
| **Total expenses** | | 1,975,328 | |
| **Excess / (deficit)** | | | 150,430 |
| Changes | | | -2,750 |
| **Net Asset / Fund Balance at End of Year** | | | 1,535,358 |

**Reconciliation of Revenue**

| | |
|---|---|
| Total revenue per financial statements | |
| Less: | |
| Unrealized gains | |
| Donated services | |
| Recoveries | |
| Other | |
| Plus: | |
| Investment expenses | |
| Other | |
| **Total revenue per return** | 2,125,758 |

**Reconciliation of Expenses**

| | |
|---|---|
| Total expenses per financial statements | |
| Less: | |
| Donated services | |
| Prior year adjustments | |
| Losses | |
| Other | |
| Plus: | |
| Investment expenses | |
| Other | |
| **Total expenses per return** | 1,975,328 |

**Balance Sheet**

| | Beginning | Ending | Differences |
|---|---|---|---|
| Assets | 5,271,333 | 4,473,191 | |
| Liabilities | 3,883,655 | 2,937,833 | |
| Net assets | 1,387,678 | 1,535,358 | 147,680 |

**Miscellaneous Information**

| | |
|---|---|
| Amended return | |
| Return / extended due date | 10/16/23 |
| Failure to file penalty | |

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

# IRS *e-file* Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning 6/01, 2022, and ending 5/31, 20 23

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

OMB No. 1545-0047

**2022**

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 | [X] | b **Total revenue,** if any (Form 990, Part VIII, column (A), line 12) | 1b | 2,125,758 |
| 2a | **Form 990-EZ** check here | [ ] | b **Total revenue,** if any (Form 990-EZ, line 9) | 2b | |
| 3a | **Form 1120-POL** check here | [ ] | b **Total tax** (Form 1120-POL, line 22) | 3b | |
| 4a | **Form 990-PF** check here | [ ] | b **Tax based on investment income** (Form 990-PF, Part V, line 5) | 4b | |
| 5a | **Form 8868** check here | [ ] | b **Balance due** (Form 8868, line 3c) | 5b | |
| 6a | **Form 990-T** check here | [ ] | b **Total tax** (Form 990-T, Part III, line 4) | 6b | |
| 7a | **Form 4720** check here | [ ] | b **Total tax** (Form 4720, Part III, line 1) | 7b | |
| 8a | **Form 5227** check here | [ ] | b **FMV of assets at end of tax year** (Form 5227, Item D) | 8b | |
| 9a | **Form 5330** check here | [ ] | b **Tax due** (Form 5330, Part II, line 19) | 9b | |
| 10a | **Form 8038-CP** check here | [ ] | 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 [X] 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 2022 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**

[X] 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 2022 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 2022 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 06/18/24

## 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. 59234505190

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 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 06/18/24

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

Form **990**

Department of the Treasury
Internal Revenue Service

# 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
**2022**
**Open to Public Inspection**

A For the 2022 calendar year, or tax year beginning 06/01/22 , and ending 05/31/23

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/ terminated
- [X] Amended return
- [ ] Application pending

C Name of organization: TITUSVILLE PLAYHOUSE INC

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 301 JULIA STREET

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: Titusville FL 32796

D Employer identification number: 59-6177447

E Telephone number: 321-268-1125

G Gross receipts $: 2,125,758

F Name and address of principal officer:
KATY BALL
301 JULIA STREET
TITUSVILLE FL 32796

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No

If "No," attach a list. See instructions

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: WWW.TITUSVILLEPLAYHOUSE.COM

H(c) Group exemption number:

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other

L Year of formation: 1965

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 [ ] 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 2022 (Part V, line 2a) | 5 | 36 |
| 6 Total number of volunteers (estimate if necessary) | 6 | 0 |
| 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 |

| | Prior Year | Current Year |
|---|---|---|
| 8 Contributions and grants (Part VIII, line 1h) | 996,138 | 668,669 |
| 9 Program service revenue (Part VIII, line 2g) | 1,173,351 | 1,357,966 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 443 | -6,317 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 79,788 | 105,440 |
| 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 2,249,720 | 2,125,758 |
| 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) | 705,253 | 876,822 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) 0 | | |
| 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 1,209,813 | 1,098,506 |
| 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 1,915,066 | 1,975,328 |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 334,654 | 150,430 |

| | Beginning of Current Year | End of Year |
|---|---|---|
| 20 Total assets (Part X, line 16) | 5,271,333 | 4,473,191 |
| 21 Total liabilities (Part X, line 26) | 3,883,655 | 2,937,833 |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 1,387,678 | 1,535,358 |

## 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 — Date:

Type or print name and title: PRESIDENT

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check if self-employed | PTIN |
|---|---|---|---|---|
| SHANNON RUBIN | SHANNON RUBIN | 06/16/24 | [ ] | P00849623 |

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

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 $ 1,292,678 including grants of $ ) (Revenue $ 1,123,704 )

PRODUCTION OF LIVE THEATRE PRODUCTIONS FOR A TOTAL OF 166 UNIQUE SHOWS WITH 30, 950 ATTENDEES AND 1,053 PARTICIPANTS AND VOLUNTEERS

4b (Code: ) (Expenses $ 8,661 including grants of $ ) (Revenue $ 59,409 )

CLASSES, WORKSHOPS AND OTHER ACTIVITIES CONSTRUCTED TO EDUCATE ADULTS AND CHILDREN ABOUT ARTISTIC AND TECHINCAL THEATRE. THERE WERE 8 WORKSHOPS, CAMPS AND YOUTH EVENTS. THERE WERE 10 SHOWS WITH 1,320 ATTENDEES, PARTICIPANTS AND VOLUNTEERS.

4c (Code: ) (Expenses $ 78,551 including grants of $ ) (Revenue $ 174,853 )

SALE OF BEVERAGES AND SNACKS DURING LIVE PERFORMANCES FOR THE BEENFIT 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 1,379,890

**Part IV Checklist of Required Schedules**

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | X | |
| 2 | Is the organization required to complete *Schedule B, Schedule of Contributors?* See instructions | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | X |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II* | 4 | | 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* | 5 | | 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* | 6 | | 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* | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for 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* | 9 | | 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* | 10 | X | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI* | 11a | 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* | 11b | | 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* | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX* | 11d | | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X* | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII* | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional* | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV* | 14b | | 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* | 15 | | 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* | 16 | | 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 | 17 | | 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* | 18 | | 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* | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 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* | 21 | | 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? *If "Yes," complete Schedule I, Parts I and III* | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a* | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| 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? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 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? *If "Yes," complete Schedule L, Part I* | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I* | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II* | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III* | 27 | | 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? *If "Yes," complete Schedule L, Part IV* | 28a | | X |
| b | A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV* | 28b | | X |
| c | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV* | 28c | | X |
| 29 | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | 32 | | 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? *If "Yes," complete Schedule R, Part I* | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1* | 34 | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | 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)? *If "Yes," complete Schedule R, Part V, line 2* | 35b | | |
| 36 | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | 36 | | 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? *If "Yes," complete Schedule R, Part VI* | 37 | | 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. | 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 | 1a | 49 | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 1b | 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 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: 36 | | | |
| 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? | 13a | | |
| | **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? | 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

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 5 | | |
| | 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. | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | 1b | 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? | 2 | | | 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? | 3 | | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | | X |
| 6 | Did the organization have members or stockholders? | 6 | | | 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? | 7a | | | 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? | 7b | | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| a | The governing body? | 8a | | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | | 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* | 9 | | | 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? | 10a | | 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? | 11a | | 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* | 12a | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | 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* | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | X |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | 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 | 15a | | X |
| b | Other officers or key employees of the organization | 15b | | 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? | 16a | | 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.

☐ 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
TITUSVILLE FL 32796 321-268-1125

## 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 | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| 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* | 3 | | 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* | 4 | | 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* | 5 | | 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 | 83,800 | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 193,424 | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 391,445 | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | $ | | | | |
| | h **Total.** Add lines 1a–1f | | | 668,669 | | | |
| Program Service Revenue | | Business Code | | | | | |
| | 2a BOX OFFICE ADMISSION | | | 1,093,421 | 1,093,421 | | |
| | b HOSPITALITY INCOME | | | 174,853 | 174,853 | | |
| | c CHILDRENS THEATRE | | | 59,409 | 59,409 | | |
| | d MERCH INCOME | | | 30,283 | 30,283 | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| | g **Total.** Add lines 2a–2f | | | 1,357,966 | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 1,753 | 1,753 | | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | | | (i) Real / (ii) Personal | | | | |
| | 6a Gross rents | 6a | | | | | |
| | b Less: rental expenses | 6b | | | | | |
| | c Rental inc. or (loss) | 6c | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | | | (i) Securities / (ii) Other | | | | |
| | 7a Gross amount from sales of assets other than inventory | 7a | -8,070 | | | | |
| | b Less: cost or other basis and sales exps. | 7b | | | | | |
| | c Gain or (loss) | 7c | -8,070 | | | | |
| | d Net gain or (loss) | | | -8,070 | -8,070 | | |
| | 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 | | Business Code | | | | | |
| | 11a MISC INCOME | | | 56,881 | 56,881 | | |
| | b COSTUMES | | | 44,900 | 44,900 | | |
| | c INSURANCE CLAIM | | | 3,659 | 3,659 | | |
| | d All other revenue | | | | | | |
| | e **Total.** Add lines 11a–11d | | | 105,440 | | | |
| | 12 **Total revenue.** See instructions | | | 2,125,758 | 1,457,089 | 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 | | | | |
| 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 | 759,051 | 574,688 | 184,363 | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 66,320 | 329 | 65,991 | |
| 10 Payroll taxes | 51,451 | 51,451 | | |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 1,500 | 1,500 | | |
| c Accounting | 23,775 | | 23,775 | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 659 | | 659 | |
| 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 | 121,645 | 121,645 | | |
| 13 Office expenses | 30,418 | 30,318 | 100 | |
| 14 Information technology | 13,932 | | 13,932 | |
| 15 Royalties | | | | |
| 16 Occupancy | 169,465 | | 169,465 | |
| 17 Travel | 26,611 | 26,611 | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 59,815 | | 59,815 | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 117,281 | 117,281 | | |
| 23 Insurance | 42,748 | | 42,748 | |
| 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 | 294,120 | 294,120 | | |
| b HOSPITALITY EXPENSE | 78,551 | 78,551 | | |
| c BANK/CC/MEMB/MERCH/TICKET | 74,735 | 74,735 | | |
| d ADMINISTRATIVE COSTS | 34,590 | | 34,590 | |
| e All other expenses | 8,661 | 8,661 | | |
| 25 **Total functional expenses.** Add lines 1 through 24e | 1,975,328 | 1,379,890 | 595,438 | 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 ☐ 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 | | 2,172,984 | 1 | 844,581 |
| | 2 | Savings and temporary cash investments | | 830 | 2 | 830 |
| | 3 | Pledges and grants receivable, net | | | 3 | |
| | 4 | Accounts receivable, net | | 11,998 | 4 | 20,988 |
| | 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 | | 58,121 | 9 | 92,205 |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 4,799,221 | | | |
| | b | Less: accumulated depreciation | 10b 1,344,803 | 2,958,337 | 10c | 3,454,418 |
| | 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 | | 69,063 | 15 | 60,169 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 33) | | 5,271,333 | 16 | 4,473,191 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 6,251 | 17 | 15,267 |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | 280,350 | 19 | 172,982 |
| | 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 | | 3,507,054 | 23 | 2,659,584 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 90,000 | 24 | 90,000 |
| | 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 | | 3,883,655 | 26 | 2,937,833 |
| Net Assets or Fund Balances | | **Organizations that follow FASB ASC 958, check here ☐ 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 ☒ 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 | | 1,387,678 | 31 | 1,535,358 |
| | 32 | Total net assets or fund balances | | 1,387,678 | 32 | 1,535,358 |
| | 33 | Total liabilities and net assets/fund balances | | 5,271,333 | 33 | 4,473,191 |

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 | 2,125,758 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,975,328 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 150,430 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 1,387,678 |
| 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 | -2,750 |
| 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 | 1,535,358 |

## 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: ☒ Cash ☐ Accrual ☐ 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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | 2a | | 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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | 2b | | 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. | 2c | | |
| 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? | 3a | | |
| 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 | 3b | | |

**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

**2022**

**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 331/3% 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? Yes | (iv) No | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| (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) 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** ☐

## 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 ☐

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 ☐

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 ☐

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 ☐

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) 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.") | 225,151 | 188,677 | 459,662 | 143,631 | 668,669 | 1,685,790 |
| 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 | 1,287,697 | 1,166,261 | 609,861 | 2,106,089 | 1,465,159 | 6,635,067 |
| 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 | 1,512,848 | 1,354,938 | 1,069,523 | 2,249,720 | 2,133,828 | 8,320,857 |
| 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.) | | | | | | 8,320,857 |

## 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 | 1,512,848 | 1,354,938 | 1,069,523 | 2,249,720 | 2,133,828 | 8,320,857 |
| 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.) | 1,512,848 | 1,354,938 | 1,069,523 | 2,249,720 | 2,133,828 | 8,320,857 |

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 | 100.00 % |
| 16 | Public support percentage from 2021 Schedule A, Part III, line 15 | 16 | 100.00 % |

## Section D. Computation of Investment Income Percentage

| | | | |
|---|---|---|---|
| 17 | Investment income percentage for **2022** (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 | Investment income percentage from **2021** Schedule A, Part III, line 17 | 18 | % |

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

## 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 ☐ 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).*

| | | | Yes | No |
|---|---|---|---|---|
| 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 ☐ 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.)

**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

**TITUSVILLE PLAYHOUSE INC**

**Employer identification number**

**59-6177447**

**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).

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 | MARK WADE<br>1540 S. Washington Ave<br>Titusville FL 32780 | $ 10,000 | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 2 | AMERIRPISE FINANCIAL<br>Kerry Kennedy<br>1108 S. Washington Avenue<br>Titusville FL 32780 | $ 6,750 | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 3 | TAMI LEILUGA<br>965 Glenda Drive<br>Titusville FL 32780 | $ 10,000 | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 4 | PARRISH MEDICAL CENTER<br>951 N. Washington Ave Suite 100<br>Titusville FL 32796 | $ 20,000 | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| | | $ | Person [ ]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| | | $ | Person [ ]<br>Payroll [ ]<br>Noncash [ ]<br>(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
**2022**
**Open to Public Inspection**

**Name of the organization**

TITUSVILLE PLAYHOUSE INC

**Employer identification number**

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.

| | (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? ☐ 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.

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

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 in (a) | 2c | |
| d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register | 2d | |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 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 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense 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 |
|---|---|
| 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 | 50,469 | 50,469 | 50,469 | 50,469 | 50,469 |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | 18,132 | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 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:

| | Yes | No |
|---|---|---|
| (i) Unrelated organizations 3a(i) | X | |
| (ii) Related organizations 3a(ii) | | X |

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 | | 255,362 | | 255,362 |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | 4,543,859 | 1,344,803 | 3,199,056 |
| **Total.** Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* | | | | 3,454,418 |

**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, 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.** *(Column (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.

| | | | | |
|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| a | Net unrealized gains (losses) on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | |
| 3 | Subtract line **2e** from line **1** | | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)* | | | 5 | |

**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.

| | | | | |
|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| a | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | |
| 3 | Subtract line **2e** from line **1** | | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)* | | | 5 | |

**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 - Intended Uses for Endowment Funds

TO SUPPORT THE ORGINZATION'S MISSION STATEMENT

**Part XIII Supplemental Information** *(continued)*

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

TITUSVILLE PLAYHOUSE INC

Employer identification number

59-6177447

Amended Return Explanation

Amending to correct errors in original filing.

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 **4562**

Department of the Treasury
Internal Revenue Service

# 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.**

OMB No. 1545-0172
**2022**
Attachment Sequence No. **179**

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 | 1,080,000 |
| 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 | 2,700,000 |
| 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 2021 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 2023. 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 2022 | 17 | 103,798 |
| 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 2022 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 | | 28,536 | 5.0 | HY | 200DB | 5,708 |
| c | 7-year property | | 43,359 | 7.0 | HY | 200DB | 6,194 |
| 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 | 05/31/23 | 536,426 | 39 yrs. | MM | S/L | 573 |
| | | | | | MM | S/L | |

### Section C—Assets Placed in Service During 2022 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 | 1,008 |
| 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 | 117,281 |
| 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 | |

**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? ☐ Yes ☐ No 24b If "Yes," is the evidence written? ☐ Yes ☐ No

| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/ investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/ Convention | (h) Depreciation deduction | (i) Elected section 179 cost |
|---|---|---|---|---|---|---|---|---|
| 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. See instructions | | | | | | 25 | | |
| 26 Property used more than 50% in a qualified business use: | | | | | | | | |
| VEHICLES | 06/27/22 | 100.00 % | 5,041 | 5,041 | 5.0 | 200DBHY | 1,008 | |
| | | % | | | | | | |
| 27 Property used 50% or less in a qualified business use: | | | | | | | | |
| | | % | | | | S/L- | | |
| | | % | | | | S/L- | | |
| 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 | | | | | | 28 | 1,008 | |
| 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 | | | | | | | 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.

| | (a) Vehicle 1 | | (b) Vehicle 2 | | (c) Vehicle 3 | | (d) Vehicle 4 | | (e) Vehicle 5 | | (f) Vehicle 6 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 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 | | | | | | | | | | | | |
| | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** |
| 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.

| | **Yes** | **No** |
|---|---|---|
| 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? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners | | |
| 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**

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|---|---|---|---|---|---|
| 42 Amortization of costs that begins during your 2022 tax year (see instructions): | | | | | |
| | | | | | |
| 43 Amortization of costs that began before your 2022 tax year | | | | 43 | |
| 44 **Total.** Add amounts in column (f). See the instructions for where to report | | | | 44 | |

TITUSPLAY TITUSVILLE PLAYHOUSE INC
59-6177447
FYE: 5/31/2023

# Federal Asset Report
## Form 990, Page 1

06/16/2024 9:23 PM

| Asset | Description | Date In Service | Cost | Bus % | Sec 179 | Bonus | Basis for Depr | Per | Conv | Meth | Prior | Current |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **5-year GDS Property:** | | | | | | | | | | | | |
| 82 | VIDEO SERVER | 6/17/22 | 14,028 | | | | 14,028 | 5 | HY | 200DB | 0 | 2,806 |
| 85 | APPLE COMPUTERS | 7/19/22 | 6,798 | | | | 6,798 | 5 | HY | 200DB | 0 | 1,360 |
| 88 | DELL COMPUTERS | 6/30/22 | 4,394 | | | | 4,394 | 5 | HY | 200DB | 0 | 879 |
| 92 | APPLE COMPUTER | 2/14/23 | 3,316 | | | | 3,316 | 5 | HY | 200DB | 0 | 663 |
| | | | 28,536 | | | | 28,536 | | | | 0 | 5,708 |
| **7-year GDS Property:** | | | | | | | | | | | | |
| 83 | LIGHTING EQUIP | 6/13/22 | 3,802 | | | | 3,802 | 7 | HY | 200DB | 0 | 543 |
| 84 | APAV EQUIPMENT | 10/13/22 | 6,436 | | | | 6,436 | 7 | HY | 200DB | 0 | 919 |
| 87 | SCENIC AUTOMATION | 2/06/23 | 1,570 | | | | 1,570 | 7 | HY | 200DB | 0 | 224 |
| 89 | KEYBOARD/ PIANO | 6/27/22 | 3,050 | | | | 3,050 | 7 | HY | 200DB | 0 | 436 |
| 90 | KEYBOARD/ PIANO | 6/15/22 | 2,426 | | | | 2,426 | 7 | HY | 200DB | 0 | 347 |
| 91 | PORT LIGHTING SYSTEM | 6/15/22 | 26,075 | | | | 26,075 | 7 | HY | 200DB | 0 | 3,725 |
| | | | 43,359 | | | | 43,359 | | | | 0 | 6,194 |
| **Non-Residential Real Property:** | | | | | | | | | | | | |
| 81 | IMPROVEMENTS | 5/31/23 | 536,426 | | | | 536,426 | 39 | MM | S/L | 0 | 573 |
| | | | 536,426 | | | | 536,426 | | | | 0 | 573 |
| **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 | 10,012 | 915 |
| 3 | RESTROOM EQUIP/ FIXTURE | 8/29/16 | 4,341 | | | X | 2,170 | 7 | HY | 200DB | 4,284 | 38 |
| 4 | CHANDELIER LIFT | 3/17/17 | 1,425 | | | X | 712 | 7 | HY | 200DB | 1,254 | 114 |
| 5 | FURN FIXTURES | 3/27/17 | 2,569 | | | X | 1,284 | 7 | HY | 200DB | 2,260 | 206 |
| 6 | IMPROVEMENTS | 5/31/17 | 317,901 | | | | 317,901 | 39 | MM | S/L | 199,875 | 8,151 |
| 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 | 19,559 | 1,191 |
| 9 | 311 JULIA ST BLDG | 11/21/14 | 68,000 | | | | 68,000 | 39 | MM | S/L | 13,152 | 1,744 |
| 10 | BUILDING IMPROVEMENTS | 4/30/15 | 169,064 | | | | 169,064 | 39 | MM | S/L | 30,887 | 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 | 77,837 | 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 | MM | S/L | 6,144 | 0 |
| 17 | BUILDING IMPROVEMENTS | 1/21/89 | 93,734 | | | | 93,734 | 31 | MM | S/L | 89,267 | 0 |
| 18 | EXTERIOR REPAIR | 11/01/91 | 35,235 | | | | 35,235 | 31 | MM | S/L | 27,678 | 0 |
| 19 | INTERIOR REP EL | 1/08/04 | 3,100 | | | | 3,100 | 39 | MM | S/L | 2,938 | 0 |
| 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 | 17,011 | 15 | HY | S/L | 12,716 | 1,134 |
| 45 | EQUIPMENT | 5/29/14 | 6,477 | | | X | 3,238 | 7 | HY | 200DB | 5,128 | 0 |

# Federal Asset Report

## Form 990, Page 1

| Asset | Description | Date In Service | Cost | Bus % | Sec 179 | Bonus | Basis for Depr | Per | Conv | Meth | Prior | Current |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 48 | ICE MAKER | 7/24/17 | 2,450 | | | X | 1,225 | 7 | HY | 200DB | 1,904 | 218 |
| 49 | SIGN | 8/31/17 | 6,240 | | | X | 3,120 | 7 | HY | 200DB | 4,847 | 557 |
| 50 | BUILDING IMPROVEMENTS | 5/30/18 | 336,559 | | | | 336,559 | 39 | MM | S/L | 34,876 | 8,630 |
| 51 | SOUND EQUIPMENT | 10/03/17 | 930 | | | X | 207 | 7 | HY | 200DB | 723 | 83 |
| 52 | GENIE LIFT | 10/23/17 | 9,995 | | | X | 2,230 | 7 | HY | 200DB | 7,765 | 892 |
| 53 | CAMERA | 11/27/17 | 4,641 | | | X | 1,035 | 7 | HY | 200DB | 3,606 | 414 |
| 54 | LIGHTING EQUIPMENT | 12/06/17 | 5,279 | | | X | 1,179 | 7 | HY | 200DB | 4,100 | 472 |
| 55 | COMPUTER | 3/28/18 | 2,549 | | | X | 0 | 5 | HY | 200DB | 2,549 | 0 |
| 57 | BUILDING IMPROVEMENTS | 8/20/18 | 82,440 | | | X | 63,198 | 15 | HY | S/L | 19,242 | 4,213 |
| 58 | ROLLER | 6/20/18 | 13,775 | | | X | 4,305 | 7 | HY | 200DB | 9,470 | 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 | 150,985 | 15 | HY | S/L | 23,787 | 10,066 |
| 61 | PROJECTOR | 12/17/19 | 7,374 | | | X | 3,224 | 7 | HY | 200DB | 4,150 | 921 |
| 62 | SOUND BOARD | 12/17/19 | 8,512 | | | X | 3,722 | 7 | HY | 200DB | 4,790 | 1,063 |
| 63 | SCENIC AUTOMATION | 2/11/20 | 28,075 | | | X | 12,277 | 7 | HY | 200DB | 15,798 | 3,508 |
| 64 | SCENIC AUTOMATION | 8/01/20 | 28,075 | | | X | 17,187 | 7 | HY | 200DB | 10,888 | 4,911 |
| 65 | 413 S. PALM AVE | 9/30/20 | 191,607 | | | | 191,607 | 39 | MM | S/L | 8,398 | 4,913 |
| 67 | 415 S. PALM AVE | 8/31/20 | 201,769 | | | | 201,769 | 39 | MM | S/L | 9,275 | 5,174 |
| 69 | WINDOWS | 7/15/20 | 16,230 | | | | 16,230 | 39 | MM | S/L | 781 | 416 |
| 70 | DOORS | 1/18/21 | 13,481 | | | | 13,481 | 39 | MM | S/L | 476 | 346 |
| 71 | BAR REMODEL | 4/12/22 | 20,000 | | | | 20,000 | 39 | MM | S/L | 64 | 513 |
| 72 | 321 WILSON AVE | 5/18/22 | 138,922 | | | | 138,922 | 39 | MM | S/L | 149 | 3,562 |
| 74 | 313 WILSON AVE | 7/15/21 | 250,000 | | | | 250,000 | 39 | MM | S/L | 5,618 | 6,410 |
| 75 | 420 JULIA ST | 7/15/21 | 450,000 | | | | 450,000 | 39 | MM | S/L | 10,112 | 11,538 |
| 76 | 422 JULIA ST | 7/15/21 | 150,000 | | | | 150,000 | 39 | MM | S/L | 3,371 | 3,846 |
| 77 | 428 JULIA ST | 7/15/21 | 150,000 | | | | 150,000 | 39 | MM | S/L | 3,371 | 3,846 |
| 79 | 312/314 S PALM AVE | 7/02/21 | 179,730 | | | | 179,730 | 39 | MM | S/L | 4,039 | 4,608 |
| | | | 3,539,660 | | | | 3,272,946 | | | | 856,185 | 103,798 |
| **ACRS:** | | | | | | | | | | | | |
| 15 | BUILDING | 6/01/84 | 390,000 | | | | 390,000 | 18 | MM | PRE | 370,500 | 0 |
| | **Total ACRS Depreciation** | | 390,000 | | | | 390,000 | | | | 370,500 | 0 |
| **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** | | 256,199 | | | | 255,780 | | | | 837 | 0 |
| | **Total ACRS and Other Depreciation** | | 646,199 | | | | 645,780 | | | | 371,337 | 0 |
| **Listed Property:** | | | | | | | | | | | | |
| 86 | VEHICLES | 6/27/22 | 5,041 | | | | 5,041 | 5 | HY | 200DB | 0 | 1,008 |
| | | | 5,041 | | | | 5,041 | | | | 0 | 1,008 |
| | **Grand Totals** | | 4,799,221 | | | | 4,532,088 | | | | 1,227,522 | 117,281 |
| | **Less: Dispositions and Transfers** | | 0 | | | | 0 | | | | 0 | 0 |
| | **Less: Start-up/Org Expense** | | 0 | | | | 0 | | | | 0 | 0 |
| | **Net Grand Totals** | | 4,799,221 | | | | 4,532,088 | | | | 1,227,522 | 117,281 |

# AMT Asset Report

## Form 990, Page 1

| Asset | Description | Date In Service | Cost | Bus % | Sec 179 | Bonus | Basis for Depr | Per | Conv | Meth | Prior | Current |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **5-year GDS Property:** | | | | | | | | | | | | |
| 82 | VIDEO SERVER | 6/17/22 | 14,028 | | | | 14,028 | 5 | HY | 200DB | 0 | 2,806 |
| 85 | APPLE COMPUTERS | 7/19/22 | 6,798 | | | | 6,798 | 5 | HY | 200DB | 0 | 1,360 |
| 88 | DELL COMPUTERS | 6/30/22 | 4,394 | | | | 4,394 | 5 | HY | 200DB | 0 | 879 |
| 92 | APPLE COMPUTER | 2/14/23 | 3,316 | | | | 3,316 | 5 | HY | 200DB | 0 | 663 |
| | | | 28,536 | | | | 28,536 | | | | 0 | 5,708 |
| **7-year GDS Property:** | | | | | | | | | | | | |
| 83 | LIGHTING EQUIP | 6/13/22 | 3,802 | | | | 3,802 | 7 | HY | 200DB | 0 | 543 |
| 84 | APAV EQUIPMENT | 10/13/22 | 6,436 | | | | 6,436 | 7 | HY | 200DB | 0 | 919 |
| 87 | SCENIC AUTOMATION | 2/06/23 | 1,570 | | | | 1,570 | 7 | HY | 200DB | 0 | 224 |
| 89 | KEYBOARD/ PIANO | 6/27/22 | 3,050 | | | | 3,050 | 7 | HY | 200DB | 0 | 436 |
| 90 | KEYBOARD/ PIANO | 6/15/22 | 2,426 | | | | 2,426 | 7 | HY | 200DB | 0 | 347 |
| 91 | PORT LIGHTING SYSTEM | 6/15/22 | 26,075 | | | | 26,075 | 7 | HY | 200DB | 0 | 3,725 |
| | | | 43,359 | | | | 43,359 | | | | 0 | 6,194 |
| **Non-Residential Real Property:** | | | | | | | | | | | | |
| 81 | IMPROVEMENTS | 5/31/23 | 536,426 | | | | 536,426 | 39 | MM | S/L | 0 | 573 |
| | | | 536,426 | | | | 536,426 | | | | 0 | 573 |
| **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 | 10,012 | 915 |
| 3 | RESTROOM EQUIP/ FIXTURE | 8/29/16 | 4,341 | | | X | 2,170 | 7 | HY | 200DB | 4,284 | 38 |
| 4 | CHANDELIER LIFT | 3/17/17 | 1,425 | | | X | 712 | 7 | HY | 200DB | 1,254 | 114 |
| 5 | FURN FIXTURES | 3/27/17 | 2,569 | | | X | 1,284 | 7 | HY | 200DB | 2,260 | 206 |
| 6 | IMPROVEMENTS | 5/31/17 | 317,901 | | | | 317,901 | 39 | MM | S/L | 199,875 | 8,151 |
| 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 | 19,559 | 1,191 |
| 9 | 311 JULIA ST BLDG | 11/21/14 | 68,000 | | | | 68,000 | 39 | MM | S/L | 13,152 | 1,744 |
| 10 | BUILDING IMPROVEMENTS | 4/30/15 | 169,064 | | | | 169,064 | 39 | MM | S/L | 30,887 | 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 | 77,837 | 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 | MM | S/L | 6,144 | 0 |
| 17 | BUILDING IMPROVEMENTS | 1/21/89 | 93,734 | | | | 93,734 | 40 | MM | S/L | 89,267 | 0 |
| 18 | EXTERIOR REPAIR | 11/01/91 | 35,235 | | | | 35,235 | 40 | MM | S/L | 27,678 | 0 |
| 19 | INTERIOR REP EL | 1/08/04 | 3,100 | | | | 3,100 | 39 | MM | S/L | 2,938 | 0 |
| 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 | 17,011 | 15 | HY | S/L | 12,716 | 1,134 |
| 45 | EQUIPMENT | 5/29/14 | 6,477 | | | X | 3,238 | 7 | HY | 200DB | 5,128 | 0 |

# AMT Asset Report

## Form 990, Page 1

| Asset | Description | Date In Service | Cost | Bus % | Sec 179 | Bonus | Basis for Depr | Per | Conv | Meth | Prior | Current |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 48 | ICE MAKER | 7/24/17 | 2,450 | | | X | 1,225 | 7 | HY | 200DB | 1,904 | 218 |
| 49 | SIGN | 8/31/17 | 6,240 | | | X | 3,120 | 7 | HY | 200DB | 4,847 | 557 |
| 50 | BUILDING IMPROVEMENTS | 5/30/18 | 336,559 | | | | 336,559 | 39 | MM | S/L | 34,876 | 8,630 |
| 51 | SOUND EQUIPMENT | 10/03/17 | 930 | | | X | 207 | 7 | HY | 200DB | 723 | 83 |
| 52 | GENIE LIFT | 10/23/17 | 9,995 | | | X | 2,230 | 7 | HY | 200DB | 7,765 | 892 |
| 53 | CAMERA | 11/27/17 | 4,641 | | | X | 1,035 | 7 | HY | 200DB | 3,606 | 414 |
| 54 | LIGHTING EQUIPMENT | 12/06/17 | 5,279 | | | X | 1,179 | 7 | HY | 200DB | 4,100 | 472 |
| 55 | COMPUTER | 3/28/18 | 2,549 | | | X | 0 | 5 | HY | 200DB | 2,549 | 0 |
| 57 | BUILDING IMPROVEMENTS | 8/20/18 | 82,440 | | | X | 63,198 | 15 | HY | S/L | 19,242 | 4,213 |
| 58 | ROLLER | 6/20/18 | 13,775 | | | X | 4,305 | 7 | HY | 200DB | 9,470 | 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 | 150,985 | 15 | HY | S/L | 23,787 | 10,066 |
| 61 | PROJECTOR | 12/17/19 | 7,374 | | | X | 3,224 | 7 | HY | 200DB | 4,150 | 921 |
| 62 | SOUND BOARD | 12/17/19 | 8,512 | | | X | 3,722 | 7 | HY | 200DB | 4,790 | 1,063 |
| 63 | SCENIC AUTOMATION | 2/11/20 | 28,075 | | | X | 12,277 | 7 | HY | 200DB | 15,798 | 3,508 |
| 64 | SCENIC AUTOMATION | 8/01/20 | 28,075 | | | X | 17,187 | 7 | HY | 200DB | 10,888 | 4,911 |
| 65 | 413 S. PALM AVE | 9/30/20 | 191,607 | | | | 191,607 | 39 | MM | S/L | 8,398 | 4,913 |
| 67 | 415 S. PALM AVE | 8/31/20 | 201,769 | | | | 201,769 | 39 | MM | S/L | 9,275 | 5,174 |
| 69 | WINDOWS | 7/15/20 | 16,230 | | | | 16,230 | 39 | MM | S/L | 781 | 416 |
| 70 | DOORS | 1/18/21 | 13,481 | | | | 13,481 | 39 | MM | S/L | 476 | 346 |
| 71 | BAR REMODEL | 4/12/22 | 20,000 | | | | 20,000 | 39 | MM | S/L | 64 | 513 |
| 72 | 321 WILSON AVE | 5/18/22 | 138,922 | | | | 138,922 | 39 | MM | S/L | 149 | 3,562 |
| 74 | 313 WILSON AVE | 7/15/21 | 250,000 | | | | 250,000 | 39 | MM | S/L | 5,618 | 6,410 |
| 75 | 420 JULIA ST | 7/15/21 | 450,000 | | | | 450,000 | 39 | MM | S/L | 10,112 | 11,538 |
| 76 | 422 JULIA ST | 7/15/21 | 150,000 | | | | 150,000 | 39 | MM | S/L | 3,371 | 3,846 |
| 77 | 428 JULIA ST | 7/15/21 | 150,000 | | | | 150,000 | 39 | MM | S/L | 3,371 | 3,846 |
| 79 | 312/314 S PALM AVE | 7/02/21 | 179,730 | | | | 179,730 | 39 | MM | S/L | 4,039 | 4,608 |
| | | | 3,539,660 | | | | 3,272,946 | | | | 856,185 | 103,798 |
| **ACRS:** | | | | | | | | | | | | |
| 15 | BUILDING | 6/01/84 | 390,000 | | | | 390,000 | 18 | MM | S/L | 370,500 | 0 |
| | **Total ACRS Depreciation** | | 390,000 | | | | 390,000 | | | | 370,500 | 0 |
| **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** | | 0 | | | | 0 | | | | 0 | 0 |
| | **Total ACRS and Other Depreciation** | | 390,000 | | | | 390,000 | | | | 370,500 | 0 |
| **Listed Property:** | | | | | | | | | | | | |
| 86 | VEHICLES | 6/27/22 | 5,041 | | | | 5,041 | 5 | HY | 200DB | 0 | 1,008 |
| | | | 5,041 | | | | 5,041 | | | | 0 | 1,008 |
| | **Grand Totals** | | 4,543,022 | | | | 4,276,308 | | | | 1,226,685 | 117,281 |
| | **Less: Dispositions and Transfers** | | 0 | | | | 0 | | | | 0 | 0 |
| | **Net Grand Totals** | | 4,543,022 | | | | 4,276,308 | | | | 1,226,685 | 117,281 |

# 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 | 12,716 | 17,011 |
| 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 | 723 | 207 |
| 52 | GENIE LIFT | 10/23/17 | 9,995 | | 0 | 0 | 7,765 | 2,230 |
| 53 | CAMERA | 11/27/17 | 4,641 | | 0 | 0 | 3,606 | 1,035 |
| 54 | LIGHTING EQUIPMENT | 12/06/17 | 5,279 | | 0 | 0 | 4,100 | 1,179 |
| 55 | COMPUTER | 3/28/18 | 2,549 | | 0 | 0 | 2,549 | 0 |
| 57 | BUILDING IMPROVEMENTS | 8/20/18 | 82,440 | | 0 | 0 | 19,242 | 63,198 |
| 58 | ROLLER | 6/20/18 | 13,775 | | 0 | 0 | 9,470 | 4,305 |
| 59 | COMPUTER | 11/23/18 | 1,056 | | 0 | 0 | 1,056 | 0 |
| 60 | BUILDING IMPROVEMENTS | 5/08/20 | 174,772 | | 0 | 0 | 23,787 | 150,985 |
| 61 | PROJECTOR | 12/17/19 | 7,374 | | 0 | 0 | 4,150 | 3,224 |
| 62 | SOUND BOARD | 12/17/19 | 8,512 | | 0 | 0 | 4,790 | 3,722 |
| 63 | SCENIC AUTOMATION | 2/11/20 | 28,075 | | 0 | 0 | 15,798 | 12,277 |
| 64 | SCENIC AUTOMATION | 8/01/20 | 28,075 | | 0 | 0 | 10,888 | 17,187 |
| | **Grand Total** | | 678,272 | | 0 | 0 | 267,133 | 411,139 |

# 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 | 915 | 915 | 0 |
| Page 1 | 1 | 3 | RESTROOM EQUIP/ FIXTURE | 38 | 38 | 0 |
| Page 1 | 1 | 4 | CHANDELIER LIFT | 114 | 114 | 0 |
| Page 1 | 1 | 5 | FURN FIXTURES | 206 | 206 | 0 |
| Page 1 | 1 | 6 | IMPROVEMENTS | 8,151 | 8,151 | 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 | 1,744 | 1,744 | 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 | 0 | 0 | 0 |
| Page 1 | 1 | 19 | INTERIOR REP EL | 0 | 0 | 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 | 1,134 | 1,134 | 0 |
| Page 1 | 1 | 45 | EQUIPMENT | 0 | 0 | 0 |
| Page 1 | 1 | 48 | ICE MAKER | 218 | 218 | 0 |
| Page 1 | 1 | 49 | SIGN | 557 | 557 | 0 |
| Page 1 | 1 | 50 | BUILDING IMPROVEMENTS | 8,630 | 8,630 | 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 | 472 | 472 | 0 |
| Page 1 | 1 | 55 | COMPUTER | 0 | 0 | 0 |
| Page 1 | 1 | 57 | BUILDING IMPROVEMENTS | 4,213 | 4,213 | 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 | 10,066 | 10,066 | 0 |
| Page 1 | 1 | 61 | PROJECTOR | 921 | 921 | 0 |
| Page 1 | 1 | 62 | SOUND BOARD | 1,063 | 1,063 | 0 |
| Page 1 | 1 | 63 | SCENIC AUTOMATION | 3,508 | 3,508 | 0 |
| Page 1 | 1 | 64 | SCENIC AUTOMATION | 4,911 | 4,911 | 0 |
| Page 1 | 1 | 65 | 413 S. PALM AVE | 4,913 | 4,913 | 0 |
| Page 1 | 1 | 67 | 415 S. PALM AVE | 5,174 | 5,174 | 0 |
| Page 1 | 1 | 69 | WINDOWS | 416 | 416 | 0 |
| Page 1 | 1 | 70 | DOORS | 346 | 346 | 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 | 6,410 | 6,410 | 0 |

# Depreciation Adjustment Report
## All Business Activities



| Form | Unit | Asset | Description | Tax | AMT | AMT Adjustments/ Preferences |
|---|---|---|---|---|---|---|
| Page 1 | 1 | 75 | 420 JULIA ST | 11,538 | 11,538 | 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 | 4,608 | 4,608 | 0 |
| Page 1 | 1 | 81 | IMPROVEMENTS | 573 | 573 | 0 |
| Page 1 | 1 | 82 | VIDEO SERVER | 2,806 | 2,806 | 0 |
| Page 1 | 1 | 83 | LIGHTING EQUIP | 543 | 543 | 0 |
| Page 1 | 1 | 84 | APAV EQUIPMENT | 919 | 919 | 0 |
| Page 1 | 1 | 85 | APPLE COMPUTERS | 1,360 | 1,360 | 0 |
| Page 1 | 1 | 86 | VEHICLES | 1,008 | 1,008 | 0 |
| Page 1 | 1 | 87 | SCENIC AUTOMATION | 224 | 224 | 0 |
| Page 1 | 1 | 88 | DELL COMPUTERS | 879 | 879 | 0 |
| Page 1 | 1 | 89 | KEYBOARD/ PIANO | 436 | 436 | 0 |
| Page 1 | 1 | 90 | KEYBOARD/ PIANO | 347 | 347 | 0 |
| Page 1 | 1 | 91 | PORT LIGHTING SYSTEM | 3,725 | 3,725 | 0 |
| Page 1 | 1 | 92 | APPLE COMPUTER | 663 | 663 | 0 |
| | | | | 117,281 | 117,281 | 0 |

| 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 | 457 | 457 |
| 3 | RESTROOM EQUIP/ FIXTURE | 8/29/16 | 4,341 | 19 | 19 |
| 4 | CHANDELIER LIFT | 3/17/17 | 1,425 | 57 | 57 |
| 5 | FURN FIXTURES | 3/27/17 | 2,569 | 103 | 103 |
| 6 | IMPROVEMENTS | 5/31/17 | 317,901 | 8,152 | 8,152 |
| 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 | 1,743 | 1,743 |
| 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 | 3,620 | 3,620 |
| 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 | 1,119 | 881 |
| 19 | INTERIOR REP EL | 1/08/04 | 3,100 | 79 | 79 |
| 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 | 1,059 | 1,059 |
| 45 | EQUIPMENT | 5/29/14 | 6,477 | 0 | 0 |
| 48 | ICE MAKER | 7/24/17 | 2,450 | 219 | 219 |
| 49 | SIGN | 8/31/17 | 6,240 | 557 | 557 |
| 50 | BUILDING IMPROVEMENTS | 5/30/18 | 336,559 | 8,629 | 8,629 |
| 51 | SOUND EQUIPMENT | 10/03/17 | 930 | 83 | 83 |
| 52 | GENIE LIFT | 10/23/17 | 9,995 | 892 | 892 |
| 53 | CAMERA | 11/27/17 | 4,641 | 414 | 414 |
| 54 | LIGHTING EQUIPMENT | 12/06/17 | 5,279 | 471 | 471 |
| 55 | COMPUTER | 3/28/18 | 2,549 | 0 | 0 |
| 57 | BUILDING IMPROVEMENTS | 8/20/18 | 82,440 | 3,933 | 3,933 |
| 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 | 9,394 | 9,394 |
| 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 | 2,505 | 2,505 |
| 64 | SCENIC AUTOMATION | 8/01/20 | 28,075 | 3,507 | 3,507 |
| 65 | 413 S. PALM AVE | 9/30/20 | 191,607 | 4,913 | 4,913 |
| 67 | 415 S. PALM AVE | 8/31/20 | 201,769 | 5,173 | 5,173 |
| 69 | WINDOWS | 7/15/20 | 16,230 | 416 | 416 |
| 70 | DOORS | 1/18/21 | 13,481 | 345 | 345 |
| 71 | BAR REMODEL | 4/12/22 | 20,000 | 513 | 513 |
| 72 | 321 WILSON AVE | 5/18/22 | 138,922 | 3,562 | 3,562 |
| 74 | 313 WILSON AVE | 7/15/21 | 250,000 | 6,411 | 6,411 |
| 75 | 420 JULIA ST | 7/15/21 | 450,000 | 11,539 | 11,539 |

| Asset | Description | Date In Service | Cost | Tax | AMT |
|---|---|---|---|---|---|
| 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 | 4,609 | 4,609 |
| 81 | IMPROVEMENTS | 5/31/23 | 536,426 | 13,755 | 13,755 |
| 82 | VIDEO SERVER | 6/17/22 | 14,028 | 4,489 | 4,489 |
| 83 | LIGHTING EQUIP | 6/13/22 | 3,802 | 931 | 931 |
| 84 | APAV EQUIPMENT | 10/13/22 | 6,436 | 1,577 | 1,577 |
| 85 | APPLE COMPUTERS | 7/19/22 | 6,798 | 2,175 | 2,175 |
| 87 | SCENIC AUTOMATION | 2/06/23 | 1,570 | 385 | 385 |
| 88 | DELL COMPUTERS | 6/30/22 | 4,394 | 1,406 | 1,406 |
| 89 | KEYBOARD/ PIANO | 6/27/22 | 3,050 | 747 | 747 |
| 90 | KEYBOARD/ PIANO | 6/15/22 | 2,426 | 594 | 594 |
| 91 | PORT LIGHTING SYSTEM | 6/15/22 | 26,075 | 6,386 | 6,386 |
| 92 | APPLE COMPUTER | 2/14/23 | 3,316 | 1,061 | 1,061 |
| | | | 4,147,981 | 133,865 | 136,143 |
| **ACRS:** | | | | | |
| 15 | BUILDING | 6/01/84 | 390,000 | 0 | 0 |
| | **Total ACRS Depreciation** | | 390,000 | 0 | 0 |
| **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** | | 256,199 | 0 | 0 |
| | **Total ACRS and Other Depreciation** | | 646,199 | 0 | 0 |
| **Listed Property:** | | | | | |
| 86 | VEHICLES | 6/27/22 | 5,041 | 1,613 | 1,613 |
| | | | 5,041 | 1,613 | 1,613 |
| | **Grand Totals** | | 4,799,221 | 135,478 | 137,756 |

# Federal Statements

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

| Description | Total Expenses | Program Service | Management & General | Fund Raising |
|---|---|---|---|---|
| WORKSHOPS & SUMMER CAMP | $ 8,661 | $ 8,661 | $ | $ |
| Total | $ 8,661 | $ 8,661 | $ 0 | $ 0 |

# Federal Statements

## Schedule A, Part III, Line 1(e)

| Description | Amount |
|---|---|
| Membership Dues and Assessments | $ 83,800 |
| ERC | 193,424 |
| CONTRIBUTIONS/ SPONSOR/ 50/50 | 344,695 |
| MARK WADE | |
| Cash Contribution | 10,000 |
| AMERIRPISE FINANCIAL | |
| Cash Contribution | 6,750 |
| TAMI LEILUGA | |
| Cash Contribution | 10,000 |
| PARRISH MEDICAL CENTER | |
| Cash Contribution | 20,000 |
| Total | $ 668,669 |

## Schedule A, Part III, Line 2(e)

| Description | Amount |
|---|---|
| BOX OFFICE ADMISSION | $ 1,093,421 |
| CHILDRENS THEATRE | 59,409 |
| HOSPITALITY INCOME | 174,853 |
| MERCH INCOME | 30,283 |
| Taxable Interest on Savings and Temporary Cash Investments | 1,753 |
| COSTUMES | 44,900 |
| MISC INCOME | 56,881 |
| INSURANCE CLAIM | 3,659 |
| Total | $ 1,465,159 |

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 17, 2024**
**Secretary of State**
**8466689341CC**

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 04/17/2024

Electronic Signature of Signing Officer/Director Detail — Date

**Tourism Development Office**
**FY 2024-2025 Marketing Support Program**
**checklist**

Applicant Organization Name: Brevard Renaissance, Inc

Applicant Event Name: Brevard Renaissance Fair

| | Yes | No | Comment |
|---|---|---|---|
| Completed questionnaire | X | | |
| Copy of 990 form (if applicable) | | X | N/A - dw |
| Copy of IRS Articles of Incorporation – (if applicable) | X | | |
| Copy of IRS Determination letter – (if applicable) | | X | N/A - dw |
| Copy of SunBiz.org (if applicable) | X | | |
| Copy of this MSP checklist | X | | |

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

Cranis, Peter Digitally signed by Cranis, Peter Date: 2024.10.17 10:57:10 -04'00'

Peter Cranis, Executive Director

# FY 2024-2025 Marketing Support Program application

Response ID:52 Data

## 2. (untitled)

**1. I have read and understand the policies/procedures within the FY 2024-2025 Marketing Support Program Criteria.**

Signature of: Peter Moolhuizen

## 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 Renaissance Fair, Inc

**Organization address**

3900 Loblolly Pl.

**State**

FL

**City**

Cocoa

**Zip**

32926

**Primary contact name**

Peter Moolhuizen

**Primary contact phone number**

3214583515

**Primary contact email**

pete@brevardrenaissancefair.com

**Secondary contact name**

BARBARA J MOOLHUIZEN

**Secondary contact phone number**

3214582972

**Secondary contact email**

barb@brevardrenaissancefair.com

**Organization website address**

3900 Loblolly Pl.

5. (untitled)

**4. Which best describes your organization?**

For profit, LLC, Inc., etc.

6. (untitled)

**5. What is your Federal Employee ID number?**

82-3561549

7. (untitled)

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

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

8. (untitled)

## 7. EVENT INFORMATION

**Name of event**

Brevard Renaissance Fair

**Event website address (if different from organization website)**

3190 New York Avenue

**Event location**

Melbourne Florida 32934

9. (untitled)

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

01/18/2025

10. (untitled)

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

14

11. (untitled)

10. **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

12. (untitled)

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

13. (untitled)

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

Facebook : https://www.facebook.com/brevardrenaissancefair
Instagram : https://www.instagram.com/brevardrenaissancefair/?hl=en
YouTube : https://www.youtube.com/@Brevardrenaissancefairs

14. (untitled)

12. **What hashtags do you use?**

#brevardrenaissancefair # BRF2025

15. (untitled)

13. **As a cultural organization how would you like us to spend your support?**

Out-of-county advertising/marketing support

16. (untitled)

**14. If you were asked to include the Space Coast Office of Tourism in your marketing materials, what elements could you include us in?**

Billboards
Direct mail
Event banners/signage
Email blast (e-newsletter, promotional, etc.)
Event brochures/program (Playbill, etc.)
Social media post
Website/blog

17. (untitled)

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

18. (untitled)

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

19. (untitled)

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

Articles.pdf

20. (untitled)

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

Sunbiz_2024.pdf

21. (untitled)

**17. Upload your completed Checklist.**

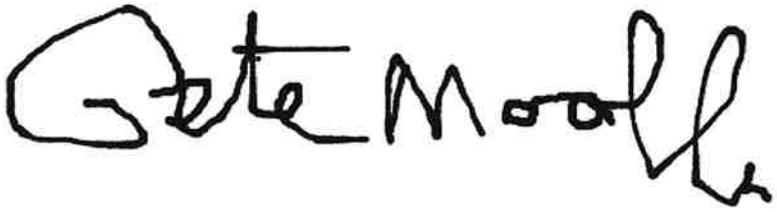
TDC_Checklist.pdf

22. (untitled)

18. **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: Peter Moolhuizen

## 23. Thank You!

**New Send Email**

Oct 08, 2024 11:51:06 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

# Electronic Articles of Incorporation For

BREVARD RENAISSANCE FAIR, INC.

P17000094411
FILED
November 28, 2017
Sec. Of State
cmwood

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 RENAISSANCE FAIR, INC.

## Article II

The principal place of business address:

3900 LOBLOLLY PL.
COCOA, FL. US 32926

The mailing address of the corporation is:

3900 LOBLOLLY PL.
COCOA, FL. US 32926

## 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:

10,000

## Article V

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

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAK COURT
A
TAMPA, FL. 33612

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

Registered Agent Signature: CHEYENNE MOSELEY, US CORP. AGENTS

P17000094411
FILED
November 28, 2017
Sec. Of State
cmwood

## Article VI

The name and address of the incorporator is:

CHEYENNE MOSELEY
101 N. BRAND BLVD.
11TH FLOOR
GLENDALE, CA 91203

Electronic Signature of Incorporator: CHEYENNE MOSELEY, LEGALZOOM.COM, INC.

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

## Article VII

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

Title: P, D
PETER MOOLHUIZEN
3900 LOBLOLLY PL.
COCOA, FL. 32926 US

Title: S, D
BARBARA MOOLHUIZEN
3900 LOBLOLLY PL.
COCOA, FL. 32926 US

Title: T
LUCAS MOOLHUIZEN
3900 LOBLOLLY PL.
COCOA, FL. 32926 US

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 04, 2024**
**Secretary of State**
**0398554323CC**

DOCUMENT# P17000094411

**Entity Name:** BREVARD RENAISSANCE FAIR, INC.

**Current Principal Place of Business:**

3900 LOBLOLLY PL.
COCOA, FL 32926

**Current Mailing Address:**

3900 LOBLOLLY PL.
COCOA, FL 32926 US

**FEI Number: 82-3561549**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

UNITED STATES CORPORATION AGENTS, INC.
476 RIVERSIDE AVE.
JACKSONVILLE, FL 32202 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, D |
| Name | MOOLHUIZEN, PETER |
| Address | 3900 LOBLOLLY PL. |
| City-State-Zip: | COCOA FL 32926 |

| | |
|---|---|
| Title | S, D |
| Name | MOOLHUIZEN, BARBARA |
| Address | 3900 LOBLOLLY PL. |
| City-State-Zip: | COCOA FL 32926 |

| | |
|---|---|
| Title | T |
| Name | MOOLHUIZEN, LUCAS |
| Address | 3900 LOBLOLLY PL. |
| City-State-Zip: | COCOA FL 32926 |

*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: PETER L MOOLHUIZEN PRESIDENT 03/04/2024
Electronic Signature of Signing Officer/Director Detail — Date

Space Coast
FLORIDA

## Tourism Development Office
## FY 2024-2025 Marketing Support Program
## checklist

Applicant Organization Name: Valiant Air Command, Inc

Applicant Event Name: Year-round programming

| | Yes | No | Comment |
|---|---|---|---|
| Completed questionnaire | X | | |
| Copy of 990 form (if applicable) | X | | |
| Copy of IRS Articles of Incorporation – (if applicable) | | X | N/A - dw |
| Copy of IRS Determination letter – (if applicable) | X | | |
| Copy of SunBiz.org (if applicable) | X | | |
| Copy of this MSP checklist | X | | |

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

Cranis, Peter Digitally signed by Cranis, Peter Date: 2024.10.17 11:00:22 -04'00'

Peter Cranis, Executive Director

# FY 2024-2025 Marketing Support Program application

Response ID:66 Data

## 2. (untitled)

**1. I have read and understand the policies/procedures within the FY 2024-2025 Marketing Support Program Criteria.**

Signature of: Tracy Bohrmann

## 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**

FLORIDA

**City**

Titusville

**Zip**

32780

**Primary contact name**

Tracy Bohrmann

**Primary contact phone number**

3216849314

**Primary contact email**

tracy.bohrmann@valiantaircommand.com

**Secondary contact name**

Bob Boswell

**Secondary contact phone number**

321-432-2011

**Secondary contact email**

bob.boswell@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 questionnaire for an event or year-round programming?**

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

8. (untitled)

1. **E7ENT INFORMATION**

**Name of event**

**Event website address Vf 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)

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

12. (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.)

13. (untitled)

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

Facebook : vacwarbirdairshow
Instagram : Valiantaircommand@vac.inc
YouTube : N/A

14. (untitled)

**, . What hashtags do you use?**

#warbirdairshow, #aviation museum

15. (untitled)

**10. As a cultural organization how would you like us to spend your support?**

Out-of-county advertising/marketing support

16. (untitled)

**11. If you were asked to include the Space Coast Office of Tourism in your marketing materials) what elements could you include us in?**

Event banners/signage
Email blast (e-newsletter, promotional, etc.)
Event brochures/program (Playbill, etc.)
Radio
Social media post

Website/blog

17. (untitled)

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

VAC_IRS.pdf

18. (untitled)

13. **Upload a copy of your organization's , , 0 form.**

Compressed_990_2023.pdf

19. (untitled)

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

20. (untitled)

14. **If you are a Florida organization) please upload a copy of your SunBiz.com account associated with your organization.**

VAC_Sunbiz.pdf

21. (untitled)

15. **Upload your completed Checklist.**

VAC_Checklist.pdf

22. (untitled)

16. **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: Tracy Bohrmann

## 23. Thank You!

**New Send Email**

Oct 09, 2024 14:34:17 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

Internal Revenue Service
District Director

Department of the Treasury

Date: JUN 19 1978

Employer Identification Number:
59-1773787
Accounting Period Ending:
December 31
Foundation Status Classification:
509(a)(2)
Advance Ruling Period Ends:
December 31, 1979
Person to Contact:
Y. Burleson
Contact Telephone Number:
(904) 791-2636

Valiant Air Command, Inc.
221 Shell Point Road
Maitland, Florida 32751

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(c)(3) of the Internal Revenue Code.

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 be expected to be a publicly supported organization described in section 509(a)(2).

Accordingly, you will be treated as a publicly supported organization, and not as a private foundation, during an advance ruling period. This advance ruling period begins on the date of your inception and ends on the date shown above.

Within 90 days after the end of your advance ruling period, you must submit to us 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, you will be classified 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, you will be classified as a private foundation for future periods. Also, if you are classified as a private foundation, you will be treated as a private foundation from the date of your inception for purposes of sections 507(d) and 4940.

Grantors and donors may rely on the determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you submit the required information within the 90 days, grantors and donors may continue to rely on the advance determination until the Service makes a final determination of your foundation status. However, if notice that you will no longer be treated as a section 509(a)(2) organization is published in the Internal Revenue Bulletin, grantors and donors may not rely on this determination after the date of such publication. Also, a grantor or donor 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)(2) status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 509(a)(2) organization.

400 West Bay St., Jacksonville, Fla. 32202 (over) Letter 1045(DO) (5-77)

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. Also, you should inform us of all changes in your name or address.

Generally, you are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. If you have paid FICA taxes without filing the waiver, you should call us. 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 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.

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.

You are required to file Form 990, Return of Organization Exempt from Income Tax, only if your gross receipts each year are normally more than $10,000. 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. The law imposes a penalty of $10 a day, up to a maximum of $5,000, when a return is filed late, unless there is reasonable cause for the delay.

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. 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 need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

Charles O. DeWitt

District Director

Letter 1045(DO) (6-77)

30401 06/24/2024 8:38 AM

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

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

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

**Do not send to the IRS. Keep for your records.**

Go to *www.irs.gov/Form8879TE* for the latest information.

OMB No. 1545-0047

**2023**

Name of filer

VALIANT AIR COMMAND INC

EIN or SSN

59-1773787

Name and title of officer or person subject to tax

NORMAN DANIELS
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.

| | | | | | |
|---|---|---|---|---|---|
| **1a** | Form 990 check here ..... | X | **b** Total revenue, if any (Form 990, Part VIII, column (A), line 12) ..... | **1b** | 1,111,603 |
| **2a** | Form 990-EZ check here ..... | | **b** Total revenue, if any (Form 990-EZ, line 9) ..... | **2b** | |
| **3a** | Form 1120-POL check here ..... | | **b** Total tax (Form 1120-POL, line 22) ..... | **3b** | |
| **4a** | Form 990-PF check here ..... | | **b** Tax based on investment income (Form 990-PF, Part V, line 5) ..... | **4b** | |
| **5a** | Form 8868 check here ..... | | **b** Balance due (Form 8868, line 3c) ..... | **5b** | |
| **6a** | Form 990-T check here ..... | | **b** Total tax (Form 990-T, Part III, line 4) ..... | **6b** | |
| **7a** | Form 4720 check here ..... | | **b** Total tax (Form 4720, Part III, line 1) ..... | **7b** | |
| **8a** | Form 5227 check here ..... | | **b** FMV of assets at end of tax year (Form 5227, Item D) ..... | **8b** | |
| **9a** | Form 5330 check here ..... | | **b** Tax due (Form 5330, Part II, line 19) ..... | **9b** | |
| **10a** | Form 8038-CP check here ..... | | **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 [X] 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**

[X] I authorize FLAVIN, NOONEY & PERSON (ERO firm name) to enter my PIN 32901 as my signature
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 05/23/24

## 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. 04167032901

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 BARBARA NOONEY, CPA Date 05/23/24

**ERO Must Retain This Form — See Instructions**

**Do Not Submit This Form to the IRS Unless Requested To Do So**

30401 05/24/2024 8:38 AM

Form **990**

Department of the Treasury
Internal Revenue Service

# 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

A For the 2023 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): 6600 TICO ROAD
Room/suite:
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
G Gross receipts $: 1,337,502

F Name and address of principal officer:
NORMAN DANIELS
6600 TICO ROAD
TITUSVILLE FL 32780

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions
H(c) Group exemption number

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

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 ☐ 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 | 8 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 8 |
| 5 | Total number of individuals employed in calendar year 2023 (Part V, line 2a) | 5 | 13 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 0 |
| 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 |

| | | Prior Year | Current Year |
|---|---|---|---|
| 8 | Contributions and grants (Part VIII, line 1h) | 49,762 | 227,693 |
| 9 | Program service revenue (Part VIII, line 2g) | 119,283 | 93,467 |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 55 | 262 |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 651,276 | 790,181 |
| 12 | Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 820,376 | 1,111,603 |
| 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) | 40,952 | 41,170 |
| 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) | 803,839 | 825,654 |
| 18 | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 844,791 | 866,824 |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | -24,415 | 244,779 |

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| 20 | Total assets (Part X, line 16) | 2,663,244 | 2,881,824 |
| 21 | Total liabilities (Part X, line 26) | 499,720 | 473,520 |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 2,163,524 | 2,408,304 |

## 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: NORMAN DANIELS DIRECTOR
Date:
Type or print name and title

**Paid Preparer Use Only**

| | | | | |
|---|---|---|---|---|
| Print/Type preparer's name: BARBARA NOONEY CPA | Preparer's signature: BARBARA NOONEY CPA | Date: 05/24/24 | Check ☐ if self-employed | PTIN: P00482542 |
| Firm's name: FLAVIN, NOONEY & PERSON | | | Firm's EIN: | 59-3045479 |
| 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.
DAA

Form 990 (2023)

275

**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 ☒ 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 $ 75,340 including grants of $ ) (Revenue $ )
ONCE A YEAR AVIATION SHOW IS PUT ON FOR THE PUBLIC.

4b (Code: ) (Expenses $ 713,573 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 788,913

## Part IV Checklist of Required Schedules

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | X |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II* | 4 | | 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* | 5 | | 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* | 6 | | 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* | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for 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* | 9 | | 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* | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI* | 11a | 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* | 11b | | 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* | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX* | 11d | | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* | 11e | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X* | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII* | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional* | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV* | 14b | | 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* | 15 | | 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* | 16 | | 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 | 17 | | 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* | 18 | | 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* | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 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* | 21 | | 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? *If "Yes," complete Schedule I, Parts I and III* | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a* | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| 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? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 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? *If "Yes," complete Schedule L, Part I* | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I* | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II* | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III* | 27 | | 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? *If "Yes," complete Schedule L, Part IV* | 28a | | X |
| b | A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV* | 28b | | X |
| c | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV* | 28c | | X |
| 29 | Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M* | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | 32 | | 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? *If "Yes," complete Schedule R, Part I* | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1* | 34 | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | 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)? *If "Yes," complete Schedule R, Part V, line 2* | 35b | | |
| 36 | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | 36 | | 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? *If "Yes," complete Schedule R, Part VI* | 37 | | 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. | 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 | 1a | 0 | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 1b | 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | 1c | 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 | 13 | | |
| 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<br>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?<br>**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?<br>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?<br>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?<br>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 | 1a | 8 | | |
| | 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. | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | 1b | 8 | | |
| 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? | 2 | | | 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? | 3 | | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | | X |
| 6 | Did the organization have members or stockholders? | 6 | | | 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? | 7a | | | 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? | 7b | | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| a | The governing body? | 8a | | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | | 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* | 9 | | | 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? | 10a | | 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? | 11a | | 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* | 12a | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | 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* | 12c | | X |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | 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 | 15a | | X |
| b | Other officers or key employees of the organization | 15b | | 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? | 16a | | 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.

☐ 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.

VALIANT AIR COMMAND INC 600 TICO ROAD
TITUSVILLE FL 32780 321-268-1941

Form 990 (2023) VALIANT AIR COMMAND INC 59-1773787 Page 7

## 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" BOWELL | 0.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | 0 | 0 | 0 |
| (2) NORMAN DANIELS | 0.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | X | | | | 0 | 0 | 0 |
| (3) RICHARD JONES | 0.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | 0 | 0 | 0 |
| (4) MARVIN JUHL | 0.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | 0 | 0 | 0 |
| (5) LEIGH LEWIS | 0.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | 0 | 0 | 0 |
| (6) TERRY RUSH | 0.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | 0 | 0 | 0 |
| (7) DAVID SHORE | 0.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | 0 | 0 | 0 |
| (8) TRACY SCHOENEWOLF-BOHMAN | 0.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | 0 | 0 | 0 |
| (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? *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 | 31,772 | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 195,062 | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 859 | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | 5 | | | | |
| | h Total. Add lines 1a–1f | | | 227,693 | | | |
| Program Service Revenue | | Business Code | | | | | |
| | 2a FLIGHT OPERATIONS | | | 93,467 | 93,467 | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a–2f | | | 93,467 | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 262 | 262 | | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | | | (i) Real | (ii) Personal | | | |
| | 6a Gross rents | 6a | | | | | |
| | b Less: rental expenses | 6b | | | | | |
| | c Rental inc. or (loss) | 6c | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | | | (i) Securities | (ii) Other | | | |
| | 7a Gross amount from sales of assets other than inventory | 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 | 230,879 | | | | |
| | b Less: cost of goods sold | 10b | 225,899 | | | | |
| | c Net income or (loss) from sales of inventory | | | 4,980 | 4,980 | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| | 11a MUSEUM TICKET SALES | | | 443,393 | 443,393 | | |
| | b FACILITY INCOME | | | 340,257 | 340,257 | | |
| | c RESTORATION INCOME | | | 1,551 | 1,551 | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a–11d | | | 785,201 | | | |
| | 12 Total revenue. See instructions | | | 1,111,603 | 883,910 | 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 | | | | |
| 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 | 29,659 | 26,701 | 2,958 | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | 11,511 | 5,755 | 5,756 | |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 18,961 | 14,304 | 4,657 | |
| 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.) | 2,502 | 2,502 | | |
| 12 Advertising and promotion | 100,047 | 90,042 | 10,005 | |
| 13 Office expenses | 29,849 | 26,864 | 2,985 | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 199,255 | 179,401 | 19,854 | |
| 17 Travel | 1,406 | 1,406 | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 831 | 748 | 83 | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 82,149 | 73,934 | 8,215 | |
| 23 Insurance | 108,706 | 97,835 | 10,871 | |
| 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 | 105,656 | 105,656 | | |
| b RESTORATION | 61,096 | 54,986 | 6,110 | |
| c MAINTENANCE | 54,324 | 48,892 | 5,432 | |
| d SPECIAL EVENTS | 39,354 | 39,354 | | |
| e All other expenses | 21,518 | 20,533 | 985 | |
| 25 Total functional expenses. Add lines 1 through 24e | 866,824 | 788,913 | 77,911 | 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 ☐ 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 | 1,540,614 | 1 | 1,842,289 |
| | 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 | 80,320 | 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: 3,345,002 | | | |
| | b | Less: accumulated depreciation — 10b: 2,385,464 | 1,041,687 | 10c | 959,538 |
| | 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) | 2,663,244 | 16 | 2,881,824 |
| Liabilities | 17 | Accounts payable and accrued expenses | 5,759 | 17 | 7,892 |
| | 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 | 493,961 | 25 | 465,628 |
| | 26 | Total liabilities. Add lines 17 through 25 | 499,720 | 26 | 473,520 |
| Net Assets or Fund Balances | | **Organizations that follow FASB ASC 958, check here** X **and complete lines 27, 28, 32, and 33.** | | | |
| | 27 | Net assets without donor restrictions | 2,163,524 | 27 | 2,408,304 |
| | 28 | Net assets with donor restrictions | | 28 | |
| | | **Organizations that do not follow FASB ASC 958, check here** ☐ **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 | 2,163,524 | 32 | 2,408,304 |
| | 33 | Total liabilities and net assets/fund balances | 2,663,244 | 33 | 2,881,824 |

## Part XI Reconciliation of Net Assets

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

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1,111,603 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 866,824 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 244,779 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 2,163,524 |
| 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 | 1 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 2,408,304 |

## 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: [X] Cash [ ] Accrual [ ] 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. [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis | 2a | | 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. [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis | 2b | | 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. | 2c | | |
| 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? | 3a | | |
| 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 | 3b | | |

**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: VALIANT AIR COMMAND INC

Employer identification number: 59-1773787

**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? Yes | (iv) No | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| (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.") | 90,134 | 74,150 | 123,694 | 49,762 | 227,693 | 565,433 |
| 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 | 90,134 | 74,150 | 123,694 | 49,762 | 227,693 | 565,433 |
| 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 | | | | | | 565,433 |

## 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 | 90,134 | 74,150 | 123,694 | 49,762 | 227,693 | 565,433 |
| 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 | | | | | | 565,433 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 4,639,457 |

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 | 100.00% |
| 15 | Public support percentage from 2022 Schedule A, Part II, line 14 | 15 | 100.00% |
| 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.") | | | | | | |
| 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 ☐

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

## Part V 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 ☐ 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).*

| | | Yes | No |
|---|---|---|---|
| 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 ☐ 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.)

**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

VALIANT AIR COMMAND INC

Employer identification number

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? ☐ 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.

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

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 $

**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 | | 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 | 426,100 |
| (3) | REGIONS MORTGAGES | 36,397 |
| (4) | CREDIT CARDS | 2,552 |
| (5) | SALES TAX PAYABLE | 579 |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) | | 465,628 |

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.

| | | | | |
|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | | 2e |
| 3 | Subtract line 2e from line 1 | | | 3 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | | 4c |
| 5 | Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)* | | | 5 |

## 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.

| | | | | |
|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | | 2e |
| 3 | Subtract line 2e from line 1 | | | 3 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | | 4c |
| 5 | Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)* | | | 5 |

## 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.

**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

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 XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

BOOK / TAX DEPRECIATION DIFFERENCE $ 1

Form **4562**

Department of the Treasury
Internal Revenue Service

# 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.

OMB No. 1545-0172
**2023**
Attachment Sequence No. **179**

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 | 1,160,000 |
| 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 | |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | 82,150 |

## 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 | 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 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 | |
| | | | | 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 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 | |
| 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 | 82,150 |
| 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

THERE ARE NO AMOUNTS FOR PAGE 2

| Asset | Description | Date In Service | Cost | Bus % | Sec 179 | Bonus | Basis for Depr | Per | Conv | Meth | Prior | Current |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Prior MACRS:** | | | | | | | | | | | | |
| 118 | 1952 Beech 18 | 6/01/21 | 106,000 | | X | | 0 | 5 | HY | 200DB | 106,000 | 0 |
| 119 | Cabinet | 4/20/22 | 10,000 | | X | | 0 | 7 | HY | 200DB | 10,000 | 0 |
| | | | 116,000 | | | | 0 | | | | 116,000 | 0 |
| **Other Depreciation:** | | | | | | | | | | | | |
| 1 | Display Cases | 4/12/12 | 757 | | | | 757 | 7 | MO | 200DB | 757 | 0 |
| 2 | Digital Projector | 4/19/12 | 200 | | | | 200 | 7 | MO | 200DB | 200 | 0 |
| 3 | Display Cases | 5/31/12 | 451 | | | | 451 | 7 | MO | 200DB | 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 | MO | 200DB | 554 | 0 |
| 12 | Equipment | 8/01/89 | 434 | | | | 434 | 7 | MO | 200DB | 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 | MO | 200DB | 1,400 | 0 |
| 15 | Computer | 10/01/90 | 3,580 | | | | 3,580 | 5 | MO | 200DB | 3,580 | 0 |
| 16 | Equipment | 5/23/91 | 268 | | | | 268 | 7 | MO | 200DB | 268 | 0 |
| 17 | Museum Equipment | 10/01/91 | 1,087 | | | | 1,087 | 7 | MO | 200DB | 1,087 | 0 |
| 18 | Museum Building | 1/01/92 | 1,073,193 | | | | 1,073,193 | 31 | MO | S/L | 956,378 | 34,619 |
| 19 | Telephone System | 4/13/92 | 7,114 | | | | 7,114 | 7 | MO | 200DB | 7,114 | 0 |
| 20 | Various Furniture & Fixtures | 5/28/92 | 1,481 | | | | 1,481 | 7 | MO | 200DB | 1,481 | 0 |
| 21 | Tables | 8/15/92 | 513 | | | | 513 | 7 | MO | 200DB | 513 | 0 |
| 22 | Chairs | 9/15/92 | 148 | | | | 148 | 7 | MO | 200DB | 148 | 0 |
| 23 | Knoica Copier | 1/12/94 | 680 | | | | 680 | 5 | MO | 200DB | 680 | 0 |
| 24 | Barr Display | 6/24/94 | 258 | | | | 258 | 7 | MO | 200DB | 258 | 0 |
| 25 | Misc Bldg & Ramp Improvments | 6/30/94 | 5,979 | | | | 5,979 | 39 | MO | S/L | 4,372 | 153 |
| 26 | Fence & Gate Museum | 8/11/94 | 2,096 | | | | 2,096 | 39 | MO | S/L | 1,528 | 54 |
| 27 | Cash Register | 8/16/94 | 212 | | | | 212 | 7 | MO | 200DB | 212 | 0 |
| 28 | Lighting | 8/22/94 | 1,433 | | | | 1,433 | 39 | MO | S/L | 1,046 | 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 | 2,307 | 81 |
| 31 | Lighting | 11/11/94 | 9,208 | | | | 9,208 | 39 | MO | S/L | 6,639 | 236 |
| 32 | Sprinkler System | 11/30/94 | 77,000 | | | | 77,000 | 39 | MO | S/L | 55,526 | 1,974 |
| 33 | Welder | 12/31/94 | 676 | | | | 676 | 7 | MO | 200DB | 676 | 0 |
| 34 | Glass & Chrome Showcases | 1/11/95 | 1,450 | | | | 1,450 | 7 | MO | 200DB | 1,450 | 0 |
| 36 | Office Furniture | 1/11/95 | 890 | | | | 890 | 7 | MO | 200DB | 890 | 0 |
| 37 | Radios | 1/18/95 | 300 | | | | 300 | 7 | MO | 200DB | 300 | 0 |
| 38 | Receiver | 1/18/95 | 150 | | | | 150 | 7 | MO | 200DB | 150 | 0 |
| 39 | 2 Radios | 2/01/95 | 150 | | | | 150 | 7 | MO | 200DB | 150 | 0 |
| 40 | Camera | 2/01/95 | 196 | | | | 196 | 7 | MO | 200DB | 196 | 0 |
| 41 | 2 Generators | 2/01/95 | 700 | | | | 700 | 7 | MO | 200DB | 700 | 0 |
| 42 | Computer | 3/31/95 | 45 | | | | 45 | 7 | MO | 200DB | 45 | 0 |
| 43 | Depreciation | 2/01/95 | 500 | | | | 500 | 7 | MO | 200DB | 500 | 0 |
| 44 | Monosat Printer | 5/01/95 | 517 | | | | 517 | 5 | MO | 200DB | 517 | 0 |
| 45 | Lubricator Unit | 5/16/95 | 300 | | | | 300 | 7 | MO | 200DB | 300 | 0 |
| 46 | Gen Set | 5/23/95 | 500 | | | | 500 | 7 | MO | 200DB | 500 | 0 |
| 47 | 2 Filing Cabinets | 5/23/95 | 130 | | | | 130 | 7 | MO | 200DB | 130 | 0 |
| 48 | Visa Machine | 10/31/95 | 572 | | | | 572 | 7 | MO | 200DB | 572 | 0 |
| 49 | Computer | 12/01/95 | 1,303 | | | | 1,303 | 5 | MO | 200DB | 1,303 | 0 |
| 50 | Alarm System | 1/03/96 | 2,800 | | | | 2,800 | 7 | MO | 200DB | 2,800 | 0 |
| 51 | Stone Walls | 5/17/96 | 1,500 | | | | 1,500 | 39 | MO | S/L | 1,023 | 39 |
| 52 | Pressure Washer | 5/20/96 | 540 | | | | 540 | 7 | MO | 200DB | 540 | 0 |
| 53 | Visa MC Processor | 10/04/96 | 279 | | | | 279 | 7 | MO | 200DB | 279 | 0 |
| 54 | PA System | 2/10/97 | 1,681 | | | | 1,681 | 7 | MO | 200DB | 1,681 | 0 |
| 55 | Storage Building | 4/11/97 | 52,859 | | | | 52,859 | 39 | MO | S/L | 34,841 | 1,355 |
| 56 | Hanger Tools | 2/16/98 | 414 | | | | 414 | 7 | MO | 200DB | 414 | 0 |
| 57 | Ramps & Runways | 3/04/98 | 10,531 | | | | 10,531 | 39 | MO | S/L | 6,694 | 270 |
| 58 | Apple G3 Computer | 7/27/98 | 2,209 | | | | 2,209 | 5 | MO | 200DB | 2,209 | 0 |
| 59 | Usro 56k Modems | 8/05/98 | 150 | | | | 150 | 5 | MO | 200DB | 150 | 0 |
| 60 | 60" Round Tables | 9/09/98 | 658 | | | | 658 | 7 | MO | 200DB | 658 | 0 |
| 61 | 60" Round Tables | 10/27/98 | 1,138 | | | | 1,138 | 7 | MO | 200DB | 1,138 | 0 |
| 62 | 27" Phillips Tv/Vcr | 10/27/98 | 300 | | | | 300 | 7 | MO | 200DB | 300 | 0 |
| 63 | Compaq 2266 Computer | 12/02/98 | 809 | | | | 809 | 7 | MO | 200DB | 809 | 0 |

# Federal Asset Report
## Form 990, Page 1

| Asset | Description | Date In Service | Cost | Bus % | Sec 179 | Bonus | Basis for Depr | Per | Conv | Meth | Prior | Current |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 64 | Golf Cart | 12/16/98 | 1,200 | | | | 1,200 | 7 | MO | 200DB | 1,200 | 0 |
| 65 | 17" Monitor | 12/16/98 | 269 | | | | 269 | 5 | MO | 200DB | 269 | 0 |
| 66 | Hand Held UHF Radios | 4/05/99 | 1,066 | | | | 1,066 | 7 | MO | 200DB | 1,066 | 0 |
| 67 | Konica 4155 copier | 4/05/99 | 4,000 | | | | 4,000 | 5 | MO | 200DB | 4,000 | 0 |
| 68 | Ramps & Taxi Ways | 4/30/99 | 17,100 | | | | 17,100 | 39 | MO | S/L | 10,394 | 439 |
| 69 | Display Case Museum | 1/25/01 | 275 | | | | 275 | 7 | MO | 200DB | 275 | 0 |
| 70 | Building Improvements | 2/01/01 | 436,131 | | | | 436,131 | 39 | MO | S/L | 244,627 | 11,183 |
| 71 | Shop Equipment | 2/20/01 | 4,000 | | | | 4,000 | 7 | MO | 200DB | 4,000 | 0 |
| 72 | Printer | 3/01/01 | 350 | | | | 350 | 5 | MO | 200DB | 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 | MO | 200DB | 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 | 6,026 | 292 |
| 77 | Carpet in Giftshop | 5/15/02 | 1,742 | | | | 1,742 | 7 | MO | 200DB | 1,742 | 0 |
| 78 | A/C | 6/02/02 | 2,600 | | | | 2,600 | 7 | MO | 200DB | 2,600 | 0 |
| 80 | PA Equipment | 10/04/04 | 8,793 | | | | 8,793 | 7 | MO | 200DB | 8,793 | 0 |
| 81 | PA System Cables | 12/16/04 | 808 | | | | 808 | 7 | MO | 200DB | 808 | 0 |
| 82 | 2 Misc Mix for PA System | 12/16/04 | 442 | | | | 442 | 7 | MO | 200DB | 442 | 0 |
| 83 | Equipment | 2/01/05 | 335 | | | | 335 | 7 | MO | 200DB | 335 | 0 |
| 84 | Flag | 7/21/05 | 1,612 | | | | 1,612 | 7 | MO | 200DB | 1,612 | 0 |
| 85 | Display | 7/21/05 | 551 | | | | 551 | 7 | MO | 200DB | 551 | 0 |
| 86 | PX Counter | 7/28/05 | 1,000 | | | | 1,000 | 7 | MO | 200DB | 1,000 | 0 |
| 87 | 24" TV/DVD | 2/15/07 | 230 | | | | 230 | 7 | MO | 200DB | 230 | 0 |
| 88 | Library Equipment/Furniture | 5/24/07 | 646 | | | | 646 | 7 | MO | 200DB | 646 | 0 |
| 89 | Equipment N. Hanger | 7/24/07 | 75 | | | | 75 | 7 | MO | 200DB | 75 | 0 |
| 90 | S 51 Mustang | 11/08/07 | 1,500 | | | | 1,500 | 7 | MO | 200DB | 1,500 | 0 |
| 91 | Siegal Display | 2/07/08 | 92 | | | | 92 | 7 | MO | 200DB | 92 | 0 |
| 92 | Shelving | 7/23/09 | 259 | | | | 259 | 7 | MO | 200DB | 259 | 0 |
| 93 | Display Case | 9/30/10 | 560 | | | | 560 | 7 | MO | 200DB | 560 | 0 |
| 94 | Computer | 9/30/10 | 910 | | | | 910 | 7 | MO | 200DB | 910 | 0 |
| 95 | Tables for Hanger | 3/02/11 | 1,700 | | | | 1,700 | 7 | MO | 200DB | 1,700 | 0 |
| 96 | Display Case | 4/07/11 | 600 | | | | 600 | 7 | MO | 200DB | 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 | 215,059 | 18,767 |
| 99 | Concrete Improvements | 5/22/13 | 25,220 | | | | 25,220 | 15 | MO | 150DB | 21,151 | 751 |
| 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 | MO | 200DB | 4,000 | 0 |
| 102 | Monitors | 8/10/13 | 1,000 | | | | 1,000 | 7 | MO | 200DB | 1,000 | 0 |
| 103 | Aircraft Restorations | 12/31/14 | 68,964 | | | | 68,964 | 15 | MO | S/L | 39,079 | 4,598 |
| 104 | Website | 11/26/14 | 5,413 | | | | 5,413 | 15 | MO | 150DB | 3,211 | 319 |
| 105 | Storage Trailer | 8/19/14 | 6,000 | | | | 6,000 | 5 | MO | 200DB | 6,000 | 0 |
| 106 | Sprinkler System | 3/13/14 | 7,700 | | | | 7,700 | 15 | MO | S/L | 4,363 | 514 |
| 107 | Concrete Improvements | 8/07/14 | 7,200 | | | | 7,200 | 15 | MO | 150DB | 4,425 | 422 |
| 108 | Building Improvements | 10/28/14 | 1,860 | | | | 1,860 | 15 | MO | S/L | 1,054 | 124 |
| 109 | Aircraft Restorations | 12/31/15 | 72,948 | | | | 72,948 | 15 | MO | S/L | 36,474 | 4,864 |
| 110 | F-100 | 7/16/15 | 21,251 | | | | 21,251 | 5 | MO | 200DB | 21,251 | 0 |
| 111 | B-52 Cockpit | 10/01/15 | 14,900 | | | | 14,900 | 5 | MO | 200DB | 14,900 | 0 |
| 112 | Storage Trailer | 3/19/15 | 2,800 | | | | 2,800 | 5 | MO | 200DB | 2,800 | 0 |
| 113 | Fire Sprinkler Monitoring Sys | 1/29/15 | 1,000 | | | | 1,000 | 15 | MO | S/L | 984 | 16 |
| 114 | New Front Sign | 8/20/15 | 4,280 | | | | 4,280 | 7 | MO | 200DB | 4,280 | 0 |
| 115 | PX Counter | 4/21/15 | 1,975 | | | | 1,975 | 7 | MO | 200DB | 1,975 | 0 |
| 116 | AED Defib | 1/27/16 | 1,990 | | | | 1,990 | 7 | MO | S/L | 1,966 | 24 |
| 117 | Hanger Extention Engineer Drawing | 5/30/19 | 39,757 | | | | 39,757 | 39 | MO | S/L | 3,653 | 1,019 |
| 120 | Pad for Hanger PH 2 | 3/13/21 | 38,922 | | | | 38,922 | 39 | – | Land | 0 | 0 |
| | **Total Other Depreciation** | | 3,229,002 | | | | 3,229,002 | | | | 2,187,315 | 82,150 |
| | **Total ACRS and Other Depreciation** | | 3,229,002 | | | | 3,229,002 | | | | 2,187,315 | 82 150 |
| | **Grand Totals** | | 3,345,002 | | | | 3,229,002 | | | | 2,303,315 | 82,150 |
| | **Less: Dispositions and Transfers** | | 0 | | | | 0 | | | | 0 | 0 |
| | **Less: Start-up/Org Expense** | | 0 | | | | 0 | | | | 0 | 0 |
| | **Net Grand Totals** | | 3 345,002 | | | | 3 229,002 | | | | 2,303,315 | 82,150 |

Form **990**

# Two Year Comparison Report

For calendar year 2023 or tax year beginning ending

**2022 & 2023**

Name

VALIANT AIR COMMAND INC

Taxpayer Identification Number

59-1773787

| | | | 2022 | 2023 | Differences |
|---|---|---|---|---|---|
| Revenue | 1. Contributions, gifts, grants | 1. | 5,334 | 859 | -4,475 |
| | 2. Membership dues and assessments | 2. | 44,428 | 31,772 | -12,656 |
| | 3. Government contributions and grants | 3. | | 195,062 | 195,062 |
| | 4. Program service revenue | 4. | 119,283 | 93,467 | -25,816 |
| | 5. Investment income | 5. | 55 | 262 | 207 |
| | 6. Proceeds from tax exempt bonds | 6. | | | |
| | 7. Net gain or (loss) from sale of assets other than inventory | 7. | | | |
| | 8. Net income or (loss) from fundraising events | 8. | | | |
| | 9. Net income or (loss) from gaming | 9. | | | |
| | 10. Net gain or (loss) on sales of inventory | 10. | 20,698 | 4,980 | -15,718 |
| | 11. Other revenue | 11. | 630,578 | 785,201 | 154,623 |
| | 12. Total revenue. Add lines 1 through 11 | 12. | 820,376 | 1,111,603 | 291,227 |
| 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. | 40,952 | 41,170 | 218 |
| | 17. Professional fundraising fees | 17. | | | |
| | 18. Other professional fees | 18. | 9,284 | 21,463 | 12,179 |
| | 19. Occupancy, rent, utilities, and maintenance | 19. | 76,855 | 199,255 | 122,400 |
| | 20. Depreciation and Depletion | 20. | 93,191 | 82,149 | -11,042 |
| | 21. Other expenses | 21. | 624,509 | 522,787 | -101,722 |
| | 22. Total expenses. Add lines 13 through 21 | 22. | 844,791 | 866,824 | 22,033 |
| | 23. Excess or (Deficit). Subtract line 22 from line 12 | 23. | -24,415 | 244,779 | 269,194 |
| Other Information | 24. Total exempt revenue | 24. | 820,376 | 1,111,603 | 291,227 |
| | 25. Total unrelated revenue | 26. | | | |
| | 26. Total excludable revenue | 26. | 770,614 | 883,910 | 113,296 |
| | 27. Total assets | 27. | 2,663,244 | 2,881,824 | 218,580 |
| | 28. Total liabilities | 28. | 499,720 | 473,520 | -26,200 |
| | 29. Retained earnings | 29. | 2,163,524 | 2,408,304 | 244,780 |
| | 30. Number of voting members of governing body | 30. | 7 | 8 | |
| | 31. Number of independent voting members of governing body | 31. | 7 | 8 | |
| | 32. Number of employees | 32. | 11 | 13 | |
| | 33. Number of volunteers | 33. | | | |

Form **990**

# Tax Return History

2023

Name

VALIANT AIR COMMAND INC

Employer Identification Number
59-1773787

| | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
|---|---|---|---|---|---|---|
| Contributions, gifts, grants | 70,814 | 58,670 | 92,352 | 5,334 | 195,921 | |
| Membership dues | 19,320 | 15,480 | 31,342 | 44,428 | 31,772 | |
| Program service revenue | 391,736 | 30,686 | 65,260 | 119,283 | 93,467 | |
| Capital gain or loss | | | 206,410 | | | |
| Investment income | | | 11,878 | 55 | 262 | |
| Fundraising revenue (income/loss) | | | | | | |
| Gaming revenue (income/loss) | | | | | | |
| Other revenue | 420,261 | 973,451 | 491,757 | 651,276 | 790,181 | |
| **Total revenue** | 902,131 | 1,078,287 | 898,999 | 820,376 | 1,111,603 | |
| Grants and similar amounts paid | | | | | | |
| Benefits paid to or for members | | | | | | |
| Compensation of officers, etc. | | | | | | |
| Other compensation | 38,696 | 41,935 | 12,739 | 40,952 | 41,170 | |
| Professional fees | 5,297 | 4,198 | 7,390 | 9,284 | 21,463 | |
| Occupancy costs | 75,427 | 49,356 | 46,682 | 76,855 | 199,255 | |
| Depreciation and depletion | 90,033 | 88,251 | 190,468 | 93,191 | 82,149 | |
| Other expenses | 737,376 | 378,688 | 586,475 | 624,509 | 522,787 | |
| **Total expenses** | 946,829 | 562,428 | 843,754 | 844,791 | 866,824 | |
| **Excess or (Deficit)** | -44,698 | 515,859 | 55,245 | -24,415 | 244,779 | |
| Total exempt revenue | 902,131 | 1,078,287 | 898,999 | 820,376 | 1,111,603 | |
| Total unrelated revenue | | | | | | |
| Total excludable revenue | 811,997 | 1,004,137 | 775,305 | 770,614 | 883,910 | |
| Total Assets | 1,888,172 | 2,446,454 | 2,774,756 | 2,663,244 | 2,881,824 | |
| Total Liabilities | 271,337 | 313,760 | 586,817 | 499,720 | 473,520 | |
| Net Fund Balances | 1,616,835 | 2,132,694 | 2,187,939 | 2,163,524 | 2,408,304 | |

**2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED**
**Aug 17, 2024**
**Secretary of State**
**4865615836CC**

DOCUMENT# 740489

**Entity Name:** VALIANT AIR COMMAND, INC.

**Current Principal Place of Business:**

6600 TICO RD
TITUSVILLE, FL 32780

**Current Mailing Address:**

6600 TICO RD
TITUSVILLE, FL 32780

**FEI Number: 59-1773787**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BROSS TRACHTMAN HENDERSON & CHILDRESS PA
1990 WEST NEW HAVEN AVE
SUITE 201
MELBOURNE, FL 32904 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 | FINANCE OFFICER |
| Name | SCHOENEWOLF-BOHRMANN, TRACY |
| Address | 6600 TICO ROAD |
| City-State-Zip: | TITUSVILLE FL 32780 |

| | |
|---|---|
| Title | EXECUTIVE OFFICER |
| Name | JUHL, MARVIN |
| Address | 6600 TICO RD |
| City-State-Zip: | TITUSVILLE FL 32780 |

| | |
|---|---|
| Title | COMMANDER |
| Name | BOSWELL, IRVING WARD |
| Address | 6600 TICO RD |
| City-State-Zip: | TITUSVILLE FL 32780 |

| | |
|---|---|
| Title | FACILITIES OFFICER |
| Name | MOORE, CHRISTOPHER |
| Address | 6600 TICO RD |
| City-State-Zip: | TITUSVILLE FL 32780 |

| | |
|---|---|
| Title | PERSONNEL OFFICER |
| Name | JONES, RICHARD |
| Address | 6600 TICO ROAD |
| City-State-Zip: | TITUSVILLE FL 32780 |

| | |
|---|---|
| Title | OPERATIONS OFFICER |
| Name | LEWIS, LEIGH |
| Address | 6600 TICO RD |
| City-State-Zip: | TITUSVILLE FL 32780 |

| | |
|---|---|
| Title | MAINTENANCE OFFICER |
| Name | ROMINE, STEVE |
| Address | 6600 TICO RD. |
| City-State-Zip: | TITUSVILLE FL 32780 |

*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: TRACY SCHOENEWOLF-BOHRMANN FINANCE OFFICER 08/17/2024

Electronic Signature of Signing Officer/Director Detail — Date

Space Coast
FLORIDA

## Tourism Development Office
## FY 2024-2025 Marketing Support Program
## checklist

Applicant Organization Name: Beach 'n Boards Fest, LLC

Applicant Event Name: Beach 'n Boards Fest

| | Yes | No | Comment |
|---|---|---|---|
| Completed questionnaire | X | | |
| Copy of 990 form (if applicable) | | X | N/A - dw |
| Copy of IRS Articles of Incorporation – (if applicable) | X | | |
| Copy of IRS Determination letter – (if applicable) | | X | N/A - dw |
| Copy of SunBiz.org (if applicable) | X | | |
| Copy of this MSP checklist | X | | |

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

Cranis, Peter Digitally signed by Cranis, Peter Date: 2024.10.17 11:01:07 -04'00'

Peter Cranis, Executive Director

# FY 2024-2025 Marketing Support Program application

Response ID:59 Data

## 2. (untitled)

**1. I have read and understand the policies/procedures within the FY 2024-2025 Marketing Support Program Criteria.**

Signature of: Mitchell Varnes

## 3. (untitled)

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

Sports

## 4. (untitled)

### 3. ORGANIZATION INFORMATION

**Name of organization hosting event/year-round programming**

Beach 'n Boards Fest, LLC

**Organization address**

660 Cinnamon Court

**State**

Florida

**City**

Satellite Beach

**Zip**

32937

**Primary contact name**

Mitch Varnes

**Primary contact phone number**

3217597200

**Primary contact email**

mitchvarnes@gmail.com

**Secondary contact name**

Heather Lewis

**Secondary contact phone number**

321-799-8880

**Secondary contact email**

heatherl@rjss.com

**Organization website address**

https://www.beachnboardsfest.com

5. (untitled)

## 4. Which best describes your organization?

For profit, LLC, Inc., etc.

6. (untitled)

## 5. What is your Federal Employee ID number?

46-1360823

7. (untitled)

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

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

8. (untitled)

## 7. EVENT INFORMATION

**Name of event**

Beach 'n Boards FEst

**Event website address (if different from organization website)**

https://www.beachnboardsfest.com

**Event location**

Shepard Park, Cocoa Beach

9. (untitled)

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

03/12/2025

10. (untitled)

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

5

11. (untitled)

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

Digital advertising (banner ads, etc.)
Radio
Social hashtags
Social media (Facebook, Instagram, YouTube, etc.)

12. (untitled)

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

13. (untitled)

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

Facebook : #beachnboardsfest, beachnboards
Instagram : #beachnboards, #beachnboardsfest
YouTube : n/a

14. (untitled)

12. **What hashtags do you use?**

#beachnboards

15. (untitled)

**As a cultural organization how would you like us to spend your support?**

16. (untitled)

13. **If you were asked to include the Space Coast Office of Tourism in your marketing materials, what elements could you include us in?**

Billboards
Event banners/signage
Event brochures/program (Playbill, etc.)
Radio
Social media post
TV/Video
Website/blog
Other - Please be specific.....: TDC is already included in these items

17. (untitled)

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

18. (untitled)

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

19. (untitled)

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

Beach_n_Boards_Fest_Articles_of_Incorporation.pdf

20. (untitled)

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

Beach_n_Boards_Fest_Sunbiz.pdf

21. (untitled)

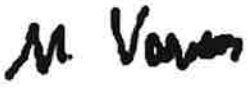
**16. Upload your completed Checklist.**

Beach_n_Boards_Fest_TDC_checklist_2025.pdf

22. (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: Mitchell Varnes

## 23. Thank You!

**New Send Email**

Oct 08, 2024 15:32:26 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

# Electronic Articles of Organization
# For
# Florida Limited Liability Company

L12000025176
FILED 8:00 AM
February 21, 2012
Sec. Of State
bbostick

## Article I

The name of the Limited Liability Company is:

BEACH 'N BOARDS FEST, LLC

## Article II

The street address of the principal office of the Limited Liability Company is:

516 DELANNOY AVENUE
COCOA, FL. US 32922

The mailing address of the Limited Liability Company is:

516 DELANNOY AVENUE
COCOA, FL. US 32922

## Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

## Article IV

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

JOHN R KANCILIA
1795 WEST NASA BOULEVARD
MELBOURNE, FL. 32901

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: JOHN R. KANCILIA

## Article V

L12000025176
FILED 8:00 AM
February 21, 2012
Sec. Of State
bbostick

The name and address of managing members/managers are:

Title: MGR
MALCOLM KIRSCHENBAUM
516 DELANNOY AVENUE
COCOA, FL. 32922 US

Signature of member or an authorized representative of a member

Electronic Signature: JOHN R. KANCILIA

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

DIVISION OF CORPORATIONS

# Detail by Entity Name

Florida Limited Liability Company
BEACH 'N BOARDS FEST, LLC

**Filing Information**

| | |
|---|---|
| **Document Number** | L12000025176 |
| **FEI/EIN Number** | 46-1360823 |
| **Date Filed** | 02/21/2012 |
| **State** | FL |
| **Status** | ACTIVE |

**Principal Address**

516 DELANNOY AVENUE
COCOA, FL 32922

**Mailing Address**

3850 S. Banana River Blvd
Cocoa Beach, FL 32931

Changed: 04/28/2016

**Registered Agent Name & Address**

Specht, Lisa
301 E. Pine Street
Suite 1400
Orlando, FL 32801

Name Changed: 04/12/2021

Address Changed: 04/12/2021

**Authorized Person(s) Detail**

**Name & Address**

Title President, Manager

Goodwin, Michele
3850 S Banana River Blvd
Cocoa Beach, FL 32931

Title Manager, Treasurer

Varnes, G. Mitchell
516 DELANNOY AVENUE
COCOA, FL 32922

Title Secretary

Youngs, Jacqueline G
3850 S Banana River Blvd
Cocoa Beach, FL 32931

**Annual Reports**

| Report Year | Filed Date |
|---|---|
| 2023 | 04/26/2023 |
| 2023 | 07/11/2023 |
| 2024 | 04/24/2024 |

**Document Images**

| | |
|---|---|
| 04/24/2024 -- ANNUAL REPORT | View image in PDF format |
| 07/11/2023 -- AMENDED ANNUAL REPORT | View image in PDF format |
| 04/26/2023 -- ANNUAL REPORT | View image in PDF format |
| 04/26/2022 -- ANNUAL REPORT | View image in PDF format |
| 04/12/2021 -- AMENDED ANNUAL REPORT | View image in PDF format |
| 03/29/2021 -- ANNUAL REPORT | View image in PDF format |
| 06/11/2020 -- ANNUAL REPORT | View image in PDF format |
| 04/26/2019 -- ANNUAL REPORT | View image in PDF format |
| 03/22/2018 -- ANNUAL REPORT | View image in PDF format |
| 04/28/2017 -- ANNUAL REPORT | View image in PDF format |
| 04/28/2016 -- ANNUAL REPORT | View image in PDF format |
| 04/23/2015 -- ANNUAL REPORT | View image in PDF format |
| 04/28/2014 -- ANNUAL REPORT | View image in PDF format |
| 04/29/2013 -- ANNUAL REPORT | View image in PDF format |
| 02/21/2012 -- Florida Limited Liability | View image in PDF format |

Florida Department of State, Division of Corporations

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 24, 2024**
**Secretary of State**
**0307641821CC**

DOCUMENT# L12000025176

**Entity Name:** BEACH 'N BOARDS FEST, LLC

**Current Principal Place of Business:**

516 DELANNOY AVENUE
COCOA, FL 32922

**Current Mailing Address:**

3850 S. BANANA RIVER BLVD
COCOA BEACH, FL 32931 US

**FEI Number: 46-1360823**

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

SPECHT, LISA
301 E. PINE STREET
SUITE 1400
ORLANDO, FL 32801 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: LISA SPECHT 04/24/2024
Electronic Signature of Registered Agent — Date

**Authorized Person(s) Detail :**

| | |
|---|---|
| Title | PRESIDENT, MANAGER |
| Name | GOODWIN, MICHELE |
| Address | 3850 S BANANA RIVER BVLD |
| City-State-Zip: | COCOA BEACH FL 32931 |

| | |
|---|---|
| Title | MANAGER, TREASURER |
| Name | VARNES, G. MITCHELL |
| Address | 516 DELANNOY AVENUE |
| City-State-Zip: | COCOA FL 32922 |

| | |
|---|---|
| Title | SECRETARY |
| Name | YOUNGS, JACQUELINE G |
| Address | 3850 S BANANA RIVER BLVD |
| 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: MICHELE GOODWIN PRESIDENT 04/24/2024
Electronic Signature of Signing Authorized Person(s) Detail — Date

**Tourism Development Office**
**FY 2024-2025 Marketing Support Program**
**checklist**

Applicant Organization Name: United States Law Enforcement Foundation

Applicant Event Name: Year-round programming

| | Yes | No | Comment |
|---|---|---|---|
| Completed questionnaire | X | | |
| Copy of 990 form (if applicable) | X | | |
| Copy of IRS Articles of Incorporation – (if applicable) | | X | N/A - dw |
| Copy of IRS Determination letter – (if applicable) | X | | |
| Copy of SunBiz.org (if applicable) | X | | |
| Copy of this MSP checklist | X | | |

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

Cranis, Peter Digitally signed by Cranis, Peter Date: 2024.10.17 11:01:28 -04'00'

Peter Cranis, Executive Director

# FY 2024-2025 Marketing Support Program application

Response ID:46 Data

## 2. (untitled)

**1. I have read and understand the policies/procedures within the FY 2024-2025 Marketing Support Program Criteria.**

Signature of: Kim Connolly

## 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**

United States Law Enforcement Foundation

**Organization address**

6350 Horizon Drive

**State**

Florida

**City**

Titusville

**Zip**

32780

**Primary contact name**

Kim Connolly

**Primary contact phone number**

3212640911

**Primary contact email**

kimc@aphf.org

**Secondary contact name**

Barry Shepherd

**Secondary contact phone number**

3212640911

**Secondary contact email**

barrys@aphf.org

**Organization website address**

uslef.org or aphf.org

5. (untitled)

4. **Which best describes your organization?**

501(C)(3)

6. (untitled)

5. **What is your Federal Employee ID number?**

591164090

7. (untitled)

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

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

8. (untitled)

1. **E7 ENT INFORMATION**

**Name of event**

**Event website address Vf 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)

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

12. (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.)

13. (untitled)

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

Facebook : https://www.facebook.com/USLEF
Instagram : instagram.com/unitedstateslef
YouTube : https://www.youtube.com/@americanpolicehalloffame4210

14. (untitled)

**, . What hashtags do you use?**

#USLEF, #Lawenforcement, #police, #foundation, #unitedstateslawenforcementfoundation

15. (untitled)

**10. As a cultural organization how would you like us to spend your support?**

Out-of-county advertising/marketing support

16. (untitled)

**11. If you were asked to include the Space Coast Office of Tourism in your marketing materials) what elements could you include us in?**

Billboards
Email blast (e-newsletter, promotional, etc.)
Social media post
Website/blog

17. (untitled)

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

USLEF_IRS_Determination_Letter_2023.pdf

18. (untitled)

13. **Upload a copy of your organization's , , 0 form.**

USLEF_990-compact_pdf_FY_2022-2023.pdf

19. (untitled)

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

20. (untitled)

14. **If you are a Florida organization) please upload a copy of your SunBiz.com account associated with your organization.**

USLEF_Sunbiz_Detail.pdf

21. (untitled)

15. **Upload your completed Checklist.**

TDO_2024-2025_Applicant_Checklist.pdf

22. (untitled)

16. **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: Kim Connolly

## 23. Thank You!

**New Send Email**

Oct 07, 2024 14:36:08 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

**Department of the Treasury**
**Internal Revenue Service**
**Tax Exempt and Government Entities**
PO Box 2508
Cincinnati, OH 45201

**Date:**
January 23, 2023
**Employer ID number:**
59-1164090
**Form 990 required:**
990, Yes
**Person to contact:**
Name: Ms. Chung
ID number: 0777227

GREG LAM
UNITED STATES LAW ENFORCEMENT
FOUNDATION INC
310 W 20TH ST STE 300
KANSAS CITY, MO 64108

Dear Sir or Madam:

We're responding to your request dated December 02, 2022, about your tax-exempt status.

We issued you a determination letter in April 1971, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Section 509(a)(2).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax-deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period.

- Form 990, Return of Organization Exempt From Income Tax
- Form 990-EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

Sincerely,

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements

Form **990**

Department of the Treasury
Internal Revenue Service

# 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

**2022**

**Open to Public Inspection**

A For the 2022 calendar year, or tax year beginning 10/01/22 , and ending 09/30/23

B Check if applicable:
- [ ] Address change
- [X] Name change
- [ ] Initial return
- [ ] Final return/ terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization: United States Law Enforcement Foundation, Inc.

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 6350 Horizon Drive

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: Titusville FL 32780

D Employer identification number: 59-1164090

E Telephone number: 321-264-0911

G Gross receipts $: 2,500,398

F Name and address of principal officer:
Brent Shepherd
6350 Horizon Drive
Titusville FL 32780

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No

If "No," attach a list. See instructions

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: www.nacoponline.org

H(c) Group exemption number

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other

L Year of formation: 1967

M State of legal domicile: FL

## Part I Summary

1 Briefly describe the organization's mission or most significant activities:
See Schedule O

2 Check this box [ ] 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 | 8 |
| 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 2022 (Part V, line 2a) | 5 | 26 |
| 6 Total number of volunteers (estimate if necessary) | 6 | 50 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 260,698 |
| b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0 |

| | Prior Year | Current Year |
|---|---|---|
| 8 Contributions and grants (Part VIII, line 1h) | 1,791,766 | 1,943,161 |
| 9 Program service revenue (Part VIII, line 2g) | 344,366 | 291,309 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 25,346 | -19,849 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 164,532 | 221,439 |
| 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 2,326,010 | 2,436,060 |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 84,994 | 555,592 |
| 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) | 731,015 | 780,298 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 761,959 | 1,350,715 |
| b Total fundraising expenses (Part IX, column (D), line 25) 1,710,947 | | |
| 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 1,192,140 | 1,159,996 |
| 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 2,770,108 | 3,846,601 |
| 19 Revenue less expenses. Subtract line 18 from line 12 | -444,098 | -1,410,541 |

| | Beginning of Current Year | End of Year |
|---|---|---|
| 20 Total assets (Part X, line 16) | 4,643,223 | 4,434,425 |
| 21 Total liabilities (Part X, line 26) | 606,009 | 1,807,752 |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 4,037,214 | 2,626,673 |

## 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: B&A Shepherd — Date: Jan. 2, 2024

Type or print name and title: Brent Shepherd Exec.Secr./Treasurer

**Paid Preparer Use Only**

| | | | | |
|---|---|---|---|---|
| Print/Type preparer's name: Michael J. Robbins | Preparer's signature | Date: 12/19/23 | Check [ ] if self-employed | PTIN: P01210648 |
| Firm's name: ROBBINS & MORONEY, PA | | | Firm's EIN: | 65-0356804 |
| Firm's address: 222 SE 10th St Fort Lauderdale, FL 33316 | | | Phone no. | 954-467-3100 |

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.

DAA

Form 990 (20

**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 ☒ 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 $ 1,786,579 including grants of $ 555,592 ) (Revenue $ 291,309 )

See Schedule O

4b (Code: ) (Expenses $ including grants of $ ) (Revenue $ )

N/A

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 1,786,579

**Part IV Checklist of Required Schedules**

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | X | |
| 2 | Is the organization required to complete *Schedule B, Schedule of Contributors?* See instructions | 2 | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | X |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II* | 4 | | 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* | 5 | | 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* | 6 | | 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* | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for 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* | 9 | | 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* | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI* | 11a | 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* | 11b | | 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* | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX* | 11d | | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* | 11e | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X* | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII* | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional* | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV* | 14b | | 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* | 15 | | 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* | 16 | | 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 | 17 | 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* | 18 | | 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* | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 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* | 21 | 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? *If "Yes," complete Schedule I, Parts I and III* | 22 | X | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a* | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| 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? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 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? *If "Yes," complete Schedule L, Part I* | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I* | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II* | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III* | 27 | | 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? *If "Yes," complete Schedule L, Part IV* | 28a | | X |
| b | A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV* | 28b | X | |
| c | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV* | 28c | | X |
| 29 | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | 32 | | 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? *If "Yes," complete Schedule R, Part I* | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1* | 34 | X | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | 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)? *If "Yes," complete Schedule R, Part V, line 2* | 35b | | |
| 36 | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | 36 | | 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? *If "Yes," complete Schedule R, Part VI* | 37 | | 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. | 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 | 1a | 9 | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 1b | 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 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 26 | | | |
| 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 | X | |
| 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<br>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?<br>**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?<br>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?<br>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?<br>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 | 1a | 8 | | |
| | 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. | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | 1b | 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? | 2 | | | 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? | 3 | | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | | X |
| 6 | Did the organization have members or stockholders? | 6 | | | 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? | 7a | | | 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? | 7b | | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| a | The governing body? | 8a | | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | | 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* | 9 | | | 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? | 10a | | 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? | 11a | 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* | 12a | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | 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* | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | 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 | 15a | X | |
| b | Other officers or key employees of the organization | 15b | 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? | 16a | | 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 AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY

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

Brent Shepherd 6350 Horizon Drive

Titusville FL 32780 321-264-0911

**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) Barry Shepherd | 12.25 | | | | | | | | | |
| Executive Director | 22.75 | X | | X | | | | 109,868 | 0 | 0 |
| (2) Kim Connolly | 20.00 | | | | | | | | | |
| VP/Controller | 20.00 | X | | X | | | | 62,502 | 0 | 0 |
| (3) Jamie Maynard | 14.00 | | | | | | | | | |
| K-9 Coord./IT Dir. | 21.00 | X | | | | | | 76,677 | 0 | 0 |
| (4) Jack Rinchich | 2.00 | | | | | | | | | |
| Pres./Natl Chaplain | 0.00 | X | | X | | | | 0 | 0 | 0 |
| (5) John Kucan | 2.00 | | | | | | | | | |
| Outreach Chairman | 0.00 | X | | | | | | 0 | 0 | 0 |
| (6) Brian Smith | 2.00 | | | | | | | | | |
| VP/Sgt. at Arms | 0.00 | X | | X | | | | 0 | 0 | 0 |
| (7) Steve Newton | 2.00 | | | | | | | | | |
| 3rd VP | 0.00 | X | | X | | | | 0 | 0 | 0 |
| (8) James Khoury | 2.00 | | | | | | | | | |
| 5th VP | 0.00 | X | | X | | | | 0 | 0 | 0 |
| (9) Brent Shepherd | 24.50 | | | | | | | | | |
| Exec.Secr./Treasurer | 10.50 | | | X | | | | 112,926 | 0 | 0 |
| (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 | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 361,973 | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 361,973 | | |

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 2

| | | 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 |
|---|---|---|
| Innovative Teleservices PO Box 252747 W. Bloomfield MI 48325 | Education/Fundraising | 903,761 |
| Midwest Publishing 10210 N. 25th Ave., Ste 150 Phoenix AZ 85021 | Education/Fundraising | 403,601 |
| American Police Academy, Inc. 6350 Horizon Drive Titusville FL 32780 | Management | 156,025 |
| | | |
| | | |

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 3

**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 | 1,943,161 | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | $ | | | | |
| | h Total. Add lines 1a–1f | | | 1,943,161 | | | |
| | | | Business Code | | | | |
| Program Service Revenue | 2a Gun Range | | 713990 | 228,600 | | 228,600 | |
| | b Net Museum Revenue | | 511120 | 31,790 | 31,790 | | |
| | c NACOP Publications and Other | | 611710 | 30,919 | 30,919 | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a–2f | | | 291,309 | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 151 | | | 151 |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | | | (i) Real / (ii) Personal | | | | |
| | 6a Gross rents | 6a | 99,500 | | | | |
| | b Less: rental expenses | 6b | | | | | |
| | c Rental inc. or (loss) | 6c | 99,500 | | | | |
| | d Net rental income or (loss) | | | 99,500 | | | 99,500 |
| | | | (i) Securities / (ii) Other | | | | |
| | 7a Gross amount from sales of assets other than inventory | 7a | | | | | |
| | b Less: cost or other basis and sales exps. | 7b | 20,000 | | | | |
| | c Gain or (loss) | 7c | -20,000 | | | | |
| | d Net gain or (loss) | | | -20,000 | | | -20,000 |
| | 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 | 76,436 | | | | |
| | b Less: cost of goods sold | 10b | 44,338 | | | | |
| | c Net income or (loss) from sales of inventory | | | 32,098 | | 32,098 | |
| | | | Business Code | | | | |
| Miscellaneous Revenue | 11a Fed Employee Retention Credit | | 999999 | 89,841 | 89,841 | | |
| | b | | | | | | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a–11d | | | 89,841 | | | |
| | 12 Total revenue. See instructions | | | 2,436,060 | 152,550 | 260,698 | 79,651 |

## 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 | 508,228 | 508,228 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 47,364 | 47,364 | | |
| 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 | 335,632 | 155,686 | 128,885 | 51,061 |
| 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 | 266,586 | 255,612 | 6,884 | 4,090 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 20,789 | 11,888 | 6,333 | 2,568 |
| 9 Other employee benefits | 87,039 | 49,795 | 26,486 | 10,758 |
| 10 Payroll taxes | 70,252 | 40,191 | 21,378 | 8,683 |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 7,171 | | 7,171 | |
| c Accounting | 12,150 | | 12,150 | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | 1,350,715 | | | 1,350,715 |
| 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 | 7,639 | | 7,639 | |
| 13 Office expenses | 21,628 | 13,295 | 7,639 | 694 |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | | | | |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 130,012 | 130,012 | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 187,292 | 159,367 | 17,493 | 10,432 |
| 23 Insurance | 82,058 | 70,452 | 7,270 | 4,336 |
| 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 Le Flame | 208,218 | | | 208,218 |
| b Repairs and Maintenance | 142,344 | 127,123 | 9,535 | 5,686 |
| c Utilities | 109,963 | 93,568 | 10,270 | 6,125 |
| d Miscellaneous | 93,294 | 19,875 | 62,808 | 10,611 |
| e All other expenses | 158,227 | 104,123 | 17,134 | 36,970 |
| 25 Total functional expenses. Add lines 1 through 24e | 3,846,601 | 1,786,579 | 349,075 | 1,710,947 |
| 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 ☒ if following SOP 98-2 (ASC 958-720) | 96,205 | 24,051 | 1,924 | 70,230 |

**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 | | 69,547 | 1 | 87,213 |
| | 2 | Savings and temporary cash investments | | 43,161 | 2 | 5,785 |
| | 3 | Pledges and grants receivable, net | | | 3 | |
| | 4 | Accounts receivable, net | | 13,809 | 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 | | 21,724 | 8 | 18,753 |
| | 9 | Prepaid expenses and deferred charges | | 23,314 | 9 | 26,393 |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 8,216,398 | | | |
| | b | Less: accumulated depreciation | 10b 3,920,117 | 4,471,668 | 10c | 4,296,281 |
| | 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) | | 4,643,223 | 16 | 4,434,425 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 207,147 | 17 | 179,923 |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | 68,475 | 19 | 26,350 |
| | 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 | | 320,354 | 23 | 1,578,548 |
| | 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 | | 10,033 | 25 | 22,931 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 606,009 | 26 | 1,807,752 |
| Net Assets or Fund Balances | | **Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.** | | | | |
| | 27 | Net assets without donor restrictions | | 4,037,214 | 27 | 2,626,673 |
| | 28 | Net assets with donor restrictions | | | 28 | |
| | | **Organizations that do not follow FASB ASC 958, check here** ☐ **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 | | 4,037,214 | 32 | 2,626,673 |
| | 33 | Total liabilities and net assets/fund balances | | 4,643,223 | 33 | 4,434,425 |

## 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 | 2,436,060 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 3,846,601 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -1,410,541 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 4,037,214 |
| 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 | 2,626,673 |

## 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: ☐ Cash ☒ Accrual ☐ 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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | 2a | | 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: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | 2b | 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. | 2c | 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? | 3a | | 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 | 3b | | |

**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

**2022**

**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| United States Law Enforcement Foundation, Inc. | 59-1164090 |

**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 331/3% 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? Yes | (iv) Is the organization listed in your governing document? No | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| (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) 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 ☐

## 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 ☐

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 ☐

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 ☐

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 ☐

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) 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.") | 2,335,622 | 2,435,469 | 2,172,677 | 1,791,766 | 1,943,161 | 10,578,695 |
| 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 | 402,978 | 70,970 | 75,861 | 63,848 | 152,550 | 766,207 |
| 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 | 2,738,600 | 2,506,439 | 2,248,538 | 1,855,614 | 2,095,711 | 11,444,902 |
| 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.) | | | | | | 11,444,902 |

## 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 | 2,738,600 | 2,506,439 | 2,248,538 | 1,855,614 | 2,095,711 | 11,444,902 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 132,538 | 115,805 | 118,999 | 114,712 | 99,651 | 581,705 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 132,538 | 115,805 | 118,999 | 114,712 | 99,651 | 581,705 |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | 165,733 | 178,639 | 167,908 | 101,243 | 613,523 |
| 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.) | 2,871,138 | 2,787,977 | 2,546,176 | 2,138,234 | 2,296,605 | 12,640,130 |

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 | 90.54 % |
| 16 | Public support percentage from 2021 Schedule A, Part III, line 15 | 16 | 91.87 % |

## Section D. Computation of Investment Income Percentage

| | | | |
|---|---|---|---|
| 17 | Investment income percentage for **2022** (line 10c, column (f), divided by line 13, column (f)) | 17 | 5 % |
| 18 | Investment income percentage from **2021** Schedule A, Part III, line 17 | 18 | 4 % |

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

**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 ☐ 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).*

| | | | Yes | No |
|---|---|---|---|---|
| 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 ☐ 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.)

**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
**2022**
Open to Public Inspection

Name of the organization
United States Law Enforcement Foundation, Inc.

Employer identification number
59-1164090

## 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? ☐ 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.

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

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 in (a) | 2c |
| d | Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 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 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense 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 |
|---|---|---|
| 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 | | 1,118,242 | | 1,118,242 |
| b Buildings | | 6,321,513 | 3,313,943 | 3,007,570 |
| c Leasehold improvements | | | | |
| d Equipment | | 190,948 | 184,187 | 6,761 |
| e Other | | 585,695 | 421,987 | 163,708 |
| Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* | | | | 4,296,281 |

**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, 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. *(Column (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) Due to Affiliate | 22,931 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* | 22,931 |

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.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 2,436,060 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| a | Net unrealized gains (losses) on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| e | Add lines 2a through 2d | | | 2e | |
| 3 | Subtract line 2e from line 1 | | | 3 | 2,436,060 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | Add lines 4a and 4b | | | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)* | | | 5 | 2,436,060 |

**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.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 3,846,601 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| a | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| e | Add lines 2a through 2d | | | 2e | |
| 3 | Subtract line 2e from line 1 | | | 3 | 3,846,601 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | Add lines 4a and 4b | | | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)* | | | 5 | 3,846,601 |

**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 XIII Supplemental Information** *(continued)*

**SCHEDULE G (Form 990)**

Department of the Treasury
Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022**

Open to Public Inspection

Name of the organization: United States Law Enforcement Foundation, Inc.

Employer identification number: 59-1164090

**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 [X] Mail solicitations
- b [ ] Internet and email solicitations
- c [X] 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? [X] 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 fund-raiser have custody or control of contributions? Yes | (iii) No | (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 |
|---|---|---|---|---|---|---|
| 1 Innovative Teleservices, Inc. PO Box 252747 W. Bloomfield MI 48325 | Phone | | X | 1,020,828 | 903,761 | 117,067 |
| 2 Midwest Publishing 10210 N. 25th Ave., Ste 150 Phoenix AZ 85021 | Phone | X | | 449,515 | 403,601 | 45,914 |
| 3 Odell, Simms & Associates 7704 Leesburg Pike Falls Church VA 22043 | DirectMail | | X | 296,528 | 28,893 | 267,635 |
| 4 Press Box 3600 Clipper Mill Rd. #155 Baltimore MD 21211 | Phone | | X | 420 | 14,100 | -13,680 |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total | | | | 1,767,291 | 1,350,355 | 416,936 |

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.

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Florida, Georgia, Hawaii, Illinois, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Mississippi, Missouri, Nevada, New Hampshire, New Jersey, New York, North Carolina, New Mexico, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin

**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 (event type) | (b) Event #2 (event type) | (c) Other events (total number) | (d) Total events (add col. (a) through col. (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross receipts | | | | |
| | 2 Less: Contributions | | | | |
| | 3 Gross income (line 1 minus line 2) | | | | |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | | | | |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | |
| | 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | |

**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 | ☐ Yes ____ % ☐ No | ☐ Yes ____ % ☐ No | ☐ Yes ____ % ☐ 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:

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.

Sch G, Part I, Line 2b, Col (iii) - Custody or Control Arrangement
Midwest Publishing
MP raises donations & deposits them into a Bank of Arizona account

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

**Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.**

**Attach to Form 990.**

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

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization: United States Law Enforcement Foundation, Inc.

Employer identification number: 59-1164090

## Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

## Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| (1) Amer Fed Police&Concerned Citizens 6350 Horizon Drive Titusville FL 32780 | 52-1127259 | 501c3 | 508,228 | | | | Program Services |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 1

3 Enter total number of other organizations listed in the line 1 table ▶ 0

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|---|---|---|---|---|---|
| 1 | Educational Scholarships | 32 | 19,200 | | | |
| 2 | Summer Camp | 6 | 2,295 | | | |
| 3 | Christmas Cards | 476 | 7,140 | | | |
| 4 | Christmas Gifts | 100 | 4,500 | | | |
| 5 | Birthday Gifts | 91 | 4,095 | | | |
| 6 | Mothers/Fathers Day Gifts | 597 | 8,955 | | | |
| 7 | Medical Reimbursement | 3 | 1,179 | | | |

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

Records are maintained for recipients of grants and assistance.

**SCHEDULE L** (Form 990)

Department of the Treasury
Internal Revenue Service

# Transactions With Interested Persons

**Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
**Attach to Form 990 or Form 990-EZ.**
**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

**2022**

**Open To Public Inspection**

Name of the organization: United States Law Enforcement Foundation, Inc.

Employer identification number: 59-1164090

## Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1 | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? Yes | (d) Corrected? No |
|---|---|---|---|---|---|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... $

## Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

| | (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the org.? To | (d) Loan to or from the org.? From | (e) Original principal amount | (f) Balance due | (g) In default? Yes | (g) In default? No | (h) Approved by board or committee? Yes | (h) Approved by board or committee? No | (i) Written agreement? Yes | (i) Written agreement? No |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (1) | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | |
| Total | | | | | | $ | | | | | | | |

## Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| | (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|---|---|---|---|---|---|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of org. revenues? Yes | (e) Sharing of org. revenues? No |
|---|---|---|---|---|---|
| (1) Lori Shepherd | See Sch L, PartV | 65,546 | See Sch L, Part V | | X |
| (2) Peter Connolly | See Sch L, PartV | 67,834 | See Sch L, Part V | | X |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |

**Part V Supplemental Information.**

Provide additional information for responses to questions on Schedule L (see instructions).

Schedule L, Part V - Additional Information

Schedule L, Part IV, Line 1:

The Executive Director's wife, Lori Shepherd, is an employee of NACOP and was compensated $65,546 during fiscal year ending September 30, 2023. Lori Shepherd is also the sister-in-law of the Executive Secretary/Treasurer, Brent Shepherd.

Schedule L, Part IV, Line 2:

The Vice President/Controller's husband, Peter Connolly, is an employee of NACOP and was compensated $67,834 during fiscal year ending September 30, 2023.

| SCHEDULE O (Form 990) | Supplemental Information to Form 990 or 990-EZ | OMB No. 1545-0047 |
|---|---|---|
| Department of the Treasury Internal Revenue Service | 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. | 2022 Open to Public Inspection |

| Name of the organization | Employer identification number |
|---|---|
| United States Law Enforcement Foundation, Inc. | 59-1164090 |

Form 990 - Organization's Mission or Most Significant Activities

During the fiscal year, the National Association of Chiefs of Police, Inc. formally changed the name of the organization to the United States Law Enforcement Foundation. Since the inception of the Paralyzed and Disabled Police Officers Fund, the United States Law Enforcement Foundation has provided over $660,000 in financial assistance and $250,000 in gifts to police officers who were disabled in the line of duty and to their families. Since 2001 USLEF has also helped 122 law enforcement agencies from 36 states raise over $1,137,000 for K-9 units.

Form 990 - Organization's Mission

The United States Law Enforcement Foundation (USLEF) is a charitable and educational not-for-profit organization set up to provide services to, 1)officers who hold supervisory positions in federal, state, county, university and local law enforcement agencies within the borders of the United States and its territories, including individuals who are involved in the security industry and work hand in hand in the protection of life and property of this nation, and 2)officers who have been paralyzed or disabled because of a line of duty incident, and to these disabled officers' families.

USLEF has a multi-faceted program service effort including, but not limited to, the following:

a. To maintain and perpetuate the American Police Hall of Fame and Museum for the purpose of honoring officers who have died in the line of duty in the United States of America and its territories and possessions and to

house a museum of law enforcement artifacts for public display to promote the law enforcement profession and help develop the public's understanding of the day to day challenges faced by law enforcement professionals.

b. To educate and promote the annual observance of Peace Officers' Week and May 15th, Peace Officers' Memorial Day, to the general public through activities and sponsored programs.

c. To offer assistance to officers and to the families of officers who have been disabled in the line of duty.

d. To encourage educational activities and services to upgrade law enforcement and security on a professional level.

e. To publish, distribute and print materials relative to law enforcement history, training and services and research material which may be funded by USLEF.

f. To hold meetings and sponsor seminars and conferences for the purpose of educating and upgrading those who may supervise agencies in law enforcement at the federal, state, county, University and local levels as well as private security, as needed.

g. To encourage citizen support for law enforcement, for the establishment and maintenance of a law enforcement memorial and museum and for honoring those who serve and protect in the community on all levels of government.

h. To help fund or provide resources to law enforcement agencies for crime prevention and/or crime deterrence programs or services for which funds or resources are not readily available to the agency. Such funding and/or resources may be provided for such programs and/or services which may include, but need not be limited to, police K9's, K9 program related expenses, community oriented gun safety programs and children's safety education.

i. To operate a gun range at which police departments, officers and the public can safely participate in firearm education, training, skill development, recreation and competition and at which the public can develop a better understanding of the firearm competencies required of police officers, and federal, state and local requirements and regulations.

Form 990, Part VI, Line 1a (and Part I, Line 3) - Explanation of Governing Body

USLEF has an active, 11 member Board of Directors that meets regularly throughout the year to discuss, brainstorm and evaluate the mission accomplishments of the organization. The organization also has an active Advisory Board comprised of professionals from outside of the organization that provides input to the Board of Directors. There is an annual board meeting that summarizes the accomplishments and concerns of the organization from the previous year.

Form 990, Part III, Line 4a - First Accomplishment

EDUCATION, RECOGNITION, SUPPORT AND PUBLIC AWARENESS:

EDUCATION: Among the many educational benefits, we encourage every law-abiding individual to support their local police. We accomplish this with many publications and programs that are educational in nature. In most cases, these are provided without charge to the police agencies or at minimal cost. We produce other educational materials such as posters and printed guidelines to promote Police Week and to encourage citizen support of police in their own community.

Chief of Police Magazine: USLEF publishes a magazine, the Chief of Police,

for its members. It provides information on changes in the law as well as successful anti-crime programs, administrative concerns and training of staff and officers to chiefs of police, county sheriffs, state and federal agencies and universities, who employ hundreds of thousands of sworn law enforcement officers in the United States.

Survey: On an annual basis, we conduct a survey of command officers regarding issues and questions of ethics that they in turn can use as a guideline for training and actions. The survey also provides the media, the legislature and the community with the views of the police departments on subjects such as firearms, funding, training, use of force, sharing crime facts, and problems dealing with the use of narcotics, school violence, and issues of policing in the years ahead. We can respond to major issues, via the results of the Survey, which is now in its 35th year of publication.

Police Ethics: Part of the educational program of the United States Law Enforcement Foundation is to reach out to citizens in the community to help set standards for police leadership and police ethics. We encourage citizens to understand that a real professional must have ethics and standards to keep the community alert to trends in crime and in the selection of men and women who uphold the law.

Police Museum: The 30,000 square foot Police Museum houses many exciting exhibits and displays that provide visitors with an abundance of hands-on educational opportunities. Visitors learn about police equipment from yesterday, today and tomorrow, and about such topics as terrorism, street

and prison weapons, and capital punishment through a close-up view of thousands of artifacts assembled from all over the world over the past 63 years. A simulated crime scene together with police investigations and forensics tools provide an opportunity for visitors to gain a better understanding of crime scene investigation work. An interactive counterfeit money display allows visitors to check the authenticity of their currency using several techniques available to law enforcement agencies. In addition to the general public, thousands of police officers and survivors of police officers killed in the line of duty visit the Museum every year to see the Memorial where more than 11,430 names of slain police officers from the past 63 years are engraved.

Training Facility: Our training rooms have been used by many governmental agencies, local municipalities and educational institutions for training and educational sessions. These groups include the U.S. Department of Commerce, 18th Judicial Circuit Court, Florida Department of Law Enforcement, Florida Department of Transportation, Brevard County Sheriff's Office, Titusville Police Department, Kennedy Space Center Security, Brevard County Correctional Institute, Eastern Florida State College Police Academy, Florida Institute of Technology, Brevard County, the City of Titusville, Police Benevolent Association, and the Space Coast League of Cities. Numerous schools make field trips that start in the training room and then continue to the Museum and Memorial. Thousands of school children have been part of USLEF's programs. Every year during the week of May 15th, we hold services where the families of slain officers are invited, as are members of the Board of Directors, to commemorate and remember officers killed in the line of duty during prior years.

Shooting Center: Our 24-lane indoor gun range known as the Shooting Center is open to law enforcement, corrections, security, military personnel and the general public. The range is used for teaching firearms safety, self-defense, training, competitions and practice. More than 20,000 people annually shoot in the range. Many of these are first time firearms users who come away with a keen appreciation for the skills and competencies required of law enforcement officers in the performance of their duties and with a real life, first-hand education on firearms safety. The Shooting Center has hosted training conducted by Kennedy Space Center Security, the Bureau of Alcohol, Tobacco, Firearms and Explosives, the State Attorney's Office, Department of Homeland Security, the US Department of Labor, the National Park Service, Brevard County Sheriff's Office, Melbourne Police Department, the Titusville Police Department, and has hosted events in conjunction with the Civilian Marksmanship Program, NJROTC, Keiser University, Boy Scouts of America and Florida Sport Shooting Association. Many private security firms and training organizations use the Shooting Center for firearms and self-defense training and for armed security officer qualifying.

RECOGNITION: National Awards Program: This program is in its 63rd year. Various citations, medals and uniform bars are available to all U.S. law enforcement agencies for the purpose of recognizing acts of service and valor. This simple but effective method of recognition is very important for officer morale. The medals and uniform bars are similar to those worn by members of the armed forces and can be worn on a police uniform. The second highest award a law enforcement officer can receive is the Silver

Star of Bravery. Citizens who come to the aid of local law enforcement officers and/or fellow citizens are also eligible for recognition through the National Award Program.

Medal of Honor: The highest award, the Posthumous Medal of Honor, is issued when an officer has died in the line of duty. The award is sent to the officer's department and then presented to the officer's family. The officer's name, rank and department affiliation is then added to the memorial walls located inside the Police Museum.

Law Enforcement Officer of the Year: One officer is selected each year to receive this award. The award is designed to recognize the bravery and dedication of one outstanding law enforcement officer each year.

SUPPORT: One of the goals of the United States Law Enforcement Foundation is to support the law enforcement community that includes individual officers and agencies. The organization seeks to find areas where normal funding and support is not currently available and make that service or funding available.

Disabled Police Officer Program: Each day almost 160 law enforcement officers are injured in the line of duty. Many of these officers will be permanently disabled and unable to return to work. USLEF studies the type of injuries law enforcement officers receive. Because each state has differing guidelines concerning disabled officers, there are no consistent standards for a disabled or paralyzed officer to follow. We have a volunteer chairman, who is a permanently disabled officer, who can assist

other injured officers and advise them on options for rehabilitation. We provide grants to disabled officers to help with needs such as medical reimbursements or educational scholarships. The children of disabled officers are also provided educational scholarships, Christmas and Birthday gifts and Summer Camp grants. Every officer who becomes permanently disabled as a result of a line of duty injury is eligible to enroll at no cost to the officer in our Disabled Police Officers Fund. They are provided a free lifetime membership as well as a citation and medal for Line of Duty Injury. We also encourage disabled officers to attend our annual meetings.

K-9 Matching Grant Program: The United States Law Enforcement Foundation has worked with 122 police departments in 36 states throughout the U.S. to help raise funds for their canine programs. Over $1,137,000 has been awarded to underfunded police departments since the program began in 2001.

PUBLIC AWARENESS: USLEF strives to make the public aware of the nature and importance of law enforcement, the law enforcement profession and the dangers that accompany it.

Press Releases: When a recipient of our National Awards Program is presented their award, local newspapers often publish the facts surrounding the actions which led to the recipient's recognition. Information on departments who have received assistance from the K9 Matching Grant program is also provided to local media.

Direct mail: Information on current relevant law enforcement issues are

sent to individuals who have expressed interest in the organization's purpose. Throughout the year, personal safety and identity theft information is provided to citizens throughout the United States.

Public Service Announcements: From time to time USLEF produces public service announcements on law enforcement topics relevant to the public.

Form 990, Part VI - Additional Information

Board Members and Officers

Barry Shepherd (Executive Director) and Brent Shepherd (Executive Secretary/Treasurer) are brothers.

Barry Shepherd (Executive Director), Kim Connolly (VP/Controller) and Brent Shepherd (Executive Secretary/Treasurer) are Board Members and/or Officers for American Police Academy, Inc., Florida Crime Prevention Commission, Inc., Venerable Order of Knights of Michael the Archangel, Inc., The American Police Hall of Fame & Museum, Inc. (APHF) & American Federation of Police & Concerned Citizens, Inc. (AFP&CC). These organizations are listed on Schedule R, Part II. NACOP also received $580,000 from AFP&CC ($99,500 was for rent, $427,500 was for management services and $53,000 was a donation). USLEF also paid compensation of $156,025 to American Police Academy, Inc. for management services. USLEF also made a contribution to AFP&CC in the amount of $508,228. These amounts are included on Schedule R, Part V.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

After an independent CPA firm has prepared a draft copy of the organization's Internal Revenue Service Form 990, the Audit Committee,

every member of the Executive Board, the Executive Director and the Director of Operations are all required to review the form in detail. Every member of the Board of Directors and the Advisory Committee are asked to review the form. All of these individuals may make comments or suggestions or raise any questions they may have about the form. All questions, comments and suggestions are answered by the Chief Financial Officer and/or the CPA. Changes that need to be made are presented to the CPA to prepare and file the final IRS Form 990.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
Policy is reviewed and discussed by board members and employees at meetings and any possible conflicts that arise are required to be disclosed.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
Review by board, consultation with CPA specializing in not-for-profit companies, monitoring of salaries listed in philanthropic industry publications, salary and benefit studies by independent sources, information from IRS Form 990 filings of similar organizations, written job offers for positions at similar organizations and/or documented telephone calls about similar positions at nonprofit and for-profit companies.

Form 990, Part VI, Line 15b - Compensation Process for Officers
Review by board, consultation with CPA specializing in not-for-profit companies, monitoring of salaries listed in philanthropic industry publications, salary and benefit studies by independent sources, information from IRS Form 990 filings of similar organizations, written job offers for positions at similar organizations and/or documented telephone

calls about similar positions at nonprofit and for-profit companies.

Form 990, Part VI, Line 17 - Other States Where Copy of Return is Filed

Maine, Maryland, Massachusetts, Michigan, Mississippi, Missouri, Nevada, New Hampshire, New Jersey, New York, North Carolina, New Mexico, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Available upon request.

**SCHEDULE R (Form 990)**

Department of the Treasury
Internal Revenue Service

# Related Organizations and Unrelated Partnerships

**Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
**Attach to Form 990.**
**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization: United States Law Enforcement Foundation, Inc.

Employer identification number: 59-1164090

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|---|---|---|---|---|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? Yes | (g) Section 512(b)(13) controlled entity? No |
|---|---|---|---|---|---|---|---|
| (1) American Police Academy, Inc.<br>6350 Horizon Drive 59-1632952<br>Titusville FL 32780 | Crime Prevention & Safety | FL | 501c3 | 12a | N/A | | X |
| (2) FL Crime Prevention Commission, Inc<br>6350 Horizon Drive 59-1764219<br>Titusville FL 32780 | Crime Prevention & Safety | FL | 501c3 | 10 | N/A | | X |
| (3) Venerable Order of Knights of<br>6350 Horizon Drive 59-2598998<br>Titusville FL 32780 | Crime Prevention & Safety | FL | 501c3 | 10 | N/A | | X |
| (4) American Federation of Police<br>6350 Horizon Drive 52-1127259<br>Titusville FL 32780 | Public Education | FL | 501c3 | 10 | N/A | | X |
| (5) The American Police Hall of Fame &<br>6350 Horizon Drive 85-1403697<br>Titusville FL 32780 | Pub Safety & Educ/Law Enforcement Recog&Svcs | FL | 501c3 | 7 | N/A | | X |

**Part III** **Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Dispro-portionate alloc.? Yes | (h) Dispro-portionate alloc.? No | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) General or managing partner? No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |

**Part IV** **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? Yes | (i) Section 512(b)(13) controlled entity? No |
|---|---|---|---|---|---|---|---|---|---|
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

| | | Yes | No |
|---|---|---|---|
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV? | | |
| a | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | | X |
| b | Gift, grant, or capital contribution to related organization(s) | 1b | X | |
| c | Gift, grant, or capital contribution from related organization(s) | 1c | X | |
| d | Loans or loan guarantees to or for related organization(s) | 1d | | X |
| e | Loans or loan guarantees by related organization(s) | 1e | | X |
| f | Dividends from related organization(s) | 1f | | X |
| g | Sale of assets to related organization(s) | 1g | | X |
| h | Purchase of assets from related organization(s) | 1h | | X |
| i | Exchange of assets with related organization(s) | 1i | | X |
| j | Lease of facilities, equipment, or other assets to related organization(s) | 1j | | X |
| k | Lease of facilities, equipment, or other assets from related organization(s) | 1k | | X |
| l | Performance of services or membership or fundraising solicitations for related organization(s) | 1l | | X |
| m | Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | X |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | X | |
| o | Sharing of paid employees with related organization(s) | 1o | X | |
| p | Reimbursement paid to related organization(s) for expenses | 1p | | X |
| q | Reimbursement paid by related organization(s) for expenses | 1q | | X |
| r | Other transfer of cash or property to related organization(s) | 1r | | X |
| s | Other transfer of cash or property from related organization(s) | 1s | | X |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| | (a) Name of related organization | (b) Transaction type (a–s) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|---|
| (1) | American Federation of Police & Concerned Citizens, Inc. | b | 508,228 | |
| (2) | American Federation of Police & Concerned Citizens, Inc. | c | 53,000 | |
| (3) | American Federation of Police & Concerned Citizens, Inc. | n | 99,500 | |
| (4) | American Federation of Police & Concerned Citizens, Inc. | o | 427,500 | |
| (5) | American Police Academy, Inc. | o | 156,025 | |
| (6) | | | | |

**Part VI** **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| | (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners section 501(c)(3) organizations? Yes | (e) No | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? Yes | (h) No | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (1) | | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | | |
| (11) | | | | | | | | | | | | | | |

**Part VII** **Supplemental Information.**
Provide additional information for responses to questions on Schedule R. See instructions.

# Detail by Entity Name

Florida Not For Profit Corporation
UNITED STATES LAW ENFORCEMENT FOUNDATION, INC.

**Filing Information**

| | |
|---|---|
| **Document Number** | 712789 |
| **FEI/EIN Number** | 59-1164090 |
| **Date Filed** | 05/23/1967 |
| **State** | FL |
| **Status** | ACTIVE |
| **Last Event** | NAME CHANGE AMENDMENT |
| **Event Date Filed** | 07/28/2022 |
| **Event Effective Date** | NONE |

**Principal Address**

6350 HORIZON DR
TITUSVILLE, FL 32780

Changed: 04/15/2004

**Mailing Address**

6350 HORIZON DR
TITUSVILLE, FL 32780

Changed: 04/15/2004

**Registered Agent Name & Address**

SHEPHERD, BRENT A
6350 HORIZON DR
TITUSVILLE, FL 32780

Name Changed: 01/14/2014

Address Changed: 04/15/2004

**Officer/Director Detail**

**Name & Address**

Title ED

SHEPHERD, Barry E.
6350 HORIZON DR
TITUSVILLE, FL 32780

Title VP

Connolly, Kim A.
6350 HORIZON DR
TITUSVILLE, FL 32780

Title P

RINCHICH, JACK
6350 HORIZON DRIVE
TITUSVILLE, FL 32780

Title EST

SHEPHERD, BRENT A
6350 HORIZON DR
TITUSVILLE, FL 32780

**Annual Reports**

| Report Year | Filed Date |
|---|---|
| 2020 | 06/09/2020 |
| 2021 | 03/04/2021 |
| 2022 | 02/25/2022 |

**Document Images**

| | |
|---|---|
| 07/28/2022 -- Name Change | View image in PDF format |
| 02/25/2022 -- ANNUAL REPORT | View image in PDF format |
| 03/04/2021 -- ANNUAL REPORT | View image in PDF format |
| 06/09/2020 -- ANNUAL REPORT | View image in PDF format |
| 02/11/2019 -- ANNUAL REPORT | View image in PDF format |
| 03/26/2018 -- ANNUAL REPORT | View image in PDF format |
| 01/25/2017 -- ANNUAL REPORT | View image in PDF format |
| 02/29/2016 -- ANNUAL REPORT | View image in PDF format |
| 03/17/2015 -- ANNUAL REPORT | View image in PDF format |
| 01/14/2014 -- ANNUAL REPORT | View image in PDF format |
| 03/11/2013 -- ANNUAL REPORT | View image in PDF format |
| 03/22/2012 -- ANNUAL REPORT | View image in PDF format |
| 03/16/2011 -- ANNUAL REPORT | View image in PDF format |
| 03/02/2010 -- ANNUAL REPORT | View image in PDF format |
| 04/03/2009 -- ANNUAL REPORT | View image in PDF format |
| 04/25/2008 -- ANNUAL REPORT | View image in PDF format |
| 04/18/2007 -- ANNUAL REPORT | View image in PDF format |
| 03/09/2006 -- ANNUAL REPORT | View image in PDF format |
| 04/12/2005 -- ANNUAL REPORT | View image in PDF format |

| | |
|---|---|
| 04/15/2004 -- ANNUAL REPORT | View image in PDF format |
| 01/09/2003 -- ANNUAL REPORT | View image in PDF format |
| 01/17/2002 -- ANNUAL REPORT | View image in PDF format |
| 02/08/2001 -- ANNUAL REPORT | View image in PDF format |
| 01/18/2000 -- ANNUAL REPORT | View image in PDF format |
| 01/30/1999 -- ANNUAL REPORT | View image in PDF format |
| 01/15/1998 -- ANNUAL REPORT | View image in PDF format |
| 03/07/1997 -- ANNUAL REPORT | View image in PDF format |
| 03/11/1996 -- ANNUAL REPORT | View image in PDF format |
| 03/06/1995 -- ANNUAL REPORT | View image in PDF format |

Space Coast FLORIDA

## Tourism Development Office
## FY 2024-2025 Marketing Support Program
## checklist

Applicant Organization Name: **The Wizard of Oz Museum**

Applicant Event Name: **Year-round programming**

| | Yes | No | Comment |
|---|---|---|---|
| Completed questionnaire | X | | |
| Copy of 990 form (if applicable) | | X | N/A - dw |
| Copy of IRS Articles of Incorporation – (if applicable) | X | | |
| Copy of IRS Determination letter – (if applicable) | | X | N/A - dw |
| Copy of SunBiz.org (if applicable) | X | | |
| Copy of this MSP checklist | X | | |

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

Cranis, Peter Digitally signed by Cranis, Peter Date: 2024.10.17 11:02:10 -04'00'

Peter Cranis, Executive Director

# FY 2024-2025 Marketing Support Program application

Response ID:29 Data

## 2. (untitled)

**1. I have read and understand the policies/procedures within the FY 2024-2025 Marketing Support Program Criteria.**

Signature of: Frederick Trust

## 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 Wizard of OZ Museum

**Organization address**

7099 N.Atlantic Ave

**State**

FL

**City**

Cape Canaveral

**Zip**

32920-2683

**Primary contact name**

Frederick Trust

**Primary contact phone number**

4105303265

**Primary contact email**

wizardofozmuseum@gmail.com

**Secondary contact name**

Palina Trust

**Secondary contact phone number**

305-354-6787

**Secondary contact email**

palinatrust@gmail.com

**Organization website address**

https://wizardofozflorida.com

5. (untitled)

4. **Which best describes your organization?**

For profit, LLC, Inc., etc.

6. (untitled)

5. **What is your Federal Employee ID number?**

85-0822863

7. (untitled)

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

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

8. (untitled)

1. **E7ENT INFORMATION**

**Name of event**

**Event website address Vf 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)

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

12. (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.)

13. (untitled)

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

Facebook : /wizardofozmuseum
Instagram : /wizardofozmuseum
YouTube : /@wizardofozmuseum

14. (untitled)

**, . What hashtags do you use?**

#wizardofozmuseum

15. (untitled)

**10. As a cultural organization how would you like us to spend your support?**

Out-of-county advertising/marketing support

16. (untitled)

**11. If you were asked to include the Space Coast Office of Tourism in your marketing materials) what elements could you include us in?**

Apparel/promotion items (event t-shirts, giveaways, etc.)
Event banners/signage
Event brochures/program (Playbill, etc.)
Radio
Social media post

TV/Video
Website/blog

17. (untitled)

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

18. (untitled)

**Upload a copy of your organization's , , 0 form.**

19. (untitled)

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

corporation.pdf

20. (untitled)

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

SUNBIZ.pdf

21. (untitled)

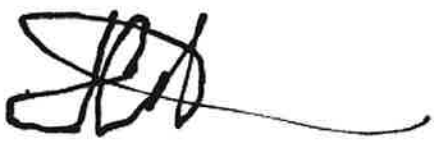
14. **Upload your completed Checklist.**

MSP_applicant_checklist_9-27-2024.pdf

22. (untitled)

15. **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: Fredrick Trust

## 23. Thank You!

**New Send Email**

Oct 03, 2024 19:35:31 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

# Electronic Articles of Organization For Florida Limited Liability Company

L20000064047
FILED 8:00 AM
February 26, 2020
Sec. Of State
cmwood

## Article I

The name of the Limited Liability Company is:

OZ STORE LLC

## Article II

The street address of the principal office of the Limited Liability Company is:

4333 N.ATLANTIC AVE
COCOA BEACH, FL. 32931

The mailing address of the Limited Liability Company is:

100 BAYVIEW DRIVE
UNIT 305
SUNNY ISLES, FL. US 33160

## Article III

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

PALINA TRUST
100 BAYVIEW DRIVE
UNIT 305
SUNNY ISLES, FL. 33160

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: PALINA TRUST

L20000064047
FILED 8:00 AM
February 26, 2020
Sec. Of State
cmwood

## Article IV

The name and address of person(s) authorized to manage LLC:

Title: AR
FRED TRUST
100 BAYVIEW DRIVE, UNIT 305
SUNNY ISLES, FL. 33160 US

## Article V

The effective date for this Limited Liability Company shall be:

02/27/2020

Signature of member or an authorized representative

Electronic Signature: PALINA TRUST

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Jan 26, 2024**
**Secretary of State**
**2755487374CC**

DOCUMENT# L20000064047

**Entity Name:** OZ STORE LLC

**Current Principal Place of Business:**

7099 ATLANTIC AVE
CAPE CANAVERAL, FL 32920

**Current Mailing Address:**

1691 WEKIVA DRIVE
MELBOURNE, FL 32940 US

**FEI Number: 85-0822863**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TRUST, FREDERICK
1691 WEKIVA DRIVE
MELBOURNE, FL 32940 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: FREDERICK TRUST 01/26/2024
Electronic Signature of Registered Agent — Date

**Authorized Person(s) Detail :**

| | |
|---|---|
| Title | AR |
| Name | TRUST, PALINA |
| Address | 1691 WEKIVA DRIVE |
| City-State-Zip: | MELBOURNE FL 32940 |

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: TRUST, PALINA MANAGER 01/26/2024
Electronic Signature of Signing Authorized Person(s) Detail — Date

Space Coast
FLORIDA

**Tourism Development Office**
**FY 2024-2025 Marketing Support Program**
**checklist**

Applicant Organization Name: Historic Cocoa Village Main Street

Applicant Event Name: Year-round programming

| | Yes | No | Comment |
|---|---|---|---|
| Completed questionnaire | X | | |
| Copy of 990 form (if applicable) | X | | |
| Copy of IRS Articles of Incorporation – (if applicable) | | X | N/A - dw |
| Copy of IRS Determination letter – (if applicable) | X | | |
| Copy of SunBiz.org (if applicable) | X | | |
| Copy of this MSP checklist | X | | |

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

Cranis, Peter Digitally signed by Cranis, Peter Date: 2024.10.17 11:02:46 -04'00'

Peter Cranis, Executive Director

# FY 2024-2025 Marketing Support Program application

Response ID:47 Data

## 2. (untitled)

**1. I have read and understand the policies/procedures within the FY 2024-2025 Marketing Support Program Criteria.**

Signature of: Amanda Muzaurieta

## 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**

Historic Cocoa Village Main Street

**Organization address**

434 Delannoy Ave

**State**

FL

**City**

Cocoa

**Zip**

32952

**Primary contact name**

ED

**Primary contact phone number**

321-631-9075

**Primary contact email**

executivedirector@visitcocoavillage.com

**Secondary contact name**

Amy Bilder

**Secondary contact phone number**

321-631-9075

**Secondary contact email**

bookkeeper@visitcocoavillage.com

**Organization website address**

www.visitcocoavillage.com

## 5. (untitled)

### 4. Which best describes your organization?

501(C)(3)

## 6. (untitled)

### 5. What is your Federal Employee ID number?

593392795

## 7. (untitled)

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

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

## 8. (untitled)

### 1. E7ENT INFORMATION

**Name of event**

**Event website address Vf 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)

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

12. (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.....: Influencers

13. (untitled)

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

Facebook : HistoricCocoaVillage
Instagram : HistoricCocoaVillage

14. (untitled)

**, . What hashtags do you use?**

#cocoavillage

15. (untitled)

**10. As a cultural organization how would you like us to spend your support?**

Out-of-county advertising/marketing support

16. (untitled)

**11. If you were asked to include the Space Coast Office of Tourism in your marketing materials) what elements could you include us in?**

Event banners/signage
Email blast (e-newsletter, promotional, etc.)
Social media post
Website/blog

17. (untitled)

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

Consumers_Certificate_of_Exemption.pdf

18. (untitled)

13. **Upload a copy of your organization's , , 0 form.**

2023_990_Tax_Return.pdf

19. (untitled)

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

20. (untitled)

14. **If you are a Florida organization) please upload a copy of your SunBiz.com account associated with your organization.**

Detail_by_Entity_Name.pdf

21. (untitled)

15. **Upload your completed Checklist.**

MSP_applicant_checklist_9-27-2024_(edited).pdf

22. (untitled)

16. **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: Amanda Muzaurieta

## 23. Thank You!

**New Send Email**

Oct 07, 2024 16:27:29 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

FLORIDA

# Consumer's Certificate of Exemption

DR-14
R. 01/18

**Issued Pursuant to Chapter 212, Florida Statutes**

| Certificate Number | Effective Date | Expiration Date | Exemption Category |
|---|---|---|---|
| 85-8012538132C-0 | 04/30/2021 | 04/30/2026 | 501(C)(3) ORGANIZATION |

This certifies that

GREATER COCOA COMMUNITY
PARTNERSHIP INC
HISTORIC COCOA VILLAGE MAIN STREET
434 DELANNOY AVE STE 100
COCOA FL 32922-7995

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.

FLORIDA

# Important Information for Exempt Organizations

DR-14
R. 01/18

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).

2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.

3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.

4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).

5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.

6. If you have questions about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

Form **990**

Department of the Treasury
Internal Revenue Service

# 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**

A For the 2023 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: GREATER COCOA COMMUNITY PARTNERSHIP, INC
Doing business as:
Number and street (or P.O. box if mail is not delivered to street address): 434 DELANNOY AVE
Room/suite:
City or town: COCOA
State: FL
ZIP code: 32922
Foreign country name / Foreign province/state/county / Foreign postal code:

D Employer identification number: 59-3392795

E Telephone number: (321) 633-0806

G Gross receipts $: 326,897

F Name and address of principal officer: PAM SHAIA 434 DELANNOY AVE, COCOA, FL 32922

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions
H(c) Group exemption number:

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: N/A

K Form of organization: ☐ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1995

M State of legal domicile: FL

Electronic Filing Only

## Part I Summary

**Activities & Governance**

1 Briefly describe the organization's mission or most significant activities: FORMULATE AND EXECUTE GROUP ACTIVITIES T IMPROVE THE BUSINESS CLIMATE OF THE LOCAL COCOA VILLAGE MERCHANTS, WHO ARE MEMBERS OF THE ASSOCIATION.

2 Check this box ☐ 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 | 6 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | |
| 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 | |

**Revenue**

| | | Prior Year | Current Year |
|---|---|---|---|
| 8 | Contributions and grants (Part VIII, line 1h) | 12,275 | 28,298 |
| 9 | Program service revenue (Part VIII, line 2g) | 0 | 0 |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 0 | 5 |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 199,025 | 222,667 |
| 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 211,300 | 250,970 |

**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) | 117,007 | 133,915 |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| b | Total fundraising expenses (Part IX, column (D), line 25) 0 | | |
| 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 48,332 | 68,959 |
| 18 | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 165,339 | 202,874 |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | 45,961 | 48,096 |

**Net Assets or Fund Balances**

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| 20 | Total assets (Part X, line 16) | 160,081 | 216,405 |
| 21 | Total liabilities (Part X, line 26) | 3,612 | 8,043 |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 156,469 | 208,362 |

## 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: PAM SHAIA — Date
Type or print name and title: PRESIDENT

**Paid Preparer Use Only**

| | | | | |
|---|---|---|---|---|
| Print/Type preparer's name: C. EDWIN ROWLEY | Preparer's signature: C. Edwin Rowley CPA | Date: 4/24/2024 | Check ☐ if self-employed | PTIN: P01301254 |
| Firm's name: ROWLEY & ROWLEY, CPAs | | | Firm's EIN: 59-3796368 | |
| Firm's address: 1199 S. U.S. HWY 1, STE 1, ROCKLEDGE, FL 32955 | | | Phone no.: (321) 632-6068 | |

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:
FORMULATE AND EXECUTE GROUP ACTIVITIES TO IMPROVE THE BUSINESS CLIMATE OF THE LOCAL COCOA VILLAGE MERCHANTS WHO ARE MEMBERS OF THE ASSOCIATION.

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 $ 194,937 including grants of $ ) (Revenue $ )
FORMULATE AND EXECUTE GROUP ACTIVITIES TO IMPROVE THE BUSINESS CLIMATE OF THE LOCAL COCOA VILLAGE MERCHANTS WHO ARE MEMBERS OF THE ASSOCIATION.

4b (Code: ) (Expenses $ including grants of $ ) (Revenue $ )

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

4d Other program services (Describe on Schedule O.)
(Expenses $ 0 including grants of $ 0 ) (Revenue $ 0 )

4e Total program service expenses 194,937

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**Part IV Checklist of Required Schedules**

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | X | |
| 2 | Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions | 2 | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | X |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II* | 4 | | 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* | 5 | | 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* | 6 | | 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* | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for 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* | 9 | | 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* | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI* | 11a | 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* | 11b | | 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* | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX* | 11d | | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X* | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII* | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional* | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV* | 14b | | 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* | 15 | | 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* | 16 | | 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 | 17 | 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* | 18 | 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* | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 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* | 21 | | X |

Electronic Filing Only

**Part IV Checklist of Required Schedules** *(continued)*

| | | | Yes | No |
|---|---|---|---|---|
| 22 | Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III* | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a* | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| 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? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 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? *If "Yes," complete Schedule L, Part I* | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I* | 25b | | |
| 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? *If "Yes," complete Schedule L, Part II* | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III* | 27 | | 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? *If "Yes," complete Schedule L, Part IV* | 28a | | X |
| b | A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV* | 28b | | X |
| c | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV* | 28c | | X |
| 29 | Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M* | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | 32 | | 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? *If "Yes," complete Schedule R, Part I* | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1* | 34 | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | |
| 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)? *If "Yes," complete Schedule R, Part V, line 2* | 35b | | |
| 36 | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | 36 | | 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? *If "Yes," complete Schedule R, Part VI* | 37 | | 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 | 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 | 1a | 2 | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 1b | 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | | X | |

Electronic Filing Only

**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 | 6 | | |
| 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 | | | |
| 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 | | | X |
| 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 | | | X |

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**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 . . . | 1a | 5 | | |
| | 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. | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent . . . . | 1b | 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? . . . . . | | | 2 | | 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? . . . | | | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . | | | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . | | | 5 | | X |
| 6 | Did the organization have members or stockholders? . . . . . | | | 6 | 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? . . . . . | | | 7a | 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? . . . . . | | | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | | |
| a | The governing body? . . . . . | | | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? . . . . . | | | 8b | 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* . . . . | | | 9 | | 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? . . . . . | 10a | | 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? . | 11a | 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* . . . | 12a | | X |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | 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* . . . . . | 12c | | X |
| 13 | Did the organization have a written whistleblower policy? . . . . . | 13 | | X |
| 14 | Did the organization have a written document retention and destruction policy? . . . . . | 14 | | 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. . . . . | 15a | X | |
| b | Other officers or key employees of the organization . . . . . | 15b | | 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? . . . . . | 16a | | 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

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

LAURIE BARTUCCIO (321) 633-6211

P.O. BOX 1, COCOA, FL 32923

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**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 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) PAM SHAIA | 10.00 | | | | | | | | | |
| PRESIDENT | 10.00 | | | X | | | | | | |
| (2) EMMA FITZPATRICK | 5.00 | | | | | | | | | |
| VICE PRESIDENT | 5.00 | | | X | | | | | | |
| (3) LAURIE BARTUCCIO | 5.00 | | | | | | | | | |
| TREASURER | 5.00 | | | X | | | | | | |
| (4) NANCY ELLIOTT | 5.00 | | | | | | | | | |
| SECRETARY | 5.00 | | | X | | | | | | |
| (5) CONNIE HARVEY | 5.00 | | | | | | | | | |
| DIRECTOR | 5.00 | | | X | | | | | | |
| (6) SAMANTHA SAMGER | 5.00 | | | | | | | | | |
| DIRECTOR | 5.00 | | | X | | | | | | |
| (7) BRAD WHITMORE | 5.00 | | | | | | | | | |
| DIRECTOR | 5.00 | | | X | | | | | | |
| (8) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |

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**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** | | | | | | | | 0 | 0 | 0 |
| 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 |
|---|---|---|
| | | 0 |
| | | 0 |
| | | 0 |
| | | 0 |
| | | 0 |

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

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**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 | 0 | | | | |
| | b | Membership dues | 1b | 8,235 | | | | |
| | c | Fundraising events | 1c | 0 | | | | |
| | d | Related organizations | 1d | 0 | | | | |
| | e | Government grants (contributions) | 1e | 0 | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 20,063 | | | | |
| | g | Noncash contributions included in lines 1a–1f | 1g | $ 0 | | | | |
| | h | **Total.** Add lines 1a–1f | | | 28,298 | | | |
| Program Service Revenue | | | Business Code | | | | | |
| | 2a | | | | 0 | | | |
| | b | | | | 0 | | | |
| | c | | | | 0 | | | |
| | d | | | | 0 | | | |
| | e | | | | 0 | | | |
| | f | All other program service revenue | | | 0 | | | |
| | g | **Total.** Add lines 2a–2f | | | 0 | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | | 5 | | | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | 0 | | | |
| | 5 | Royalties | | | 0 | | | |
| | | | (i) Real | (ii) Personal | | | | |
| | 6a | Gross rents | 6a | | | | | |
| | b | Less: rental expenses | 6b | | | | | |
| | c | Rental income or (loss) | 6c | 0 / 0 | | | | |
| | d | Net rental income or (loss) | | | 0 | | | |
| | | | (i) Securities | (ii) Other | | | | |
| | 7a | Gross amount from sales of assets other than inventory | 7a | 0 / 0 | | | | |
| | b | Less: cost or other basis and sales expenses | 7b | 0 / 0 | | | | |
| | c | Gain or (loss) | 7c | 0 / 0 | | | | |
| | d | Net gain or (loss) | | | 0 | | | |
| | 8a | Gross income from fundraising events (not including $ 0 of contributions reported on line 1c) See Part IV, line 18 | 8a | 298,594 | | | | |
| | b | Less: direct expenses | 8b | 75,927 | | | | |
| | c | Net income or (loss) from fundraising events | | | 222,667 | | | |
| | 9a | Gross income from gaming activities. See Part IV, line 19 | 9a | 0 | | | | |
| | b | Less: direct expenses | 9b | 0 | | | | |
| | c | Net income or (loss) from gaming activities | | | 0 | | | |
| | 10a | Gross sales of inventory, less returns and allowances | 10a | 0 | | | | |
| | b | Less: cost of goods sold | 10b | 0 | | | | |
| | c | Net income or (loss) from sales of inventory | | | 0 | | | |
| Miscellaneous Revenue | | | Business Code | | | | | |
| | 11a | | | | 0 | | | |
| | b | | | | 0 | | | |
| | c | | | | 0 | | | |
| | d | All other revenue | | | 0 | | | |
| | e | **Total.** Add lines 11a–11d | | | 0 | | | |
| | 12 | **Total revenue.** See instructions. | | | 250,970 | 0 | 0 | 0 |

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## 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 | 0 | | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 0 | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 0 | | | |
| 4 | Benefits paid to or for members | 0 | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 0 | | 0 | |
| 6 | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | | | |
| 7 | Other salaries and wages | 124,182 | 124,182 | | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 0 | | | |
| 9 | Other employee benefits | 0 | | | |
| 10 | Payroll taxes | 9,733 | 9,733 | | |
| 11 | Fees for services (nonemployees): | | | | |
| a | Management | 0 | | | |
| b | Legal | 784 | | 784 | |
| c | Accounting | 325 | | 325 | |
| d | Lobbying | 0 | | | |
| e | Professional fundraising services. See Part IV, line 17 | 0 | | | |
| f | Investment management fees | 0 | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) | 0 | | 0 | |
| 12 | Advertising and promotion | 45,955 | 45,955 | | |
| 13 | Office expenses | 5,585 | | 5,585 | |
| 14 | Information technology | 0 | | | |
| 15 | Royalties | 0 | | | |
| 16 | Occupancy | 3,667 | 3,667 | | |
| 17 | Travel | 0 | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 | Conferences, conventions, and meetings | 0 | | | |
| 20 | Interest | 0 | | | |
| 21 | Payments to affiliates | 0 | | | |
| 22 | Depreciation, depletion, and amortization | 1,243 | 0 | 1,243 | 0 |
| 23 | Insurance | 1,165 | 1,165 | | |
| 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 | DUES & SUBSCRIPTIONS | 910 | 910 | | |
| b | EDUCATION & TRAINING | 4,238 | 4,238 | | |
| c | EQUIPMENT RENTAL-COPIER | 5,087 | 5,087 | | |
| d | | 0 | | | |
| e | All other expenses | 0 | | | |
| 25 | **Total functional expenses.** Add lines 1 through 24e | 202,874 | 194,937 | 7,937 | 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 ☐ if following SOP 98-2 (ASC 958-720) | | | | |

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**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 | | 160,081 | 1 | 216,148 |
| | 2 | Savings and temporary cash investments | | 0 | 2 | |
| | 3 | Pledges and grants receivable, net | | 0 | 3 | 0 |
| | 4 | Accounts receivable, net | | 0 | 4 | 0 |
| | 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 | | 0 | 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) | | 0 | 6 | |
| | 7 | Notes and loans receivable, net | | 0 | 7 | 0 |
| | 8 | Inventories for sale or use | | 0 | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 0 | 9 | |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 1,500 | | | |
| | b | Less: accumulated depreciation | 10b 1,243 | 0 | 10c | 257 |
| | 11 | Investments—publicly traded securities | | 0 | 11 | 0 |
| | 12 | Investments—other securities. See Part IV, line 11 | | 0 | 12 | 0 |
| | 13 | Investments—program-related. See Part IV, line 11 | | 0 | 13 | 0 |
| | 14 | Intangible assets | | 0 | 14 | 0 |
| | 15 | Other assets. See Part IV, line 11 | | 0 | 15 | 0 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 33) | | 160,081 | 16 | 216,405 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 3,612 | 17 | 8,043 |
| | 18 | Grants payable | | 0 | 18 | |
| | 19 | Deferred revenue | | 0 | 19 | |
| | 20 | Tax-exempt bond liabilities | | 0 | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 0 | 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 | | 0 | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 0 | 23 | 0 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 0 | 24 | 0 |
| | 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 | | 0 | 25 | 0 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 3,612 | 26 | 8,043 |
| Net Assets or Fund Balances | | **Organizations that follow FASB ASC 958, check here ☐ and complete lines 27, 28, 32, and 33.** | | | | |
| | 27 | Net assets without donor restrictions | | 0 | 27 | |
| | 28 | Net assets with donor restrictions | | 0 | 28 | |
| | | **Organizations that do not follow FASB ASC 958, check here ☒ and complete lines 29 through 33.** | | | | |
| | 29 | Capital stock or trust principal, or current funds | | 0 | 29 | |
| | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 0 | 30 | |
| | 31 | Retained earnings, endowment, accumulated income, or other funds | | 156,469 | 31 | 208,362 |
| | 32 | Total net assets or fund balances | | 156,469 | 32 | 208,362 |
| | 33 | Total liabilities and net assets/fund balances | | 160,081 | 33 | 216,405 |

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## 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 | 250,970 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 202,874 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 48,096 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 156,469 |
| 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 | 3,797 |
| 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 | 208,362 |

## 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: ☒ Cash ☐ Accrual ☐ 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. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | 2a | | 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. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | 2b | | 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. | 2c | | |
| 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? | 3a | | 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 | 3b | | |



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**SCHEDULE A (Form 5713)**

(Rev. December 2010)

Department of the Treasury
Internal Revenue Service

# International Boycott Factor (Section 999(c)(1))

*Complete only if you are **not** computing a loss of tax benefits using the specifically attributable taxes and income method on Schedule B (Form 5713)*

▶ **Attach to Form 5713.** ▶ **See instructions on page 2.**

OMB No. 1545-0216

Name

GREATER COCOA COMMUNITY PARTNERSHIP, INC

**Identifying number**

59-3392795

Name of country being boycotted (check one): ☐ Israel ☐ Other (identify) ▶

**Important:** *If you are involved in more than one boycott, use a separate Schedule A for each boycott and attach to Form 5713.*

| Name of Country (1) | Purchases, sales, and payroll attributable to boycotting operations, by operation | | |
|---|---|---|---|
| | Boycott purchases (2) | Boycott sales (3) | Boycott payroll (4) |
| a | | | |
| b | | | |
| c | | | |
| d | | | |
| e | | | |
| f | | | |
| g | | | |
| h | | | |
| i | | | |
| j | | | |
| k | | | |
| l | | | |
| m | | | |
| n | | | |
| o | | | |
| **Total** | 0 | 0 | 0 |

| | | | |
|---|---|---|---|
| 1 | Numerator of boycott factor (add totals of columns (2), (3), and (4)) | | 0 |
| 2 | Denominator of boycott factor: | | |
| a | Total purchases from countries other than United States | | |
| b | Total sales to or from countries other than United States | | |
| c | Total payroll paid or accrued for services performed in countries other than United States | | |
| d | Total of lines 2a, b, and c | | 0 |
| 3 | **International boycott factor** (divide line 1 by line 2d). Enter here and on Schedule C (Form 5713) (see instructions) ▶ | | 0.00% |

**For Paperwork Reduction Act Notice, see the Instructions for Form 5713.**

**Schedule A (Form 5713) (Rev. 12-2010)**

HTA

**SCHEDULE B (Form 5713)**

(Rev. September 2018)

Department of the Treasury
Internal Revenue Service

# Specifically Attributable Taxes and Income (Section 999(c)(2))

► Complete only if you are not computing a loss of tax benefits using the international boycott factor on Schedule A (Form 5713).

► Attach to Form 5713. ► See instructions on page 2.

► *Go to www.irs.gov/forms-pubs/about-schedule-b-form-5713 for the latest information*

OMB No. 1545-0216

Name
GREATER COCOA COMMUNITY PARTNERSHIP, INC

Identifying number
59-3392795

Name of country being boycotted (check one) ☐ Israel ☐ Other (identify) ►

**Important:** *If you are involved in more than one international boycott, use a separate Schedule B (Form 5713) to compute the specifically attributable taxes and income for each boycott.*

## Specifically Attributable Taxes and Income by Operation (Use a separate line for each operation.)

| | Principal business activity | | Foreign tax credit | Subpart F income | IC-DISC income | FSC income |
|---|---|---|---|---|---|---|
| Name of country (1) | Code (2) | Description (3) | Foreign taxes attributable to boycott operations (4) | Prorated share of international boycott income (5) | Taxable income attributable to boycott operations (6) | Taxable income attributable to boycott operations (7) |
| a | | | | | | |
| b | | | | | | |
| c | | | | | | |
| d | | | | | | |
| e | | | | | | |
| f | | | | | | |
| g | | | | | | |
| h | | | | | | |
| i | | | | | | |
| j | | | | | | |
| k | | | | | | |
| l | | | | | | |
| m | | | | | | |
| n | | | | | | |
| o **Total** ► | | | 0 | 0 | 0 | 0 |

For Paperwork Reduction Act Notice, see the Instructions for Form 5713.

Schedule B (Form 5713) (Rev. 9-2018)

HTA

Form **4562**

Department of the Treasury
Internal Revenue Service

# 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.

OMB No. 1545-0172
**2023**
Attachment Sequence No. **179**

| Name(s) shown on return | Business or activity to which this form relates | Identifying number |
|---|---|---|
| GREATER COCOA COMMUNITY PARTNERSH | 990 | 59-3392795 |

**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 | 1,500 |
| 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 | 0 |
| 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 | 1,160,000 |

| 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 | 0 |
| 9 | Tentative deduction. Enter the **smaller** of line 5 or line 8 | 9 | 0 |
| 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 | 0 |
| 13 | Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 | 13 | 0 |

**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 | 1,200 |
| 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 ☐ | | |

**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 |
|---|---|---|---|---|---|---|---|
| 19 | a 3-year property | | | | | | |
| | b 5-year property | | | | | | |
| | c 7-year property | | 300 | 7 | HY | 200DB | 43 |
| | 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 2023 Tax Year Using the Alternative Depreciation System**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 20 | a 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 | |
| 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 | 1,243 |
| 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 | |

**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 | Employer identification number |
|---|---|
| GREATER COCOA COMMUNITY PARTNERSHIP, INC | 59-3392795 |

**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 . . . . . 0

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? Yes | (iv) No | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| **Total** | | | | | 0 | 0 |

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**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.") | | | | | | 0 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0 |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0 |
| 4 **Total.** Add lines 1 through 3 | 0 | 0 | 0 | 0 | 0 | 0 |
| 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 | | | | | | 0 |

## 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 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | 0 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0 |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | 0 |
| 11 **Total support.** Add lines 7 through 10 | | | | | | 0 |

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 | 0.00% |
| 15 Public support percentage from 2022 Schedule A, Part II, line 14 | 15 | 0.00% |

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 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 ☐

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**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.") | 3,988 | 9,548 | 5,000 | 1,420 | 20,063 | 40,019 |
| 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 | | | | | | 0 |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | 0 |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0 |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0 |
| 6 **Total.** Add lines 1 through 5 | 3,988 | 9,548 | 5,000 | 1,420 | 20,063 | 40,019 |
| 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 | 0 | 0 | 0 | 0 | 0 |
| 8 **Public support** (Subtract line 7c from line 6.) | | | | | | 40,019 |

## 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 | 3,988 | 9,548 | 5,000 | 1,420 | 20,063 | 40,019 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | 0 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | 0 |
| c Add lines 10a and 10b | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | 0 |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | 0 |
| 13 **Total support.** (Add lines 9, 10c, 11 and 12.) | 3,988 | 9,548 | 5,000 | 1,420 | 20,063 | 40,019 |

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 ☐

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

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**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 ☐ 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).*

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

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**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 | 0 | 0 |
| 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 | 0 | 0 |

| **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 | 0 | 0 |
| 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 | 0 | 0 |
| 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | 0 | 0 |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | 0 | 0 |
| 6 Multiply line 5 by 0.035. | 6 | 0 | 0 |
| 7 Recoveries of prior-year distributions | 7 | 0 | 0 |
| 8 **Minimum Asset Amount** (add line 7 to line 6) | 8 | 0 | 0 |

| **Section C - Distributable Amount** | | Current Year |
|---|---|---|
| 1 Adjusted net income for prior year (from Section A, line 8, column A) | 1 | 0 |
| 2 Enter 0.85 of line 1. | 2 | 0 |
| 3 Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | 0 |
| 4 Enter greater of line 2 or line 3. | 4 | 0 |
| 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 | 0 |

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

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**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 | 0 |
| 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 | 0 |
| 10 | Line 8 amount divided by line 9 amount | 10 | 0.000 |

| **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 | | | 0 |
| 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 0 | | | |
| b | From 2019 0 | | | |
| c | From 2020 0 | | | |
| d | From 2021 0 | | | |
| e | From 2022 0 | | | |
| f | **Total** of lines 3a through 3e | 0 | | |
| g | Applied to underdistributions of prior years | | 0 | |
| h | Applied to 2023 distributable amount | | | 0 |
| i | Carryover from 2018 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | 0 | | |
| 4 | Distributions for 2023 from Section D, line 7: $ 0 | | | |
| a | Applied to underdistributions of prior years | | 0 | |
| b | Applied to 2023 distributable amount | | | 0 |
| c | Remainder. Subtract lines 4a and 4b from line 4. | 0 | | |
| 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. | | 0 | |
| 6 | Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI***. See instructions. | | | 0 |
| 7 | **Excess distributions carryover to 2024.** Add lines 3j and 4c. | 0 | | |
| 8 | Breakdown of line 7: | | | |
| a | Excess from 2019 0 | | | |
| b | Excess from 2020 0 | | | |
| c | Excess from 2021 0 | | | |
| d | Excess from 2022 0 | | | |
| e | Excess from 2023 0 | | | |

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**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.)

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**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**
GREATER COCOA COMMUNITY PARTNERSHIP, INC

**Employer identification number**
59-3392795

## 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? ☐ 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.

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)
- ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a 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 $

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**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 0 |

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 | 0 | 0 | 0 | 0 | 0 |

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 | 0 | 0 | | 0 |
| b Buildings | 0 | 0 | 0 | 0 |
| c Leasehold improvements | 0 | 0 | 0 | 0 |
| d Equipment | 0 | 0 | 0 | 0 |
| e Other | 0 | 1,500 | 1,243 | 257 |
| **Total.** Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))* | | | | 257 |

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**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 | 0 | |
| (2) Closely held equity interests | 0 | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. *(Column (b) must equal Form 990, Part X, line 12, col. (B))* | 0 | |

**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))* | 0 | |

**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))* | 0 |

**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 | 0 |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))* | 0 |

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 ☐

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## 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.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| a | Net unrealized gains (losses) on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | 0 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 0 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | 0 |
| 5 | Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)* | | | 5 | 0 |

## 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.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| a | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | 0 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 0 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | 0 |
| 5 | Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)* | | | 5 | 0 |

## 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.

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**Part XIII Supplemental Information** *(continued)*

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**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

GREATER COCOA COMMUNITY PARTNERSHIP, INC

**Employer identification number**

59-3392795

**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 [X] Mail solicitations
b [X] Internet and email solicitations
c [X] Phone solicitations
d [X] In-person solicitations
e [ ] Solicitation of non-government grants
f [ ] Solicitation of government grants
g [X] 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 [X] 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? Yes | (iii) No | (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 |
|---|---|---|---|---|---|---|---|
| 1 | | | | | 0 | 0 | 0 |
| 2 | | | | | 0 | 0 | 0 |
| 3 | | | | | 0 | 0 | 0 |
| 4 | | | | | 0 | 0 | 0 |
| 5 | | | | | 0 | 0 | 0 |
| 6 | | | | | 0 | 0 | 0 |
| 7 | | | | | 0 | 0 | 0 |
| 8 | | | | | 0 | 0 | 0 |
| 9 | | | | | 0 | 0 | 0 |
| 10 | | | | | 0 | 0 | 0 |
| Total | | | | | 0 | 0 | 0 |

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.

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**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 CRAFT SHOWS (event type) | (b) Event #2 (event type) | (c) Other events NONE (total number) | (d) Total events (add col. (a) through col. (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross receipts | 298,594 | | 0 | 298,594 |
| | 2 Less: Contributions | | | 0 | 0 |
| | 3 Gross income (line 1 minus line 2) | 298,594 | | 0 | 298,594 |
| Direct Expenses | 4 Cash prizes | | | 0 | 0 |
| | 5 Noncash prizes | | | 0 | 0 |
| | 6 Rent/facility costs | | | 0 | 0 |
| | 7 Food and beverages | | | 0 | 0 |
| | 8 Entertainment | | | 0 | 0 |
| | 9 Other direct expenses | 75,927 | | 0 | 75,927 |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | (75,927) |
| | 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | 222,667 |

**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 | | | | 0 |
| Direct Expenses | 2 Cash prizes | | | | 0 |
| | 3 Noncash prizes | | | | 0 |
| | 4 Rent/facility costs | | | | 0 |
| | 5 Other direct expenses | | | | 0 |
| | 6 Volunteer labor | ☐ Yes ☐ No % | ☐ Yes ☐ No % | ☐ Yes ☐ No % | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | | (0) |
| | 8 Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | 0 |

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:

Electronic Filing Only

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 N/A

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 $ 0 and the amount of gaming revenue retained by the third party $ 0

c If "Yes," enter name and address of the third party:

Name N/A

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 . . . $ 0

**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.

Electronic Filing Only

**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

GREATER COCOA COMMUNITY PARTNERSHIP, INC

**Employer identification number**

59-3392795

Form 990, Part VI, Line 11A: COPIES AVAILABLE UPON REQUEST. FORM 990 PREPARED BY INDEPENDANT ACCOUNTANT CPA WITH ANY QUESTIONS BEING ANSWERED BY THE ASSOCIATION TREASURER.

Electronic Filing Only

Name of the organization
GREATER COCOA COMMUNITY PARTNERSHIP, INC

Employer identification number
59-3392795

Electronic Filing Only

## Form 4562 Statement - 990

12/31/2023

GREATER COCOA COMMUNITY PARTNERSHIP, INC 59-3392795

| Item No. | Description of Property | Date Placed In Service | Asset Code | Business Use % | Cost or Other Basis | Sec. 179 Deduction | Credit | Special Allowance | Salvage Value | Recovery Basis | Recovery Period | Method | Con-vention Code | Prior Accum. Deprec., 179, Bonus | 2023 Deprec. | 2023 Accum. Deprec. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Depreciation Detail** | | | | | | | | | | | | | | | | |
| **GDS 7-year property (Line 19c)** | | | | | | | | | | | | | | | | |
| 1 | OFFICE EQUIPMENT | 7/1/2023 | F-11 | 100.00% | 1,500 | 0 | 0 | 1,200 | 0 | 300 | 7.0 | 200DB | HY | 0 | 43 | 1,243 |
| | Total GDS 7-year property (Line 19c) | | | | 1,500 | 0 | 0 | 1,200 | 0 | 300 | | | | 0 | 43 | 1,243 |
| | **Subtotal Depreciation** | | | | 1,500 | 0 | 0 | 1,200 | 0 | 300 | | | | 0 | 43 | 1,243 |
| | **Total Depreciation and Amortization** | | | | 1,500 | 0 | 0 | 1,200 | 0 | 300 | | | | 0 | 43 | 1,243 |



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# Summary of Unadjusted Basis of Qualified Property (4562) 12/31/2023

## Summary of Qualified Property by Activity

| | Activity | Unadjusted Cost or Basis |
|---|---|---|
| 1 | 990 | 1,500 |

## Detail of Qualified Property

| | Activity | Asset Description | Date In Service | Recovery Period | Years in Service | Total Cost or Basis | Business/Time Use Percent | Unadjusted Cost or Basis |
|---|---|---|---|---|---|---|---|---|
| 2 | 990 | OFFICE EQUIPMENT | 7/1/2023 | 7.0 | 1 | 1,500 | 100.00% | 1,500 |

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# Detail by Entity Name

Florida Not For Profit Corporation
GREATER COCOA COMMUNITY PARTNERSHIP, INC.

**Filing Information**

| | |
|---|---|
| **Document Number** | N96000002302 |
| **FEI/EIN Number** | 59-3392795 |
| **Date Filed** | 04/24/1996 |
| **State** | FL |
| **Status** | ACTIVE |
| **Last Event** | AMENDMENT |
| **Event Date Filed** | 10/27/2014 |
| **Event Effective Date** | NONE |

**Principal Address**

434 DELANNOY AVE
Suite 204
COCOA, FL 32922

Changed: 01/21/2020

**Mailing Address**

P O Box 1
COCOA, FL 32923

Changed: 08/28/2019

**Registered Agent Name & Address**

Shaia, Pam
434 Delannoy Ave
Suite 204
COCOA, FL 32922

Name Changed: 01/12/2021

Address Changed: 01/21/2020

**Officer/Director Detail**

**Name & Address**

Title Secretary

Elliott, Nancy
434 DELANNOY AVE
Suite 204
COCOA, FL 32922

Title VP

Kirkpatrick, Emma
434 DELANNOY AVE
Suite 204
COCOA, FL 32922

Title Treasurer

Bartuccio, Laurie
434 DELANNOY AVE
Suite 204
COCOA, FL 32922

Title President

Shaia, Pam
434 DELANNOY AVE
Suite 204
COCOA, FL 32922

**Annual Reports**

| Report Year | Filed Date |
|---|---|
| 2022 | 01/19/2022 |
| 2023 | 01/10/2023 |
| 2024 | 02/08/2024 |

**Document Images**

| | |
|---|---|
| 02/08/2024 -- ANNUAL REPORT | View image in PDF format |
| 01/10/2023 -- ANNUAL REPORT | View image in PDF format |
| 01/19/2022 -- ANNUAL REPORT | View image in PDF format |
| 01/12/2021 -- ANNUAL REPORT | View image in PDF format |
| 01/21/2020 -- ANNUAL REPORT | View image in PDF format |
| 08/28/2019 -- AMENDED ANNUAL REPORT | View image in PDF format |
| 02/06/2019 -- ANNUAL REPORT | View image in PDF format |
| 02/06/2018 -- ANNUAL REPORT | View image in PDF format |
| 01/18/2017 -- ANNUAL REPORT | View image in PDF format |
| 01/06/2016 -- ANNUAL REPORT | View image in PDF format |
| 02/23/2015 -- ANNUAL REPORT | View image in PDF format |
| 10/27/2014 -- Amendment | View image in PDF format |
| 03/20/2014 -- ANNUAL REPORT | View image in PDF format |
| 02/25/2013 -- ANNUAL REPORT | View image in PDF format |
| 04/27/2012 -- ANNUAL REPORT | View image in PDF format |

| | |
|---|---|
| 02/18/2011 -- ANNUAL REPORT | View image in PDF format |
| 04/08/2010 -- ANNUAL REPORT | View image in PDF format |
| 08/18/2009 -- ANNUAL REPORT | View image in PDF format |
| 04/23/2008 -- ANNUAL REPORT | View image in PDF format |
| 01/18/2007 -- ANNUAL REPORT | View image in PDF format |
| 04/29/2006 -- ANNUAL REPORT | View image in PDF format |
| 08/29/2005 -- ANNUAL REPORT | View image in PDF format |
| 10/29/2004 -- REINSTATEMENT | View image in PDF format |
| 04/02/2003 -- ANNUAL REPORT | View image in PDF format |
| 02/25/2002 -- ANNUAL REPORT | View image in PDF format |
| 01/19/2001 -- ANNUAL REPORT | View image in PDF format |
| 05/30/2000 -- ANNUAL REPORT | View image in PDF format |
| 09/20/1999 -- ANNUAL REPORT | View image in PDF format |
| 02/16/1998 -- ANNUAL REPORT | View image in PDF format |
| 03/21/1997 -- ANNUAL REPORT | View image in PDF format |
| 04/24/1996 -- DOCUMENTS PRIOR TO 1997 | View image in PDF format |

Space Coast
FLORIDA

## Tourism Development Office
## FY 2024-2025 Marketing Support Program
## checklist

Applicant Organization Name: **Cocoa Beach Main Street**

Applicant Event Name: **Year-round programming**

| | Yes | No | Comment |
|---|---|---|---|
| Completed questionnaire | X | | |
| Copy of 990 form (if applicable) | X | | |
| Copy of IRS Articles of Incorporation – (if applicable) | | X | N/A - dw |
| Copy of IRS Determination letter – (if applicable) | X | | |
| Copy of SunBiz.org (if applicable) | X | | |
| Copy of this MSP checklist | X | | |

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

Cranis, Peter Digitally signed by Cranis, Peter Date: 2024.10.17 11:03:23 -04'00'

Peter Cranis, Executive Director

# FY 2024-2025 Marketing Support Program application

Response ID:32 Data

## 2. (untitled)

**1. I have read and understand the policies/procedures within the FY 2024-2025 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**

3216933159

**Primary contact email**

kenne.cbms@gmail.com

**Secondary contact name**

Layne Alvarez

**Secondary contact phone number**

321-698-8800

**Secondary contact email**

laynejalvrez@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 questionnaire for an event or year-round programming?**

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

8. (untitled)

**1. E7 ENT INFORMATION**

**Name of event**

**Event website address Vf 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)

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

12. (untitled)

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

Social hashtags
Social media (Facebook, Instagram, YouTube, etc.)
Other - Please be specific.....: flyers and posters

13. (untitled)

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

Facebook : Cocoa Beach Main Strett
Instagram : cocoabeachmainstreet2

14. (untitled)

**, . What hashtags do you use?**

#cocoabeachmainstreet

15. (untitled)

**10. As a cultural organization how would you like us to spend your support?**

Out-of-county advertising/marketing support

16. (untitled)

**11. If you were asked to include the Space Coast Office of Tourism in your marketing materials) what elements could you include us in?**

Email blast (e-newsletter, promotional, etc.)
Event brochures/program (Playbill, etc.)
Website/blog

17. (untitled)

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

CBMS_IRS_Determination_Letter.pdf

18. (untitled)

13. **Upload a copy of your organization's , , 0 form.**

2024-07-10_15-14_990_(1).pdf

19. (untitled)

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

20. (untitled)

14. **If you are a Florida organization) please upload a copy of your SunBiz.com account associated with your organization.**

Sunbiz.pdf

21. (untitled)

15. **Upload your completed Checklist.**

Checklist.pdf

22. (untitled)

16. **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: Kenne Wells

23. Thank You!

**New Send Email**

Oct 04, 2024 16:12:15 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

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

DEPARTMENT OF THE TREASURY

Date: JUN 17 2015

COCOA BEACH MAIN STREET INC
69 N ORLANDO AVE
COCOA BEACH, FL 32931-2910

Employer Identification Number:
47-3225476
DLN:
17053090315025
Contact Person:
JACOB A MCDONALD ID# 31649
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:
November 18, 2014
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.

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.

Sincerely,

Director, Exempt Organizations

Letter 947

# Form 990-EZ

## Short Form
## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form, as it may be made public.

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

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

B Check if applicable:
- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization
COCOA BEACH MAIN STREET, INC.

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO BOX 320627

City or town, state or province, country, and ZIP or foreign postal code
COCOA BEACH FL 32932

D Employer identification number
47-3225476

E Telephone number
916-805-4440

F Group Exemption Number

G Accounting Method: [X] Cash [ ] Accrual Other (specify)

H Check [X] if the organization is not required to attach Schedule B (Form 990).

I Website: N/A

J Tax-exempt status (check only one) — [X] 501(c)(3) [ ] 501(c)( ) (insert no.) [ ] 4947(a)(1) or [ ] 527

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B)) are $500,000 or more, file Form 990 instead of Form 990-EZ — $ 190,901

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I — X

| | | | | | |
|---|---|---|---|---|---|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | | | 1 — 50,184 |
| | 2 | Program service revenue including government fees and contracts | | | 2 — 140,717 |
| | 3 | Membership dues and assessments | | | 3 — |
| | 4 | Investment income | | | 4 — |
| | 5a | Gross amount from sale of assets other than inventory | 5a | | |
| | b | Less: cost or other basis and sales expenses | 5b | | |
| | c | Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) | | | 5c — |
| | 6 | Gaming and fundraising events: | | | |
| | a | Gross income from gaming (attach Schedule G if greater than $15,000) | 6a | | |
| | b | Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) | 6b | | |
| | c | Less: direct expenses from gaming and fundraising events | 6c | | |
| | d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | | | 6d — |
| | 7a | Gross sales of inventory, less returns and allowances | 7a | | |
| | b | Less: cost of goods sold | 7b | | |
| | c | Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) | | | 7c — |
| | 8 | Other revenue (describe in Schedule O) | | | 8 — |
| | 9 | **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | | | 9 — 190,901 |
| Expenses | 10 | Grants and similar amounts paid (list in Schedule O) | | | 10 — |
| | 11 | Benefits paid to or for members | | | 11 — |
| | 12 | Salaries, other compensation, and employee benefits | | | 12 — 63,052 |
| | 13 | Professional fees and other payments to independent contractors | | | 13 — 67,015 |
| | 14 | Occupancy, rent, utilities, and maintenance | | | 14 — 7,024 |
| | 15 | Printing, publications, postage, and shipping | | | 15 — |
| | 16 | Other expenses (describe in Schedule O) | | | 16 — 66,947 |
| | 17 | **Total expenses.** Add lines 10 through 16 | | | 17 — 204,038 |
| Net Assets | 18 | Excess or (deficit) for the year (subtract line 17 from line 9) | | | 18 — -13,137 |
| | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | | | 19 — 20,993 |
| | 20 | Other changes in net assets or fund balances (explain in Schedule O) | | | 20 — 345 |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | | | 21 — 8,201 |

**Part II Balance Sheets** (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II X

| | (A) Beginning of year | | (B) End of year |
|---|---|---|---|
| 22 Cash, savings, and investments | 9,767 | 22 | 23,724 |
| 23 Land and buildings | 3,772 | 23 | 3,772 |
| 24 Other assets (describe in Schedule O) | 14,854 | 24 | |
| 25 **Total assets** | 28,393 | 25 | 27,496 |
| 26 **Total liabilities** (describe in Schedule O) | 7,400 | 26 | 19,295 |
| 27 **Net assets or fund balances** (line 27 of column (B) must agree with line 21) | 20,993 | 27 | 8,201 |

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III X

What is the organization's primary exempt purpose?
SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses** (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 SUPPORT COCOA BEACH COMMUNITY AND BUSINESS WITH COMMUNITY DEVOLPMENT AND COMMUNITY SUPPORT

(Grants $ ) If this amount includes foreign grants, check here 28a 62,810

29

(Grants $ ) If this amount includes foreign grants, check here 29a

30

(Grants $ ) If this amount includes foreign grants, check here 30a

31 Other program services (describe in Schedule O)
(Grants $ ) If this amount includes foreign grants, check here 31a 90,493

32 **Total program service expenses** (add lines 28a through 31a) 32 153,303

**Part IV** List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---|---|---|---|---|
| LAURA KASS<br>SECRETARY | 2.00 | 0 | 0 | 0 |
| MICHELLE OGDEN<br>VP | 2.00 | 0 | 0 | 0 |
| LAYNE ALVAREZ<br>TREASURER | 5.00 | 0 | 0 | 0 |
| LESLIE KADLETZ<br>PRESIDENT | 2.00 | 0 | 0 | 0 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

| | | | Yes | No |
|---|---|---|---|---|
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | 33 | | X |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions | 34 | | X |
| 35a | Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | | X |
| b | If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35b | | |
| c | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35c | | X |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | 36 | | X |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions 37a | | | |
| b | Did the organization file Form 1120-POL for this year? | 37b | | X |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | | X |
| b | If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b | | | |
| 39 | Section 501(c)(7) organizations. Enter | | | |
| a | Initiation fees and capital contributions included on line 9 39a | | | |
| b | Gross receipts, included on line 9, for public use of club facilities 39b | | | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 _____, section 4912 _____, section 4955 _____ | | | |
| b | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | X |
| c | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 _____ | | | |
| d | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization _____ | | | |
| e | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | | X |

41 List the states with which a copy of this return is filed NONE

42a The organization's books are in care of ESTER DARRETTA Telephone no. 916-805-4440

Located at 25 N ORLANDO AVE COCOA BEACH FL ZIP + 4 32931

| | | | Yes | No |
|---|---|---|---|---|
| b | 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)? If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | 42b | | X |
| c | At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country _____ | 42c | | X |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 | | | |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | | X |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44b | | X |
| c | Did the organization receive any payments for indoor tanning services during the year? | 44c | | X |
| d | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 44d | | |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | X |
| b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions | 45b | | X |

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

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

| | | | Yes | No |
|---|---|---|---|---|
| 47 | Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 47 | | X |
| 48 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | | X |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization? | 49a | | X |
| b | If "Yes," was the related organization a section 527 organization? | 49b | | |

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

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

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

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

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|---|---|---|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over $100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A — X Yes No

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: LAYNE ALVAREZ — Date: TREASURER

Type or print name and title

| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check if self-employed | PTIN |
|---|---|---|---|---|---|
| | VICTORIA B LOCKARD | VICTORIA B LOCKARD | 05/01/24 | | P01032496 |
| | Firm's name: TAYLOR & LOCKARD, PA. | | | Firm's EIN: | 59-2519864 |
| | Firm's address: 3960 SOUTH BANANA RIVER BLVD. COCOA BEACH, FL 32931 | | | Phone no: | 321-784-4515 |

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

DULE A
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

COCOA BEACH MAIN STREET, INC.

Employer identification number

47-3225476

**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 X 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? Yes | (iv) No | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| (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.") | 56,319 | | 38,901 | 8,206 | 50,184 | 153,610 |
| 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 | 56,319 | | 38,901 | 8,206 | 50,184 | 153,610 |
| 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 | | | | | | 153,610 |

## 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 | 56,319 | | 38,901 | 8,206 | 50,184 | 153,610 |
| 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 | | | | | | 153,610 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 362,810 |

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)) | 14 100.00 % |
| 15 | Public support percentage from 2022 Schedule A, Part II, line 14 | 15 100.00 % |
| 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 | X |
| 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.") | | | | | | |
| 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

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

## 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 ☐ 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).*

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

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 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 | | | |

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

SCHEDULE 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

COCOA BEACH MAIN STREET, INC.

Employer identification number

47-3225476

FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES

| DESCRIPTION | | AMOUNT |
|---|---|---|
| FRIDAY FEST | | |
| TRAVEL | $ | 3,198 |
| TRAVEL MEALS | $ | 210 |
| COST OF GOODS SOLD | $ | 27,716 |
| EXPENSES | | |
| ADVERTISING AND PROMOTION | $ | 19,125 |
| TRAVEL | $ | 8,355 |
| OFFICE | $ | 638 |
| INSURANCE | $ | 659 |
| DONATIONS | $ | 944 |
| WEBSITE | $ | 736 |
| BUSINESS | $ | 3,816 |
| POSTAGE | $ | 462 |
| MEALS | $ | 1,088 |
| | TOTAL $ | 66,947 |

FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES

| DESCRIPTION | | AMOUNT |
|---|---|---|
| PRIOR YEAR BOOK TAX AD | $ | 345 |

FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|---|---|---|
| INVENTORIES FOR SALE OR USE | $ 1,974 | $ 0 |

| | | | |
|---|---|---|---|
| PREPAID EXPENSES AND DEFERRED CHARGES | | | |
| RENT DEPOSIT | $ | 12,380 $ | 0 |
| | $ | 500 $ | 0 |
| | TOTAL $ | 14,854 $ | 0 |

FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|---|---|---|
| ACCOUNTS PAYABLE AND ACCRUED EXPENSES | $ 7,400 | $ 5,853 |
| DEFERRED REVENUE | $ 0 | $ 11,769 |
| SALES TAX | $ 0 | $ 1,673 |

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

SUPPORT THE LOCAL DOWNTOWN COCOA BEACH COMMUNITY AND BUSINESS THROUGH COMMUNITY OUTREACH AND SOCIAL EVENTS.

FORM 990-EZ, PART III, LINE 31 - ALL OTHER ACCOMPLISHMENT

SUPPORT COCOA BEACH COMMUNITY AND BUSINESS WITH COMMUNITY DEVOLPMENT AND

# Detail by Entity Name

Florida Not For Profit Corporation
COCOA BEACH MAIN STREET, INC.

**Filing Information**

| | |
|---|---|
| **Document Number** | N14000010681 |
| **FEI/EIN Number** | 47-3225476 |
| **Date Filed** | 11/18/2014 |
| **State** | FL |
| **Status** | ACTIVE |
| **Last Event** | AMENDMENT |
| **Event Date Filed** | 07/25/2016 |
| **Event Effective Date** | NONE |

**Principal Address**

35 N Brevard Ave
Cocoa Beach, FL 32931

Changed: 08/24/2022

**Mailing Address**

PO Box 320627
Cocoa Beach, FL 32932

Changed: 06/30/2020

**Registered Agent Name & Address**

Wells, Kenne, Executive Director
35 N Brevard Ave
Cocoa Beach, FL 32931

Name Changed: 03/01/2023

Address Changed: 03/01/2023

**Officer/Director Detail**

Space Coast
FLORIDA

## Tourism Development Office
## FY 2024-2025 Marketing Support Program
## checklist

Applicant Organization Name: **Cape Canveral Lighthouse Foundation**

Applicant Event Name: **Year-round programming**

| | Yes | No | Comment |
|---|---|---|---|
| Completed questionnaire | X | | |
| Copy of 990 form (if applicable) | X | | |
| Copy of IRS Articles of Incorporation – (if applicable) | | X | N/A - dw |
| Copy of IRS Determination letter – (if applicable) | X | | |
| Copy of SunBiz.org (if applicable) | X | | |
| Copy of this MSP checklist | X | | |

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

Cranis, Peter Digitally signed by Cranis, Peter
Date: 2024.10.17 11:03:48 -04'00'

Peter Cranis, Executive Director

# FY 2024-2025 Marketing Support Program application

Response ID:23 Data

## 2. (untitled)

**1. I have read and understand the policies/procedures within the FY 2024-2025 Marketing Support Program Criteria.**

Signature of: Becky Zingarelli

## 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**

Cape Canaveral Lighthouse Foundation

**Organization address**

PO Box 1978

**State**

FL

**City**

Cape Canaveral

**Zip**

32920

**Primary contact name**

Laura Lee Walko

**Primary contact phone number**

321-541-0442

**Primary contact email**

cclf-marketing@canaverallight.org

**Secondary contact name**

Becky Zingarelli

**Secondary contact phone number**

321-704-9194

**Secondary contact email**

museumdirector@canaverallight.org

**Organization website address**

https://canaverallight.org/

5. (untitled)

**4. Which best describes your organization?**

501(C)(3)

6. (untitled)

**5. What is your Federal Employee ID number?**

01-0655841

7. (untitled)

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

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

8. (untitled)

## 1. E7ENT INFORMATION

**Name of event**

**Event website address Vf 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)

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

12. (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.)
TV/Video

13. (untitled)

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

Facebook : https://www.facebook.com/CCLighthouse/
Instagram : https://www.instagram.com/cclighthousefoundation/
YouTube : NA

14. (untitled)

**, . What hashtags do you use?**

#capecanaverallighthouse #capecanaveral #capecanaverallighthousefoundaton #canaverallighthouse #floridalighthouses #floridalighthouseassociation #Lighthouses #preserve #History #SpaceCoast #Brevard #BrevardCounty #MerrittIsland #cocoabeachchamber #CocoaBeachNews #45thSpaceWing #florida #flalighthouses #spacelaunchdelta45 #lighthouse_lovers #lighthousesofinstagram #lighthouses_around_the_world #uslhs #lighthousepassport

15. (untitled)

**10. As a cultural organization how would you like us to spend your support?**

Out-of-county advertising/marketing support

16. (untitled)

**11. If you were asked to include the Space Coast Office of Tourism in your marketing materials) what elements could you include us in?**

Apparel/promotion items (event t-shirts, giveaways, etc.)

Event banners/signage
Email blast (e-newsletter, promotional, etc.)
Event brochures/program (Playbill, etc.)
Radio
Social media post
Website/blog
Other - Please be specific.....: Tabling events

17. (untitled)

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

CCLF_IRS_501c3_tax_exempt_letter_-_2011.pdf

18. (untitled)

13. **Upload a copy of your organization's , , 0 form.**

CCLF_990.pdf

19. (untitled)

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

20. (untitled)

14. **If you are a Florida organization) please upload a copy of your SunBiz.com account associated with your organization.**

CCLF_SinBiz_2024_Report.pdf

21. (untitled)

15. **Upload your completed Checklist.**

CCLF_MSP_checklist_9-4-2024.pdf

22. (untitled)

16. **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: Becky Zingarelli

## 23. Thank You!

**New Send Email**

Oct 01, 2024 18:06:47 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

IRS Department of the Treasury
Internal Revenue Service
P.O. BOX 2508
Cincinnati OH 45201

In reply refer to: 0248662390
Apr. 07, 2011 LTR 416BC EO
01-0655841 000000 00
00017077
BODC: TE

CAPE CANAVERAL LIGHTHOUSE
FOUNDATION INC
% JANE POWELL
PO BOX 1978
CPE CANAVERAL FL 32920-1978

010693

Employer Identification Number: 01-0655841
Person to Contact: MR. PATTERSON
Toll Free Telephone Number: 1-877-829-5500

Dear TAXPAYER:

This is in response to your Mar. 29, 2011, 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 JULY 2002.

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.

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248662390
Apr. 07, 2011 LTR 4168C ED
01-0655841 000000 00
00017077
BODC: TE

CAPE CANAVERAL LIGHTHOUSE
FOUNDATION INC
% JANE POWELL
PO BOX 1978
CPE CANAVERAL FL 32920-1978

01641

Employer Identification Number: 01-0655841
Person to Contact: MR. PATTERSON
Toll Free Telephone Number: 1-877-829-5500

Dear TAXPAYER:

This is in response to your Mar. 29, 2011, 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 JULY 2002.

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.

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

# 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.)
James Passarelli

2 Business name/disregarded entity name, if different from above.
Cape Canaveral Lighthouse Foundation

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.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ 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.

☒ Other (see instructions) Non-Profit

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)

*(Applies to accounts maintained outside the United States.)*

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 . . . . . ☐

5 Address (number, street, and apt. or suite no.). See instructions.
PO Box 1978

6 City, state, and ZIP code
Cape Canaveral, FL 32920

Requester's name and address (optional)
James Passarelli
Treasurer, CCLF
PO Box 1978
Cape Canaveral, FL 32920

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
[0][1] - [0][6][5][5][8][4][1]

## 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 5/24/24

## 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

Form **990**

Department of the Treasury
Internal Revenue Service

# 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

**2022**

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning , 2022, and ending , 20

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: Cape Canaveral Lighthouse Foundation Inc
Doing business as:
Number and street (or P.O. box if mail is not delivered to street address): PO Box 1978
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: Cape Canaveral, FL 32920

D Employer identification number: 01-0655841
E Telephone number:
G Gross receipts: $ 146,121

F Name and address of principal officer: Larry Ostarly
Same as C above

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions
H(c) Group exemption number:

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: www.canaverallight.org

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 2002

M State of legal domicile: FL

## Part I Summary

1 Briefly describe the organization's mission or most significant activities: Established to preserve the history, provide needed maintenance, and provide education on the historic significance of the Cape Canaveral Lighthouse including the construction of cottages to house historic and educational information.

2 Check this box ☐ 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 | 22 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 22 |
| 5 | Total number of individuals employed in calendar year 2022 (Part V, line 2e) | 5 | 0 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 80 |
| 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 |

| | | Prior Year | Current Year |
|---|---|---|---|
| 8 | Contributions and grants (Part VIII, line 1h) | 72,606 | 71,873 |
| 9 | Program service revenue (Part VIII, line 2g) | | 0 |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 0 |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 35,330 | 29,902 |
| 12 | Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 107,936 | 101,775 |
| 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) | | 0 |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| b | Total fundraising expenses (Part IX, column (D), line 25) 27,476 | | |
| 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 73,055 | 70,982 |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 73,055 | 70,982 |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | 34,881 | 30,793 |

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| 20 | Total assets (Part X, line 16) | 1,066,407 | 1,099,284 |
| 21 | Total liabilities (Part X, line 26) | (689) | 1,395 |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 1,067,096 | 1,097,889 |

## 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**

Brendan McMillin
Signature of officer — Date

Brendan McMillin, Treasurer
Type or print name and title

**Paid Preparer Use Only**

| | | | |
|---|---|---|---|
| Print/Type preparer's name: Mary L Young CPA CMA | Preparer's signature | Date: 12-11-2023 | Check ☒ if self-employed; PTIN: P00143230 |
| Firm's name: Mary Louise E Young CPA | | | Firm's EIN: |
| Firm's address: 1353 N Courtenay Pkwy Ste O<br>Merritt Island FL 32953 | | | Phone no.: 321-454-4480 |

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 (2022)

EEA

**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:

Established to preserve the history, provide needed maintenance, and provide education on the historic significance of the Cape Canaveral Lighthouse including the construction of cottages to house historic and educational information.

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 $ 32,312 including grants of $ _____) (Revenue $ _____)

The Foundation has regularly scheduled weekly public tours of the lighthouse and the surrounding grounds including the new Keepers Cottage.

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 32,312

## Part IV Checklist of Required Schedules

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | X | |
| 2 | Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | X |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II* | 4 | | 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* | 5 | | 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* | 6 | | 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* | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for 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* | 9 | | 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* | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI* | 11a | 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* | 11b | | 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* | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX* | 11d | | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X* | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII* | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional* | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV* | 14b | | 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* | 15 | | 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* | 16 | | 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 | 17 | | 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* | 18 | 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* | 19 | | X |
| 20 a | Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 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* | 21 | | 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? *If "Yes," complete Schedule I, Parts I and III* | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a* | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| 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? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 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? *If "Yes," complete Schedule L, Part I* | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I* | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member or any of these persons? *If "Yes," complete Schedule L, Part II* | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III* | 27 | | 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? *If "Yes," complete Schedule L, Part IV* | 28a | | X |
| b | A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV* | 28b | | X |
| c | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV* | 28c | | X |
| 29 | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | 32 | | 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? *If "Yes," complete Schedule R, Part I* | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1* | 34 | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | 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)? *If "Yes," complete Schedule R, Part V, line 2* | 35b | | X |
| 36 | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | 36 | | 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? *If "Yes," complete Schedule R, Part VI* | 37 | | 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 | 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 | 1a | 2 | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | | 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 | 0 | | |
| 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<br>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 | | | X |
| 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?<br>**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?<br>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?<br>If "Yes," complete Form 4720, Schedule O. | 16 | | | X |
| 17 | **Section 501(c)(21) organizations.** Did the trust, or any 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?<br>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 in 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 . . . . . | 1a | 22 | | |
| | 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. | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent . . . . . | 1b | 22 | | |
| 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? . . . . . | | 2 | | 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? . . . . . | | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . | | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . | | 5 | | X |
| 6 | Did the organization have members or stockholders? . . . . . | | 6 | 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? . . . . . | | 7a | | 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? . . . . . | | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| a | The governing body? . . . . . | | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? . . . . . | | 8b | 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* . . . . . | | 9 | | 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? . . . . . | 10a | | 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? . . . | 11a | 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* . . . . . | 12a | | X |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . | 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* . . . . . | 12c | | |
| 13 | Did the organization have a written whistleblower policy? . . . . . | 13 | | X |
| 14 | Did the organization have a written document retention and destruction policy? . . . . . | 14 | | 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 . . . . . | 15a | | X |
| b | Other officers or key employees of the organization . . . . . | 15b | | 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? . . . . . | 16a | | 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 | | X |

## 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. Indicate how you made these available. Check all that apply.

[ ] Own website [X] Another's website [X] 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.

Brendan McMillin (321)459-3363, PO Box 1978, Cape Canaveral, FL 32920

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

Check if Schedule O contains a response or notes 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) Jeanna Merrifield<br>Director | 2.00 | X | | | | | | 0 | 0 | 0 |
| (2) Bev Merrifield<br>Director | 2.00 | X | | | | | | 0 | 0 | 0 |
| (3) Patricia Lautner<br>Director | 1.00 | X | | | | | | 0 | 0 | 0 |
| (4) Nancy Garwood<br>Director | 1.00 | X | | | | | | 0 | 0 | 0 |
| (5) Rocky Johnson<br>Director | 1.00 | X | | | | | | 0 | 0 | 0 |
| (6) R Norman Woody<br>Director | 0.50 | X | | | | | | 0 | 0 | 0 |
| (7) Ed Wilson<br>Director | 0.50 | X | | | | | | 0 | 0 | 0 |
| (8) Lisa Wilson<br>Director | 0.50 | X | | | | | | 0 | 0 | 0 |
| (9) Shane Smith<br>Director | 0.50 | X | | | | | | 0 | 0 | 0 |
| (10) Mary Anne Moore<br>Director | 0.50 | X | | | | | | 0 | 0 | 0 |
| (11) Dixie Sansom<br>Director | 0.50 | X | | | | | | 0 | 0 | 0 |
| (12) Barry Compagnoni<br>Director | 1.00 | X | | | | | | 0 | 0 | 0 |
| (13) Karen Arbuckle<br>Director | 4.00 | X | | | | | | 0 | 0 | 0 |
| (14) James Underwood<br>Officer | 2.00 | 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 | | | |
| (15)George Eustis<br>Director | 1.00 | X | | | | | | 0 | 0 | 0 |
| (16)Chris Ecker<br>Director | 2.00 | X | | | | | | 0 | 0 | 0 |
| (17)Sharon Crockett<br>Director | 1.00 | X | | | | | | 0 | 0 | 0 |
| (18)Ronald Ecker<br>1st Vice President | 2.00 | | | X | | | | 0 | 0 | 0 |
| (19)Larry Ostarly<br>President | 10.00 | | | X | | | | 0 | 0 | 0 |
| (20)Todd McDowell<br>2nd Vice President | 2.00 | | | X | | | | 0 | 0 | 0 |
| (21)Cheryl Bennett<br>Secretary | 4.00 | | | X | | | | 0 | 0 | 0 |
| (22)Brendan McMillin<br>Treasurer | 5.00 | | | X | | | | 0 | 0 | 0 |
| (23) | | | | | | | | | | |
| (24) | | | | | | | | | | |
| (25) | | | | | | | | | | |
| 1b Subtotal | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| 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* | 3 | | 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* | 4 | | 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* | 5 | | 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 . . . . . X

| | | | | (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 | 23,250 | | | | |
| | c Fundraising events | 1c | 20,080 | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 28,543 | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | $ 9,517 | | | | |
| | h Total. Add lines 1a–1f | | | 71,873 | | | |
| Program Service Revenue | | Business Code | | | | | |
| | 2a | | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | | | | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6a Gross rents 6a | | | | | | |
| | b Less: rental expenses 6b | | | | | | |
| | c Rental income or (loss) 6c | | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | | (i) Securities | (ii) Other | | | | |
| | 7a Gross amount from sales of assets other than inventory 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 $ 20,080 of contributions reported on line 1c) See Part IV, line 18 | 8a | 34,921 | | | | |
| | b Less: direct expenses | 8b | 22,096 | | | | |
| | c Net income or (loss) from fundraising events | | | 12,825 | | | 12,825 |
| | 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 | 39,327 | | | | |
| | b Less: cost of goods sold | 10b | 22,250 | | | | |
| | c Net income or (loss) from sales of inventory | | | 17,077 | 17,077 | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| | 11a | | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | | | | | |
| | 12 Total revenue. See instructions | | | 101,775 | 17,077 | 0 | 12,825 |

## 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 | | | | |
| 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 | 3,175 | 1,651 | 127 | 1,397 |
| 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 | 409 | 213 | 16 | 180 |
| 13 | Office expenses | 10,581 | 601 | 9,472 | 508 |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 982 | 511 | 39 | 432 |
| 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 | 23,476 | 22,716 | 760 | |
| 23 | Insurance | 7,093 | 3,688 | 284 | 3,121 |
| 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 | Keepers Cottage supplies | 18,143 | | | 18,143 |
| b | Membership relations | 2,932 | 2,932 | | |
| c | Museum Fees | 3,695 | | | 3,695 |
| d | Education Program | 33 | | 33 | |
| e | All other expenses | 463 | | 463 | |
| 25 | **Total** functional expenses. Add lines 1 through 24e | 70,982 | 32,312 | 11,194 | 27,476 |
| 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 ☐ 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 | | 246,073 | 1 | 279,615 |
| | 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 | | 19,663 | 8 | 19,624 |
| | 9 | Prepaid expenses and deferred charges | | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 879,500 | | | |
| | b | Less: accumulated depreciation | 10b 79,705 | 800,421 | 10c | 799,795 |
| | 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 | | 250 | 15 | 250 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 33) | | 1,066,407 | 16 | 1,099,284 |
| 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 | | (689) | 24 | 1,395 |
| | 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 | | (689) | 26 | 1,395 |
| Net Assets or Fund Balances | | **Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.** | | | | |
| | 27 | Net assets without donor restrictions | | 1,067,096 | 27 | 1,097,889 |
| | 28 | Net assets with donor restrictions | | | 28 | |
| | | **Organizations that do not follow FASB ASC 958, check here** ☐ **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 | | 1,067,096 | 32 | 1,097,889 |
| | 33 | Total liabilities and net assets/fund balances | | 1,066,407 | 33 | 1,099,284 |

## 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 | 101,775 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 70,982 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 30,793 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 1,067,096 |
| 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 | 1,097,889 |

## 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: ☒ Cash ☐ Accrual ☐ 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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | 2a | | 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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | 2b | | 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. | 2c | | |
| 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? | 3a | | 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 | 3b | | |

**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

**2022**

**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| Cape Canaveral Lighthouse Foundation Inc | 81-0655841 |

**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? Yes | (iv) Is the organization listed in your governing document? No | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| (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) 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.") | 164,905 | 87,361 | 70,805 | 61,607 | 71,872 | 456,550 |
| 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 | 164,905 | 87,361 | 70,805 | 61,607 | 71,872 | 456,550 |
| 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) | | | | | | 25,383 |
| 6 **Public support.** Subtract line 5 from line 4 | | | | | | 431,167 |

## 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 | 164,905 | 87,361 | 70,805 | 61,607 | 71,872 | 456,550 |
| 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 | | | | | | 456,550 |

12 Gross receipts from related activities, etc. (see instructions) . . . . . 12 265,148

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 2022 (line 6, column (f), divided by line 11, column (f)) . . . . . 14 94.44 %

15 Public support percentage from 2021 Schedule A, Part II, line 14 . . . . . 15 92.92 %

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 . . . . . ☒

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 . . . . . ☐

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 . . . . . ☐

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 . . . . . ☐

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) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 **Total.** Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year | | | | | | |
| 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) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less 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 2022 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 | Public support percentage from 2021 Schedule A, Part III, line 15 | 16 | % |

**Section D. Computation of Investment Income Percentage**

| | | | |
|---|---|---|---|
| 17 | Investment income percentage for **2022** (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 | Investment income percentage from **2021** Schedule A, Part III, line 17 | 18 | % |

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**

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

## 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 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 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? *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 ☐ 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 government entity (see instructions).*

| | | | Yes | No |
|---|---|---|---|---|
| 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 ☐ 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.)

**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
Cape Canaveral Lighthouse Foundation Inc

Employer identification number
01-0655841

**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).

Name of organization: Cape Canaveral Lighthouse Foundation Inc

Employer identification number: 01-0655841

**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 | Calvin Myer<br>6825 Davis Blvd Unit 340<br>Naples FL 34104 | $ 5,000 | Person [x]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | $ | Person [ ]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | $ | Person [ ]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | $ | Person [ ]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | $ | Person [ ]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | $ | Person [ ]<br>Payroll [ ]<br>Noncash [ ]<br>(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

**2022**

**Open to Public Inspection**

Name of the organization

Cape Canaveral Lighthouse Foundation Inc

Employer identification number

01-0655941

## 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? ☐ 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.

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)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a 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 in (a) | 2c | |
| d | Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register | 2d | |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 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 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense 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 |
|---|---|---|
| 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 | | 846,100 | 75,027 | 771,073 |
| c Leasehold improvements | | | | |
| d Equipment | | 6,750 | 2,207 | 4,543 |
| e Other SIGNS | | 26,650 | 2,471 | 24,179 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 799,795 |

**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, 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. *(Column (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) Security deposit | 250 |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* | 250 |

**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.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| a | Net unrealized gains (losses) on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| e | Add lines 2a through 2d | | | 2e | |
| 3 | Subtract line 2e from line 1 | | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | Add lines 4a and 4b | | | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)* | | | 5 | |

**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.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| a | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| e | Add lines 2a through 2d | | | 2e | |
| 3 | Subtract line 2e from line 1 | | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | Add lines 4a and 4b | | | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)* | | | 5 | |

**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.

**SCHEDULE G (Form 990)**

Department of the Treasury
Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022**

Open to Public Inspection

Name of the organization

Cape Canaveral Lighthouse Foundation Inc

Employer identification number

01-0655841

**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? Yes | (iii) No | (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 |
|---|---|---|---|---|---|---|---|
| 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 Muscle Car (event type) | (b) Event #2 Marathon (event type) | (c) Other events None (total number) | (d) Total events (add col. (a) through col. (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross receipts | 36,355 | 13,942 | | 50,297 |
| | 2 Less: Contributions | 20,080 | | | 20,080 |
| | 3 Gross income (line 1 minus line 2) | 16,275 | 13,942 | | 30,217 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | 2,917 | | | 2,917 |
| | 6 Rent/facility costs | 3,600 | 8,419 | | 12,019 |
| | 7 Food and beverages | 3,000 | | | 3,000 |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 121 | 2,131 | | 2,252 |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 20,188 |
| | 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | 10,029 |

**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 | ☐ Yes ____ % ☐ No | ☐ Yes ____ % ☐ No | ☐ Yes ____ % ☐ No | |
| | 7 Direct expense summary. Add lines 2 through 6 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 | OMB No. 1545-0047 |
|---|---|---|
| Department of the Treasury Internal Revenue Service | 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. | 2022 Open to Public Inspection |

| Name of the organization | Employer identification number |
|---|---|
| Cape Canaveral Lighthouse Foundation Inc | 01-0655841 |

**01. Members or stockholder classes and rights (Part VI, line 6)**

The Foundation is governed solely by its Board of Directors. Members are non-voting and are not involved in the day to day activities of the Foundation. There are six (6) classes of membership based on the amount of the annual dues. Membership benefits consist primarily of access to the Cape Canaveral lighthouse and the Foundations' historical materials.

**02. Form 990 governing body review (Part VI, line 11)**

The Foundation's Treasurer and other key members of the governing body review Form 990 and approve the return prior to filing.

**03. Governing documents, etc, available to public (Part VI, line 19)**

The Foundation makes its documents available to the public upon request.

**04. Statement of Revenue (Part VIII)**

Revenue from the sale of inventory at the Keepers Cottage and Museum are reported through a nominee identification number on Form 1099-K. This income is 100% the Organizations and not the nominee.

**05. List of other fees for services expenses (Part IX, line 11g)**

Fees paid are for management and set-up services for the new museum and the new museum gift shop in the newly constructed Lighthouse Keepers Cottage. $11,750

Form **4562**

Department of the Treasury
Internal Revenue Service

# 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.

OMB No. 1545-0172
**2022**
Attachment Sequence No. **179**

| Name(s) shown on return | Business or activity to which this form relates | Identifying number |
|---|---|---|
| Cape Canaveral Lighthouse Founda | FORM 990 - 1 | 01-0655841 |

**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 2021 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 2023. 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 | 22,905 |

**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 2022 | 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 | | |

**Section B - Assets Placed in Service During 2022 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 | | 22,850 | 5 | HQ | SL | 571 |
| 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 2022 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 | |
| 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 | 23,476 |
| 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 | |

| Elections (This page is e-filed with the return. Include it if paper-filing.) | 2022 PG01 |
|---|---|
| Name(s) as shown on return: Cape Canaveral Lighthouse Foundation Inc | SSN/EIN: 01-0655841 |

## Section 1.263(a)-3(h) Safe Harbor Election for Small Taxpayers

NAME: Cape Canaveral Lighthouse Foundation Inc
ADDRESS: PO Box 1978, Cape Canaveral, FL 32920
SSN/EIN: 01-0655841

ELECTION: The amounts paid for repairs, maintenance, improvements and similar activities performed on the eligible building(s) described below qualify under the safe harbor provided in Reg. Section 1.263(a)-3(h)(1).

DESCRIPTION: Cape Cottage Museum

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Feb 02, 2024**
**Secretary of State**
**1258494867CC**

DOCUMENT# N02000001956

**Entity Name:** CAPE CANAVERAL LIGHTHOUSE FOUNDATION INCORPORATED

**Current Principal Place of Business:**

CAPE CANAVERAL LIGHTHOUSE
CAPE CANAVERAL AIR FORCE STATION
BREVARD COUNTY, FL 32925-2206

**Current Mailing Address:**

PO BOX 1978
CAPE CANAVERAL, FL 32920-1978

**FEI Number: 01-0655841**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CAPE CANAVERAL LIGHTHOUSE FOUNDATION
2420 SYKES CREEK DRIVE
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: BRENDAN MCMILLIN 02/02/2024
Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | P |
| Name | ECKER, RONALD |
| Address | 235 MAPLE DR |
| City-State-Zip: | SATELLITE BEACH FL 32937 |

| | |
|---|---|
| Title | VP |
| Name | SMITH, SHANE |
| Address | 4411 CHARDONNAY DR |
| City-State-Zip: | VIERA FL 32955 |

| | |
|---|---|
| Title | TREASURER |
| Name | PASSARELLI, JAMES A |
| Address | 2420 SYKES CREEK DRIVE |
| City-State-Zip: | MERRITT ISLAND FL 32953 |

| | |
|---|---|
| Title | SECRETARY |
| Name | DOOLEY, JILL |
| Address | PO BOX 1978 |
| City-State-Zip: | CAPE CANAVERAL FL 32920 |

*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: JAMES PASSARELLI TREASURER 02/02/2024
Electronic Signature of Signing Officer/Director Detail — Date

Space Coast FLORIDA

## Tourism Development Office
## FY 2024-2025 Marketing Support Program
## checklist

Applicant Organization Name: **Melbourne Main Street**

Applicant Event Name: **Year-round programming**

| | Yes | No | Comment |
|---|---|---|---|
| Completed questionnaire | X | | |
| Copy of 990 form (if applicable) | X | | |
| Copy of IRS Articles of Incorporation – (if applicable) | | X | N/A - dw |
| Copy of IRS Determination letter – (if applicable) | X | | |
| Copy of SunBiz.org (if applicable) | X | | |
| Copy of this MSP checklist | X | | |

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

Cranis, Peter Digitally signed by Cranis, Peter Date: 2024.10.17 11:05:49 -04'00'

Peter Cranis, Executive Director

# FY 2024-2025 Marketing Support Program application

Response ID:76 Data

## 2. (untitled)

**1. I have read and understand the policies/procedures within the FY 2024-2025 Marketing Support Program Criteria.**

Signature of: Kim 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

**State**

FL

**City**

Melbourne

**Zip**

32901

**Primary contact name**

Kim Agee

**Primary contact phone number**

321-806-9144

**Primary contact email**

kim@downtownmelbourne.com

**Secondary contact name**

Lindsey Bolduc

**Secondary contact phone number**

321-724-1741

**Secondary contact email**

events@dowtownmelbourne.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?**

34-1977660

7. (untitled)

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

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

8. (untitled)

1. **E7 ENT INFORMATION**

**Name of event**

**Event website address Vf 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)

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

12. (untitled)

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

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

13. (untitled)

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

Facebook : melbournemainstreet; @downtowmelbourne; melbournefoodandwinefest
Instagram : melbournemainstreet; melbourne_fawf; downtownmelbournefl

14. (untitled)

**, . What hashtags do you use?**

#downtownmelbournefoodandwinefest; melbournemainstreet; dtmbfoodandwinefestival; buyyourticketstoday

15. (untitled)

**10. As a cultural organization how would you like us to spend your support?**

Out-of-county advertising/marketing support

16. (untitled)

**11. If you were asked to include the Space Coast Office of Tourism in your marketing materials) what elements could you include us in?**

Billboards
Event banners/signage
Email blast (e-newsletter, promotional, etc.)

Radio
Social media post
TV/Video
Website/blog

17. (untitled)

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

3_Melbourne_Main_Street_IRS_Determination_Ltr.pdf

18. (untitled)

13. **Upload a copy of your organization's , , 0 form.**

5_Melbourne_Main_Street_2023_Tax_Return_Documents_990.pdf

19. (untitled)

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

20. (untitled)

14. **If you are a Florida organization) please upload a copy of your SunBiz.com account associated with your organization.**

3_Melbourne_Main_Street_IRS_Determination_Ltr.pdf

21. (untitled)

15. **Upload your completed Checklist.**

MSP_applicant_checklist_9-27-2024_(signed).pdf

22. (untitled)

16. **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: Kim Agee

## 23. Thank You!

**New Send Email**

Oct 11, 2024 12:28:46 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

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

DEPARTMENT OF THE TREASURY

Date:
MAY 2 1 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

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

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.

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. Lerner
Director, Exempt Organizations
Rulings and Agreements

Enclosure(s):
Form 872-C

Letter 1045 (DO/CG)

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)

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.

# BULLOCK & LESLIE TAX & ACCOUNTING

1490 HIGHWAY A1A SUITE 302
SATELLITE BEACH, FL 32937
SHERRILL@BGLCPA.COM
Phone: (321)752-5553 ¦ Fax: (321)752-5556

April 18, 2024

Melbourne Main Street Inc
2004 Vernon Place
Melbourne, FL 32901

Melbourne Main Street Inc:

Enclosed is the 2023 federal return for a tax-exempt organization, prepared for Melbourne Main Street Inc from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-TE, IRS e-file Signature Authorization for an Exempt Organization.

The federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (321)752-5553.

Sincerely,

Sherrill A Bullock CPA
BULLOCK & LESLIE TAX & ACCOUNTING

# BULLOCK & LESLIE TAX & ACCOUNTING

1490 HIGHWAY A1A SUITE 302
SATELLITE BEACH, FL 32937
SHERRILL@BGLCPA.COM
Phone: (321)752-5553 | Fax: (321)752-5556

April 18, 2024

Melbourne Main Street Inc
2004 Vernon Place
Melbourne, FL 32901

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

* Interviews regarding your tax situation

* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data

* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (321)752-5553.

Sincerely,

Sherrill A Bullock CPA
BULLOCK & LESLIE TAX & ACCOUNTING

Form **990**

Department of the Treasury
Internal Revenue Service

# 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**

**A** For the 2023 calendar year, or tax year beginning , 2023, and ending , 20

**B** Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

**C** Name of organization: MELBOURNE MAIN STREET INC
Doing business as:
Number and street (or P.O. box if mail is not delivered to street address): 2004 VERNON PLACE
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: MELBOURNE, FL 32901

**D** Employer identification number: 34-1977660

**E** Telephone number: (321)724-1741

**G** Gross receipts: $ 553,395

**F** Name and address of principal officer: COREY RUNTE
PO BOX 754 MELBOURNE FL 32902

**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No

**H(b)** Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

**H(c)** Group exemption number:

**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

**J** Website: WWW.DOWNTOWNMELBOURNE.COM

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

**L** Year of formation: 2003

**M** State of legal domicile: FL

## Part I Summary

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O

2 Check this box ☐ 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 | 14 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 14 |
| 5 | Total number of individuals employed in calendar year 2023 (Part V, line 2a) | 5 | 4 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | |
| 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 |

| | | Prior Year | Current Year |
|---|---|---|---|
| 8 | Contributions and grants (Part VIII, line 1h) | 111,179 | 184,831 |
| 9 | Program service revenue (Part VIII, line 2g) | 21,217 | 30,141 |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 0 |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 126,387 | 117,873 |
| 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 258,783 | 332,845 |
| 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) | 209,562 | 208,752 |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| b | Total fundraising expenses (Part IX, column (D), line 25) 24,427 | | |
| 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 100,278 | 123,354 |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 309,840 | 332,106 |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | (51,057) | 739 |

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| 20 | Total assets (Part X, line 16) | 84,609 | 104,953 |
| 21 | Total liabilities (Part X, line 26) | 330 | 19,935 |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 84,279 | 85,018 |

## 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**

KIMBERLY AGEE
Signature of officer — Date

KIMBERLY AGEE, EXECUTIVE DIRECTOR
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| SHERRILL A BULLOCK CPA | SHERRILL A BULLOCK CPA | 04-18-2024 | | P00524441 |

Firm's name: BULLOCK & LESLIE TAX & ACCOUNTING — Firm's EIN:
Firm's address: 1490 HIGHWAY A1A SUITE 302, SATELLITE BEACH FL 32937 — Phone no. 321-752-5553

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** (2023)

EEA

506

COPY

**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 ☒ 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 $ 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

Copy

## Part IV Checklist of Required Schedules

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | X | |
| 2 | Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions. | 2 | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | X |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II* | 4 | | 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.* | 5 | | 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* | 6 | | 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* | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for 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.* | 9 | | 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* | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI* | 11a | 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* | 11b | | 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* | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX* | 11d | | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.* | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII* | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional* | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E.* | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV* | 14b | | 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* | 15 | | 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.* | 16 | | 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 | 17 | | 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* | 18 | 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* | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 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* | 21 | | 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? *If "Yes," complete Schedule I, Parts I and III.* | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J.* | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.* | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| 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? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 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? *If "Yes," complete Schedule L, Part I.* | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I* | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II.* | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III* | 27 | | 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? *If "Yes," complete Schedule L, Part IV* | 28a | | X |
| b | A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV* | 28b | | X |
| c | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV* | 28c | | X |
| 29 | Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M* | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | 32 | | 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? *If "Yes," complete Schedule R, Part I.* | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1* | 34 | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | 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)? *If "Yes," complete Schedule R, Part V, line 2* | 35b | | |
| 36 | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | 36 | | 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? *If "Yes," complete Schedule R, Part VI* | 37 | | 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 | 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 | 1a | 2 | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | | | 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 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

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number of voting members of the governing body at the end of the tax year . . . . . | 1a | 14 | | |
| | 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. | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent . . . . . | 1b | 14 | | |
| 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? . . . . . | 2 | | | 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? . . . . . | 3 | | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . | 4 | | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . | 5 | | | X |
| 6 | Did the organization have members or stockholders? . . . . . | 6 | | | 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? . . . . . | 7a | | | 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? . . . . . | 7b | | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| a | The governing body? . . . . . | 8a | | X | |
| b | Each committee with authority to act on behalf of the governing body? . . . . . | 8b | | 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* . . . . . | 9 | | | 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? . . . . . | 10a | | 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? . . . | 11a | | 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* . . . . . | 12a | | X |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . | 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* . . . . . | 12c | | |
| 13 | Did the organization have a written whistleblower policy? . . . . . | 13 | | X |
| 14 | Did the organization have a written document retention and destruction policy? . . . . . | 14 | | 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 . . . . . | 15a | | X |
| b | Other officers or key employees of the organization . . . . . | 15b | | 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? . . . . . | 16a | | 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 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. 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.

KIMBERLY AGEE (321)724-1741, 2004 VERNON PLACE, 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) DAVID CABLE<br>DIRECTOR | | X | | | | | | 0 | 0 | 0 |
| (2) JOHN FRAZIER JR.<br>DIRECTOR | | X | | | | | | 0 | 0 | 0 |
| (3) JASON WILLIAMS<br>DIRECTOR | | X | | | | | | 0 | 0 | 0 |
| (4) TERRY LOCKE<br>TREASURER | | X | | X | | | | 0 | 0 | 0 |
| (5) CASSANDRA HARTFORD<br>BOARD CHAIR | | X | | X | | | | 0 | 0 | 0 |
| (6) COREY RUNTE<br>PAST CHAIR | | X | | X | | | | 0 | 0 | 0 |
| (7) ALBERT LUER<br>IMMEDIATE PAST CHAIR | | X | | X | | | | 0 | 0 | 0 |
| (8) ALEXIS MCGUIRE<br>VICE CHAIR | | X | | X | | | | 0 | 0 | 0 |
| (9) LORY MILTON<br>TREASURER | | | | X | | | | 0 | 0 | 0 |
| (10) KIMBERLY AGEE<br>EXECUTIVE DIRECTOR | 40.00 | | | | X | | | 0 | 0 | 0 |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |

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**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) | | | | | | | | 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

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**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 | | | | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6a Gross rents 6a | | | | | | |
| | b Less: rental expenses 6b | | | | | | |
| | c Rental income or (loss) 6c | | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | | (i) Securities | (ii) Other | | | | |
| | 7a Gross amount from sales of assets other than inventory 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 |

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## 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 ☐ if following SOP 98-2 (ASC 958-720) | | | | |

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**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 | 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 ☒ 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 ☐ 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 |

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## 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: ☐ Cash ☒ Accrual ☐ 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. ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | 2a | 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. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | 2b | | 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. | 2c | | 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? | 3a | | 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 | 3b | | |

**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 | Employer identification number |
|---|---|
| MELBOURNE MAIN STREET INC | 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? Yes | (iv) No | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| (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 . . . . . ☐

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**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 ☐

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

**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 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 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? *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 ☐ 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 government entity (see instructions).*

| | | | Yes | No |
|---|---|---|---|---|
| 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 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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**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 . . . . | | | |

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**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.)

Copy

**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**

MELBOURNE MAIN STREET INC

**Employer identification number**

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.

| | | (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? ☐ 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.

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

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 $ _____

## 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. ☐



Copy

## 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.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| a | Net unrealized gains (losses) on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | |
| 3 | Subtract line **2e** from line **1** | | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)* | | | 5 | |

## 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.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| a | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | |
| 3 | Subtract line **2e** from line **1** | | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)* | | | 5 | |

## 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.

Copy

**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

MELBOURNE MAIN STREET INC

Employer identification number

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? Yes | (iii) No | (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 |
|---|---|---|---|---|---|---|---|
| 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.

Copy

**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 FOOD & WINE (event type) | (b) Event #2 FLAVOR EXP (event type) | (c) Other events 2 (total number) | (d) Total events (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)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross revenue | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | ☐ Yes ____ % ☐ No | ☐ Yes ____ % ☐ No | ☐ Yes ____ % ☐ 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: _____

Copy

**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
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 BUSISNESSES TO BUILD A VIBRANT DOWNTOWN DISRICT.

COPY

* Item is included in UBIA for Section 199A calculations. See "UBIA" in lower right corner.

# Depreciation Detail Listing

Management & General

(This page is not filed with the return. It is for your records only.)

**2023**



Name(s) as shown on return

MELBOURNE MAIN STREET INC

**Social security number/EIN**

34-1977660

| No. | Description | Date | Cost | Basis Adjustment | Business percentage | Section 179 | Bonus depreciation | Depreciable Basis | Life | Method | Rate | Prior Depreciation | Current Depreciation | Accumulated Depreciation | AMT Current |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | FURNITURE AND EQUIPME | 07-31-2015 | 3,785 | | 100.00 | | | 3,785 | 7 | | 0 | 3,785 | | 3,785 | |
| | Totals | | 3,785 | | | | | 3,785 | | | | 3,785 | | 3,785 | |

Copy

Land Amount

Net Depreciable Cost 3,785

CY 179 and CY Bonus

TOTAL CY Depr including 179/bonus

ST ADJ:

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

DEPARTMENT OF THE TREASURY

Date: MAY 04 2010

SPACE COAST SYMPHONY ORCHESTRA INC
PO BOX 237646
COCOA, FL 32923

Employer Identification Number:
27-0197064
DLN:
200050003
Contact Person:
DANIEL RENNER ID# 31697
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
509(a)(2)
Form 990 Required:
Yes
Effective Date of Exemption:
May 15, 2009
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)

Form **990**

Department of the Treasury
Internal Revenue Service

# 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

**2022**

**Open to Public Inspection**

A For the 2022 calendar year, or tax year beginning , 2022, and ending , 20

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization SPACE COAST SYMPHONY ORCHESTRA, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): P. O. BOX 237646

Room/suite

City or town, state or province, country, and ZIP or foreign postal code: COCOA, FL 32923

D Employer identification number: 27-0197064

E Telephone number: (855)252-7276

G Gross receipts $ 421,220.

F Name and address of principal officer: JEREMY HICKMAN, c/o 219 NORTH INDIAN RIVER DRIVE, COCOA, FL 32922

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates 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: spacecoastsymphony.org

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 2009

M State of legal domicile: FL

## Part I Summary

| | | | |
|---|---|---|---|
| 1 | Briefly describe the organization's mission or most significant activities: Providing classical music to audiences at an affordable price. | | |
| 2 | Check this box ☐ 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 | 12 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 12 |
| 5 | Total number of individuals employed in calendar year 2022 (Part V, line 2a) | 5 | 1 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 100 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 4,763. |
| b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0. |

| | | Prior Year | Current Year |
|---|---|---|---|
| 8 | Contributions and grants (Part VIII, line 1h) | 203,524. | 236,891. |
| 9 | Program service revenue (Part VIII, line 2g) | 172,360. | 177,071. |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 2,354. | 3,629. |
| 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 378,238. | 417,591. |
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | | |
| 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | |
| 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 42,519. | 50,978. |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 1,561. | |
| b | Total fundraising expenses (Part IX, column (D), line 25) 635. | | |
| 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 304,945. | 437,276. |
| 18 | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 349,025. | 488,254. |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | 29,213. | -70,663. |

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| 20 | Total assets (Part X, line 16) | 88,758. | 28,232. |
| 21 | Total liabilities (Part X, line 26) | 3,068. | 23,014. |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 85,690. | 5,218. |

## 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

Date: 11/14/2023

MARY SEAL, VICE PRESIDENT

Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN

Non-Paid Preparer

Firm's name | Firm's EIN

Firm's address | Phone no.

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:

Providing classical music to audiences at an affordable price.

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 $ 444,913. including grants of $ 0. ) (Revenue $ 175,937. )

Performed classical orchestra and chamber concerts in Brevard and Indian River Counties in Florida. There were many performance that were provided at an affordable price. Price was sometimes determined by purchaser's ability to pay or provided for free. Programs gave free admission to students and youths under the age of 18.

4b (Code: ) (Expenses $ 3,890. including grants of $ 0. ) (Revenue $ 4,388. )

Provided a program called "Youth Orchestra" to increases appreciation of orchestral music among the public at large by coaching Middle and High School students. Through weekly coaching by experienced members of the orchestra and opportunites for students to perform with an orchestra. This insures that this music will continue to provide enjoyment to future generations.

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 448,804.

## Part IV Checklist of Required Schedules

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | × | |
| 2 | Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions | 2 | × | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | × |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II* | 4 | | × |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III* | 5 | | × |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I* | 6 | | × |
| 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* | 7 | | × |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | × |
| 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* | 9 | | × |
| 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* | 10 | | × |
| 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* | 11a | × | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII* | 11b | | × |
| 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* | 11c | | × |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX* | 11d | × | |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* | 11e | | × |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X* | 11f | | × |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII* | 12a | | × |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional* | 12b | | × |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | × |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | × |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV* | 14b | | × |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV* | 15 | | × |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV* | 16 | | × |
| 17 | Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions | 17 | | × |
| 18 | Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II* | 18 | | × |
| 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* | 19 | | × |
| 20a | Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* | 20a | | × |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 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* | 21 | | × |

**Part IV Checklist of Required Schedules** *(continued)*

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

**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 | 1a | 1 | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 1b | 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 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 1 | | | |
| 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 | × | |
| 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 | | × |
| 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 | | × |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | × |
| 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 | | × |
| 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 | | × |
| 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. | 1a | 12 | | |
| b | Enter the number of voting members included on line 1a, above, who are independent . | 1b | 12 | | |
| 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? . . . . . | 2 | | | × |
| 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? . | 3 | | | × |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | | × |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | | × |
| 6 | Did the organization have members or stockholders? . . . . . | 6 | | | × |
| 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? . . . . . | 7a | | | × |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . . | 7b | | | × |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| a | The governing body? . . . . . | 8a | | × | |
| b | Each committee with authority to act on behalf of the governing body? . . . . . | 8b | | × | |
| 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* . . . . | 9 | | | × |

## 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? . . . . . | 10a | | × |
| 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? | 11a | × | |
| 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* . . . . . | 12a | | × |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 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* . . . . . | 12c | | |
| 13 | Did the organization have a written whistleblower policy? . . . . . | 13 | | × |
| 14 | Did the organization have a written document retention and destruction policy? . . . . . | 14 | | × |
| 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 . . . . . | 15a | | × |
| b | Other officers or key employees of the organization . . . . . | 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? . . . . . | 16a | | × |
| 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

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.

MARY GRIFFIN, 19 NORTH INDIAN RIVER DRIVE, COCOA, FL 32922 (855)252-7276

## 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 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) AHMED PELZER<br>PRESIDENT | 5.00 | × | | × | | | | | | |
| (2) KELLI HUNSACKER<br>EXECUTIVE BOARD | 1.00 | × | | | | | | | | |
| (3) AUDREY WHITE<br>EXECUTIVE BOARD | 5.00 | × | | | | | | | | |
| (4) MARY SEAL<br>VICE PRESIDENT/TREASURER | 15.00 | × | | × | | | | | | |
| (5) JENNIFER ROYALS<br>VICE PRESIDENT | 1.00 | × | | × | | | | | | |
| (6) ERIC HOOVER<br>SECRETARY | 3.00 | × | | × | | | | | | |
| (7) CONNIE MALTBY<br>EXECUTIVE BOARD | 2.00 | × | | | | | | | | |
| (8) KATHLEEN CROMBLEHOME<br>EXECUTIVE BOARD | 1.00 | × | | | | | | | | |
| (9) ABRAM WALTON<br>EXECUTIVE BOARD | 1.00 | × | | | | | | | | |
| (10) ALAN EDELSTEIN<br>EXECUTIVE BOARD | 1.00 | × | | | | | | | | |
| (11) ANNORA DAIGE<br>EXECUTIVE BOARD | 1.00 | × | | | | | | | | |
| (12) BILL MOORE<br>EXECUTIVE BOARD | 1.00 | × | | | | | | | | |
| (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 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* | 3 | | × |
| 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* | 4 | | × |
| 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* | 5 | | × |

## 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 | 61,930. | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 174,961. | | | | |
| | g | Noncash contributions included in lines 1a–1f | 1g | $ | | | | |
| | h | **Total.** Add lines 1a–1f | | | 236,891. | | | |
| Program Service Revenue | | | Business Code | | | | | |
| | 2a | CONCERTS | 711130 | | 170,951. | 170,951. | 0. | 0. |
| | b | Youth Orchestra | 711130 | | 4,388. | 0. | 4,388. | 0. |
| | c | | | | | | | |
| | d | | | | | | | |
| | e | | | | | | | |
| | f | All other program service revenue | | | 1,732. | 1,357. | 375. | 0. |
| | g | **Total.** Add lines 2a–2f | | | 177,071. | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | | | | | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 | Royalties | | | | | | |
| | | | (i) Real | (ii) Personal | | | | |
| | 6a | Gross rents 6a | | | | | | |
| | b | Less: rental expenses 6b | | | | | | |
| | c | Rental income or (loss) 6c | | | | | | |
| | d | Net rental income or (loss) | | | | | | |
| | | | (i) Securities | (ii) Other | | | | |
| | 7a | Gross amount from sales of assets other than inventory 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 | | | | | |
| | 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 | 7,258. | | | | |
| | b | Less: direct expenses | 9b | 3,629. | | | | |
| | c | Net income or (loss) from gaming activities | | | 3,629. | 3,629. | 0. | 0. |
| | 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 | | | 417,591. | 175,937. | 4,763. | 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 | | | | |
| 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 | 46,594. | 46,594. | 0. | 0. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | 4,384. | 4,384. | 0. | 0. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 5,854. | 0. | 5,854. | 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.) | 301,079. | 300,444. | 0. | 635. |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 22,136. | 22,136. | 0. | 0. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 9,180. | 0. | 9,180. | 0. |
| 17 Travel | 2,979. | 2,979. | 0. | 0. |
| 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 | 4,140. | 0. | 4,140. | 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 POSTAGE AND TELEPHONE | 7,146. | 0. | 7,146. | 0. |
| b RENT EQUIPMENT AND VENUE | 68,377. | 68,377. | 0. | 0. |
| c YOUTH ORCHESTRA | 3,890. | 3,890. | 0. | 0. |
| d | | | | |
| e All other expenses | 12,495. | 0. | 12,495. | 0. |
| 25 **Total functional expenses.** Add lines 1 through 24e | 488,254. | 448,804. | 38,815. | 635. |
| 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 ☐ 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 | 69,388. | 1 | 7,562. |
| | 2 | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | | 4 | 1,300. |
| | 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: 2,600. | | | |
| | b | Less: accumulated depreciation — 10b: 2,600. | 0. | 10c | 0. |
| | 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 | 19,370. | 15 | 19,370. |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 33) | 88,758. | 16 | 28,232. |
| Liabilities | 17 | Accounts payable and accrued expenses | 3,068. | 17 | 23,014. |
| | 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 | |
| | 26 | **Total liabilities.** Add lines 17 through 25 | 3,068. | 26 | 23,014. |
| Net Assets or Fund Balances | | **Organizations that follow FASB ASC 958, check here ☐ 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 ☒ 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 | 85,690. | 31 | 5,218. |
| | 32 | Total net assets or fund balances | 85,690. | 32 | 5,218. |
| | 33 | Total liabilities and net assets/fund balances | 88,758. | 33 | 28,232. |

## 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 | 417,591. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 488,254. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -70,663. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 85,690. |
| 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 | -9,810. |
| 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 | 5,217. |

## 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: ☐ Cash ☐ Accrual ☒ Other Hybrid<br>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? | 2a | | × |
| | 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:<br>☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | | × |
| | 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:<br>☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| 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? | 2c | | × |
| | 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? | 3a | | × |
| 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 | 3b | | |

**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

**2022**

**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| SPACE COAST SYMPHONY ORCHESTRA, INC. | 27-0197064 |

**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? Yes | (iv) No | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| (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) 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** . . . . . ☐

## 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 . . . . . ☐

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 . . . . . ☐

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 . . . . . ☐

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 . . . . . ☐

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) 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.") | 93,492. | 200,742. | 213,187. | 203,524. | 236,891. | 947,836. |
| 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 | 328,703. | 373,392. | 104,026. | 16,414. | 177,071. | 999,606. |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | 5,268. | 15,354. | 2,924. | 9,042. | 32,588. |
| 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 | 422,195. | 579,402. | 332,567. | 222,862. | 423,004. | 1,980,030. |
| 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.) | | | | | | 1,980,030. |

**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 | 422,195. | 579,402. | 332,567. | 222,862. | 423,004. | 1,980,030. |
| 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.) | 422,195. | 579,402. | 332,567. | 222,862. | 423,004. | 1,980,030. |

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 | 100 % |
| 16 | Public support percentage from 2021 Schedule A, Part III, line 15 | 16 | 100 % |

**Section D. Computation of Investment Income Percentage**

| | | | |
|---|---|---|---|
| 17 | Investment income percentage for **2022** (line 10c, column (f), divided by line 13, column (f)) | 17 | 0 % |
| 18 | Investment income percentage from **2021** Schedule A, Part III, line 17 | 18 | 0 % |

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

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

## 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 ☐ 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).*

| | | | Yes | No |
|---|---|---|---|---|
| 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 ☐ 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.)

**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
SPACE COAST SYMPHONY ORCHESTRA, INC.

**Employer identification number**
27-0197064

**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 33⅓% 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: SPACE COAST SYMPHONY ORCHESTRA, INC.
Employer identification number: 27-0197064

**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<br>400 SOUTH MONROE STREET<br>TALLAHASSEE FL 32399 | $ 47,597. | ☒ Person<br>☐ Payroll<br>☐ Noncash<br>(Complete Part II for noncash contributions.) |
| 2 | ESTATE OF GARI ESSIG<br>2101 INDIAN RIVER BLVD. STE 200<br>VERO BEACH FL 32960 | $ 45,363. | ☒ Person<br>☐ Payroll<br>☐ Noncash<br>(Complete Part II for noncash contributions.) |
| 3 | BREVARD COUNTY BOARD OF COMMISSIONERS<br>2725 JUDGE FRAN JAMIESON WAY BLDG C<br>MELBOURNE FL 329406605 | $ 13,333. | ☒ Person<br>☐ Payroll<br>☐ Noncash<br>(Complete Part II for noncash contributions.) |
| 4 | MICHELE W CAMPANELLI<br>720 FALLS CREEK DRIVE<br>MELBOURNE FL 32904 | $ 21,653. | ☒ Person<br>☐ Payroll<br>☐ Noncash<br>(Complete Part II for noncash contributions.) |
| | | $ | ☐ Person<br>☐ Payroll<br>☐ Noncash<br>(Complete Part II for noncash contributions.) |
| | | $ | ☐ Person<br>☐ Payroll<br>☐ Noncash<br>(Complete Part II for noncash contributions.) |

Name of organization: SPACE COAST SYMPHONY ORCHESTRA, INC.

Employer identification number: 27-0197064

**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 |
|---|---|---|---|
| | | $ | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---|---|---|---|
| | | $ | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---|---|---|---|
| | | $ | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---|---|---|---|
| | | $ | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---|---|---|---|
| | | $ | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---|---|---|---|
| | | $ | |

Name of organization: SPACE COAST SYMPHONY ORCHESTRA, INC.

Employer identification number: 27-0197064

**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 information once. See instructions.) $ _____

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** |
| | |

| (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** |
| | |

| (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** |
| | |

| (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** |
| | |

**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

**2022**

**Open to Public Inspection**

**Name of the organization**
SPACE COAST SYMPHONY ORCHESTRA, INC.

**Employer identification number**
27-0197064

## 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? ☐ 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.

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)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a 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 in (a) | 2c | |
| d | Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register | 2d | |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 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 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense 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 |
|---|---|---|
| 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 | 0. | | | 0. |
| b | Buildings | | | | |
| c | Leasehold improvements | | | | |
| d | Equipment | | | | |
| e | Other | | 2,600. | 2,600. | 0. |
| **Total.** | Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* | | | | 0. |

**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, 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.** *(Column (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) SHEET MUSIC | 19,370. |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| **Total.** *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* | 19,370. |

**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.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| a | Net unrealized gains (losses) on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | |
| 3 | Subtract line **2e** from line **1** | | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)* | | | 5 | |

**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.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| a | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | |
| 3 | Subtract line **2e** from line **1** | | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)* | | | 5 | |

**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 XIII Supplemental Information** *(continued)*

**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 | Employer identification number |
|---|---|
| SPACE COAST SYMPHONY ORCHESTRA, INC. | 27-0197064 |

Pt III, Line 3: In November of 2018 the Space Coast Symphony Youth Orchestra (SCSYO) presented its debut concert. This program has three separate organizations based on participant's skill level; the Academy Orchestra, Symphony Orchestra, and Philharmonic Orchestra. The program is in keeping with the Space Coast Symphony's mission of providing symphonic music at an affordable price. In addition to performing free concerts SCSYO provides a creative environment where over one hundred pre-college age musicians, ages 8-18, from every imaginable social, cultural, and economic background across Brevard and Indian River Counties come together to rehearse and perform classical symphonic masterworks. It also performs on the same program as the professional orchestra and performs side-by-side with their professional SCSO counterparts. For their performances tickets for 8-18 year olds are available for free. This program replaced the previous "Quartet Movement" program which was directed mainly toward quartets. The "Quartet Movement" program was supplanted by the Youth Orchestra and was cancelled in 2018.

Pt VI, Line 19: Copies of these documents available at the organization's offices if requested by members of the public.

Pt VI, Line 11b: The return is prepared by a volunteer. The person keeping the records for the organization provides and reviews certain of the information used to complete the return. The President, Vice president or other officers depending on availablilty review the completed return for non technical errors before filing. Governing Board members are provide.d copies

Pt XII, Line 1: Payroll tax expenses are accrued and expenses through accounts payable are recognized making this a hybrid accounting method.

Other: Part IX Line 11g See schedule of other service fees.

Name of the organization: SPACE COAST SYMPHONY ORCHESTRA, INC.

Employer identification number: 27-0197064

Pt IX, Line 11g:

Description: CONTRACTORS:

Description: BOX OFFICE

Total: $1,125

Program services: $1,125

Description: LIBRARY

Total: $6,217

Program services: $6,217

Description: OPERATIONS

Total: $11,315

Program services: $11,315

Description: VOLUNTEER COORDINATOR

Total: $1,300

Program services: $1,300

Description: CONDUCTORS

Total: $9,235

Program services: $9,235

Description: EVENT SPECIALTIES

Total: $15,887

Program services: $15,887

Description: GUEST ARTISTS

Total: $27,835

Program services: $27,835

Description: MUSICIANS

Total: $227,530

Program services: $227,530

Description: GRANT WRITER

| Name of the organization | Employer identification number |
|---|---|
| SPACE COAST SYMPHONY ORCHESTRA, INC. | 27-0197064 |

Total: $635

Fundraising: $635

Form **990-T**

Department of the Treasury
Internal Revenue Service

# Exempt Organization Business Income Tax Return
## (and proxy tax under section 6033(e))

For calendar year 2022 or other tax year beginning _____, 2022, and ending _____, 20____

Go to *www.irs.gov/Form990T* for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

**2022**

Open to Public Inspection for 501(c)(3) Organizations Only

A ☐ Check box if address changed.

B Exempt under section
☒ 501( )( c3 )
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a) ☐ 529A

Print or Type

Name of organization ( ☐ Check box if name changed and see instructions.)
SPACE COAST SYMPHONY ORCHESTRA, INC.

Number, street, and room or suite no. If a P.O. box, see instructions.
P. O. BOX 237646

City or town, state or province, country, and ZIP or foreign postal code
COCOA, FL 32923

C Book value of all assets at end of year . . . . . 28,232.

D Employer identification number
27-0197064

E Group exemption number (see instructions)

F ☐ Check box if an amended return.

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ State college/university

H Check if filing only to ☐ Claim credit from Form 8941 ☐ Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation . . . . . ☐

J Enter the number of attached Schedules A (Form 990-T) . . . . . 2

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation

L The books are in care of 635 BREVARD AVENUE COCOA FL 32923 Telephone number (855) 252-7276

## Part I Total Unrelated Business Taxable Income

| | | | |
|---|---|---|---|
| 1 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | 1 | |
| 2 | Reserved | 2 | |
| 3 | Add lines 1 and 2 | 3 | |
| 4 | Charitable contributions (see instructions for limitation rules) | 4 | |
| 5 | Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 | 5 | |
| 6 | Deduction for net operating loss. See instructions | 6 | |
| 7 | Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 | 7 | |
| 8 | Specific deduction (generally $1,000, but see instructions for exceptions) | 8 | |
| 9 | **Trusts.** Section 199A deduction. See instructions | 9 | |
| 10 | **Total deductions.** Add lines 8 and 9 | 10 | |
| 11 | **Unrelated business taxable income.** Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero | 11 | 0. |

## Part II Tax Computation

| | | | |
|---|---|---|---|
| 1 | **Organizations taxable as corporations.** Multiply Part I, line 11 by 21% (0.21) | 1 | 0. |
| 2 | **Trusts taxable at trust rates.** See instructions for tax computation. Income tax on the amount on Part I, line 11 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) | 2 | |
| 3 | **Proxy tax.** See instructions | 3 | |
| 4 | Other tax amounts. See instructions | 4 | |
| 5 | Alternative minimum tax (trusts only) | 5 | |
| 6 | **Tax on noncompliant facility income.** See instructions | 6 | |
| 7 | **Total.** Add lines 3 through 6 to line 1 or 2, whichever applies | 7 | 0. |

## Part III Tax and Payments

| | | | | | |
|---|---|---|---|---|---|
| 1a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 1a | | | |
| b | Other credits (see instructions) | 1b | | | |
| c | General business credit. Attach Form 3800 (see instructions) | 1c | | | |
| d | Credit for prior year minimum tax (attach Form 8801 or 8827) | 1d | | | |
| e | **Total credits.** Add lines 1a through 1d | | | 1e | |
| 2 | Subtract line 1e from Part II, line 7 | | | 2 | 0. |
| 3 | Other amounts due. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach statement) | | | 3 | |
| 4 | **Total tax.** Add lines 2 and 3 (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here | | | 4 | 0. |
| 5 | Current net 965 tax liability paid from Form 965-A, Part II, column (k) | | | 5 | |
| 6a | Payments: A 2021 overpayment credited to 2022 | 6a | | | |
| b | 2022 estimated tax payments. Check if section 643(g) election applies ☐ | 6b | | | |
| c | Tax deposited with Form 8868 | 6c | 0. | | |
| d | Foreign organizations: Tax paid or withheld at source (see instructions) | 6d | | | |
| e | Backup withholding (see instructions) | 6e | | | |
| f | Credit for small employer health insurance premiums (attach Form 8941) | 6f | | | |
| g | Other credits, adjustments, and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total | 6g | | | |
| 7 | **Total payments.** Add lines 6a through 6g | | | 7 | 0. |
| 8 | Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐ | | | 8 | |
| 9 | **Tax due.** If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed | | | 9 | 0. |
| 10 | **Overpayment.** If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid | | | 10 | |
| 11 | Enter the amount of line 10 you want: **Credited to 2023 estimated tax** **Refunded** | | | 11 | |

## Part IV Statements Regarding Certain Activities and Other Information (see instructions)

| | | Yes | No |
|---|---|---|---|
| 1 | At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here | | × |
| 2 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. | | × |
| 3 | Enter the amount of tax-exempt interest received or accrued during the tax year $ | | |
| 4 | Enter available pre-2018 NOL carryovers here $ . Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6. | | |
| 5 | Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. | | |

| Business Activity Code | Available post-2017 NOL carryover |
|---|---|
| | $ |
| | $ |
| | $ |
| | $ |

| | | | |
|---|---|---|---|
| 6a | Did the organization change its method of accounting? (see instructions) | | × |
| b | If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V | | |

## Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

**Sign Here**

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer | Date | VICE PRESIDENT Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☒ No

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| Non-Paid Preparer | | | | |
| Firm's name | | | Firm's EIN | |
| Firm's address | | | Phone no. | |

**SCHEDULE A (Form 990-T)**

Department of the Treasury
Internal Revenue Service

# Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to *www.irs.gov/Form990T* for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

**2022**

Open to Public Inspection for 501(c)(3) Organizations Only

**A** Name of the organization: SPACE COAST SYMPHONY ORCHESTRA, INC.

**B** Employer identification number: 27-0197064

**C** Unrelated business activity code (see instructions) . . . . . 611600

**D** Sequence: 1 of 2

**E** Describe the unrelated trade or business (1) ADVERTISING IN PROGRAM

## Part I Unrelated Trade or Business Income

| | | | (A) Income | (B) Expenses | (C) Net |
|---|---|---|---|---|---|
| 1a | Gross receipts or sales | | | | |
| b | Less returns and allowances | c Balance 1c | | | |
| 2 | Cost of goods sold (Part III, line 8) | 2 | | | |
| 3 | Gross profit. Subtract line 2 from line 1c | 3 | | | |
| 4a | Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions | 4a | | | |
| b | Net gain (loss) (Form 4797) (attach Form 4797). See instructions | 4b | | | |
| c | Capital loss deduction for trusts | 4c | | | |
| 5 | Income (loss) from a partnership or an S corporation (attach statement) | 5 | | | |
| 6 | Rent income (Part IV) | 6 | | | |
| 7 | Unrelated debt-financed income (Part V) | 7 | | | |
| 8 | Interest, annuities, royalties, and rents from a controlled organization (Part VI) | 8 | | | |
| 9 | Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) | 9 | | | |
| 10 | Exploited exempt activity income (Part VIII) | 10 | | | |
| 11 | Advertising income (Part IX) | 11 | 375. | 543. | -168. |
| 12 | Other income (see instructions; attach statement) | 12 | | | |
| 13 | **Total.** Combine lines 3 through 12 | 13 | 375. | 543. | -168. |

## Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Compensation of officers, directors, and trustees (Part X) | | | 1 | |
| 2 | Salaries and wages | | | 2 | |
| 3 | Repairs and maintenance | | | 3 | |
| 4 | Bad debts | | | 4 | |
| 5 | Interest (attach statement). See instructions | | | 5 | |
| 6 | Taxes and licenses | | | 6 | |
| 7 | Depreciation (attach Form 4562). See instructions | 7 | | | |
| 8 | Less depreciation claimed in Part III and elsewhere on return | 8a | | 8b | |
| 9 | Depletion | | | 9 | |
| 10 | Contributions to deferred compensation plans | | | 10 | |
| 11 | Employee benefit programs | | | 11 | |
| 12 | Excess exempt expenses (Part VIII) | | | 12 | |
| 13 | Excess readership costs (Part IX) | | | 13 | 0. |
| 14 | Other deductions (attach statement) | | | 14 | |
| 15 | **Total deductions.** Add lines 1 through 14 | | | 15 | 0. |
| 16 | Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) | | | 16 | -168. |
| 17 | Deduction for net operating loss. See instructions | | | 17 | |
| 18 | **Unrelated business taxable income.** Subtract line 17 from line 16 | | | 18 | -168. |

## Part III Cost of Goods Sold

Enter method of inventory valuation

| | | | |
|---|---|---|---|
| 1 | Inventory at beginning of year | 1 | |
| 2 | Purchases | 2 | |
| 3 | Cost of labor | 3 | |
| 4 | Additional section 263A costs (attach statement) | 4 | |
| 5 | Other costs (attach statement) | 5 | |
| 6 | **Total.** Add lines 1 through 5 | 6 | |
| 7 | Inventory at end of year | 7 | |
| 8 | **Cost of goods sold.** Subtract line 7 from line 6. Enter here and in Part I, line 2 | 8 | |

9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? ☐ **Yes** ☐ **No**

## Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ _____
B ☐ _____
C ☐ _____
D ☐ _____

| | | A | B | C | D |
|---|---|---|---|---|---|
| 2 | Rent received or accrued | | | | |
| a | From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | | | | |
| b | From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | | | | |
| c | Total rents received or accrued by property. Add lines 2a and 2b, columns A through D | | | | |

3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) _____

| | | A | B | C | D |
|---|---|---|---|---|---|
| 4 | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) | | | | |

5 **Total deductions.** Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) _____

## Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ _____
B ☐ _____
C ☐ _____
D ☐ _____

| | | A | B | C | D |
|---|---|---|---|---|---|
| 2 | Gross income from or allocable to debt-financed property | | | | |
| 3 | Deductions directly connected with or allocable to debt-financed property | | | | |
| a | Straight line depreciation (attach statement) | | | | |
| b | Other deductions (attach statement) | | | | |
| c | Total deductions (add lines 3a and 3b, columns A through D) | | | | |
| 4 | Amount of average acquisition debt on or allocable to debt-financed property (attach statement) | | | | |
| 5 | Average adjusted basis of or allocable to debt-financed property (attach statement) | | | | |
| 6 | Divide line 4 by line 5 | % | % | % | % |
| 7 | Gross income reportable. Multiply line 2 by line 6 | | | | |

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) _____

| | | A | B | C | D |
|---|---|---|---|---|---|
| 9 | Allocable deductions. Multiply line 3c by line 6 | | | | |

10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) _____

11 **Total dividends — received deductions** included in line 10 _____

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations: 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
|---|---|---|---|---|---|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |

| Nonexempt Controlled Organizations: 7. Taxable income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 |
|---|---|---|---|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| Totals | | | Add columns 5 and 10. Enter here and on Part I, line 8, column (A) | Add columns 6 and 11. Enter here and on Part I, line 8, column (B) |

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add columns 3 and 4) |
|---|---|---|---|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| Totals | Add amounts in column 2. Enter here and on Part I, line 9, column (A) | | | Add amounts in column 5. Enter here and on Part I, line 9, column (B) |

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

| | | | |
|---|---|---|---|
| 1 | Description of exploited activity: | | |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) | 2 | |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) | 3 | |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 | 4 | |
| 5 | Gross income from activity that is not unrelated business income | 5 | |
| 6 | Expenses attributable to income entered on line 5 | 6 | |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 | 7 | |

## Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐ NONE PROGRAMS

B ☐

C ☐

D ☐

Enter amounts for each periodical listed above in the corresponding column.

| | | A | B | C | D | |
|---|---|---|---|---|---|---|
| 2 | Gross advertising income | 375. | | | | |
| a | Add columns A through D. Enter here and on Part I, line 11, column (A) | | | | | 375. |
| 3 | Direct advertising costs by periodical | 543. | | | | |
| a | Add columns A through D. Enter here and on Part I, line 11, column (B) | | | | | 543. |
| 4 | Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 | -168. | | | | |
| 5 | Readership costs | | | | | |
| 6 | Circulation income | | | | | |
| 7 | Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero | | | | | |
| 8 | Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 | 0. | | | | |
| a | Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 | | | | | 0. |

## Part X Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name | 2. Title | 3. Percentage of time devoted to business | 4. Compensation attributable to unrelated business |
|---|---|---|---|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| **Total.** Enter here and on Part II, line 1 | | | |

## Part XI Supplemental Information (see instructions)

**SCHEDULE A (Form 990-T)**

Department of the Treasury
Internal Revenue Service

# Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to *www.irs.gov/Form990T* for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

**2022**

Open to Public Inspection for 501(c)(3) Organizations Only

| A Name of the organization | B Employer identification number |
|---|---|
| SPACE COAST SYMPHONY ORCHESTRA, INC. | 27-0197064 |
| C Unrelated business activity code (see instructions) . . . . . 711130 | D Sequence: 2 of 2 |

E Describe the unrelated trade or business MUSIC INSTRUCTION

| Part I | Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
|---|---|---|---|---|---|
| 1a | Gross receipts or sales | | | | |
| b | Less returns and allowances | c Balance 1c | | | |
| 2 | Cost of goods sold (Part III, line 8) | 2 | | | |
| 3 | Gross profit. Subtract line 2 from line 1c | 3 | | | |
| 4a | Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions | 4a | | | |
| b | Net gain (loss) (Form 4797) (attach Form 4797). See instructions | 4b | | | |
| c | Capital loss deduction for trusts | 4c | | | |
| 5 | Income (loss) from a partnership or an S corporation (attach statement) | 5 | | | |
| 6 | Rent income (Part IV) | 6 | | | |
| 7 | Unrelated debt-financed income (Part V) | 7 | | | |
| 8 | Interest, annuities, royalties, and rents from a controlled organization (Part VI) | 8 | | | |
| 9 | Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) | 9 | | | |
| 10 | Exploited exempt activity income (Part VIII) | 10 | | | |
| 11 | Advertising income (Part IX) | 11 | | | |
| 12 | Other income (see instructions; attach statement) See Oth Inc Stmt | 12 | 4,388. | | 4,388. |
| 13 | **Total.** Combine lines 3 through 12 | 13 | 4,388. | 0. | 4,388. |

| Part II | **Deductions Not Taken Elsewhere** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income. | | | |
|---|---|---|---|---|
| 1 | Compensation of officers, directors, and trustees (Part X) | | 1 | |
| 2 | Salaries and wages | | 2 | |
| 3 | Repairs and maintenance | | 3 | |
| 4 | Bad debts | | 4 | |
| 5 | Interest (attach statement). See instructions | | 5 | |
| 6 | Taxes and licenses | | 6 | |
| 7 | Depreciation (attach Form 4562). See instructions | 7 | | |
| 8 | Less depreciation claimed in Part III and elsewhere on return | 8a | 8b | |
| 9 | Depletion | | 9 | |
| 10 | Contributions to deferred compensation plans | | 10 | |
| 11 | Employee benefit programs | | 11 | |
| 12 | Excess exempt expenses (Part VIII) | | 12 | |
| 13 | Excess readership costs (Part IX) | | 13 | |
| 14 | Other deductions (attach statement) See Other Deduction Statement | | 14 | 4,433. |
| 15 | **Total deductions.** Add lines 1 through 14 | | 15 | 4,433. |
| 16 | Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) | | 16 | -45. |
| 17 | Deduction for net operating loss. See instructions | | 17 | |
| 18 | **Unrelated business taxable income.** Subtract line 17 from line 16 | | 18 | -45. |

**Part III Cost of Goods Sold** Enter method of inventory valuation

| | | | |
|---|---|---|---|
| 1 | Inventory at beginning of year | 1 | |
| 2 | Purchases | 2 | |
| 3 | Cost of labor | 3 | |
| 4 | Additional section 263A costs (attach statement) | 4 | |
| 5 | Other costs (attach statement) | 5 | |
| 6 | **Total.** Add lines 1 through 5 | 6 | |
| 7 | Inventory at end of year | 7 | |
| 8 | **Cost of goods sold.** Subtract line 7 from line 6. Enter here and in Part I, line 2 | 8 | |

9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? ☐ Yes ☐ No

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐
B ☐
C ☐
D ☐

| | | A | B | C | D |
|---|---|---|---|---|---|
| 2 | Rent received or accrued | | | | |
| a | From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | | | | |
| b | From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | | | | |
| c | Total rents received or accrued by property. Add lines 2a and 2b, columns A through D | | | | |

3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)

| | | | | | |
|---|---|---|---|---|---|
| 4 | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) | | | | |

5 **Total deductions.** Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐
B ☐
C ☐
D ☐

| | | A | B | C | D |
|---|---|---|---|---|---|
| 2 | Gross income from or allocable to debt-financed property | | | | |
| 3 | Deductions directly connected with or allocable to debt-financed property | | | | |
| a | Straight line depreciation (attach statement) | | | | |
| b | Other deductions (attach statement) | | | | |
| c | Total deductions (add lines 3a and 3b, columns A through D) | | | | |
| 4 | Amount of average acquisition debt on or allocable to debt-financed property (attach statement) | | | | |
| 5 | Average adjusted basis of or allocable to debt-financed property (attach statement) | | | | |
| 6 | Divide line 4 by line 5 | % | % | % | % |
| 7 | Gross income reportable. Multiply line 2 by line 6 | | | | |

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)

| | | | | | |
|---|---|---|---|---|---|
| 9 | Allocable deductions. Multiply line 3c by line 6 | | | | |

10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)

11 **Total dividends — received deductions** included in line 10

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

Exempt Controlled Organizations

| 1. Name of controlled organization | 2. Employer identification number | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
|---|---|---|---|---|---|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |

Nonexempt Controlled Organizations

| 7. Taxable income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 |
|---|---|---|---|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| Totals | | | Add columns 5 and 10. Enter here and on Part I, line 8, column (A) | Add columns 6 and 11. Enter here and on Part I, line 8, column (B) |

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add columns 3 and 4) |
|---|---|---|---|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| Totals | Add amounts in column 2. Enter here and on Part I, line 9, column (A) | | | Add amounts in column 5. Enter here and on Part I, line 9, column (B) |

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

| | | | |
|---|---|---|---|
| 1 | Description of exploited activity: _____ | | |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) | 2 | |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) | 3 | |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 | 4 | |
| 5 | Gross income from activity that is not unrelated business income | 5 | |
| 6 | Expenses attributable to income entered on line 5 | 6 | |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 | 7 | |

## Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

Enter amounts for each periodical listed above in the corresponding column.

| | | A | B | C | D |
|---|---|---|---|---|---|
| 2 | Gross advertising income | | | | |
| a | Add columns A through D. Enter here and on Part I, line 11, column (A) | | | | |
| 3 | Direct advertising costs by periodical | | | | |
| a | Add columns A through D. Enter here and on Part I, line 11, column (B) | | | | |
| 4 | Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 | | | | |
| 5 | Readership costs | | | | |
| 6 | Circulation income | | | | |
| 7 | Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero | | | | |
| 8 | Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 | | | | |
| a | Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 | | | | |

## Part X Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name | 2. Title | 3. Percentage of time devoted to business | 4. Compensation attributable to unrelated business |
|---|---|---|---|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| **Total.** Enter here and on Part II, line 1 | | | |

## Part XI Supplemental Information (see instructions)

Additional Information From Sch A - (990-T): Unrelated Business Taxable Income from Unrelated Trade or Business (MUSIC INSTRUCTION)

**Sch A - (990-T): Unrelated Business Taxable Income from Unrelated Trade or Business (MUSIC INSTRUCTION)**

**Part I: Other Income** **Continuation Statement**

| Description | Amount |
|---|---|
| MUSIC LESSONS/TUITION | 4,388. |
| **Total** | 4,388. |

**Sch A - (990-T): Unrelated Business Taxable Income from Unrelated Trade or Business (MUSIC INSTRUCTION)**

**Part II: Other Deductions** **Continuation Statement**

| Description | Amount |
|---|---|
| DIRECT EXPENSES MUSIC LESSONS | 3,890. |
| OFFICE EXPENSES | 443. |
| OVERHEAD ALLOCATION | 100. |
| **Total** | 4,433. |

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

# IRS *e-file* Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20 _____

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

OMB No. 1545-0047

**2022**

| Name of filer | EIN or SSN |
|---|---|
| SPACE COAST SYMPHONY ORCHESTRA, INC. | 27-0197064 |

Name and title of officer or person subject to tax

MARY SEAL, VICE 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 . . . ☒ | **b** | **Total revenue**, if any (Form 990, Part VIII, column (A), line 12) . . | **1b** | 417,591. |
| **2a** | **Form 990-EZ** check here . . ☐ | **b** | **Total revenue**, if any (Form 990-EZ, line 9) . . . . . | **2b** | |
| **3a** | **Form 1120-POL** check here . . ☐ | **b** | **Total tax** (Form 1120-POL, line 22) . . . . . | **3b** | |
| **4a** | **Form 990-PF** check here . . ☐ | **b** | **Tax based on investment income** (Form 990-PF, Part V, line 5) . | **4b** | |
| **5a** | **Form 8868** check here . . . ☐ | **b** | **Balance due** (Form 8868, line 3c) . . . . . | **5b** | |
| **6a** | **Form 990-T** check here . . ☐ | **b** | **Total tax** (Form 990-T, Part III, line 4) . . . . . | **6b** | |
| **7a** | **Form 4720** check here . . . ☐ | **b** | **Total tax** (Form 4720, Part III, line 1) . . . . . | **7b** | |
| **8a** | **Form 5227** check here . . . ☐ | **b** | **FMV of assets at end of tax year** (Form 5227, Item D) . . . . | **8b** | |
| **9a** | **Form 5330** check here . . . ☐ | **b** | **Tax due** (Form 5330, Part II, line 19) . . . . . | **9b** | |
| **10a** | **Form 8038-CP** check here . . ☐ | **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 2022 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 _____ to enter my PIN ☐☐☐☐☐ as my signature
**ERO firm name** **Enter five numbers, but do not enter all zeros**

on the tax year 2022 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 2022 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 11/14/2023

## 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.

6 0 5 4 0 9 0 5 2 4 3
**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2022 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 _____ Date _____

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

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

# IRS *e-file* Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20_____

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

OMB No. 1545-0047

**2022**

| Name of filer | EIN or SSN |
|---|---|
| SPACE COAST SYMPHONY ORCHESTRA, INC. | 27-0197064 |

Name and title of officer or person subject to tax

MARY SEAL, VICE 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 . . . ☐ | **b** | **Total revenue**, if any (Form 990, Part VIII, column (A), line 12) . . | **1b** | |
| **2a** | **Form 990-EZ** check here . . ☐ | **b** | **Total revenue**, if any (Form 990-EZ, line 9) . . . . . | **2b** | |
| **3a** | **Form 1120-POL** check here . . ☐ | **b** | **Total tax** (Form 1120-POL, line 22) . . . . . | **3b** | |
| **4a** | **Form 990-PF** check here . . ☐ | **b** | **Tax based on investment income** (Form 990-PF, Part V, line 5) . | **4b** | |
| **5a** | **Form 8868** check here . . . ☐ | **b** | **Balance due** (Form 8868, line 3c) . . . . . | **5b** | |
| **6a** | **Form 990-T** check here . . ☒ | **b** | **Total tax** (Form 990-T, Part III, line 4) . . . . . | **6b** | 0. |
| **7a** | **Form 4720** check here . . . ☐ | **b** | **Total tax** (Form 4720, Part III, line 1) . . . . . | **7b** | |
| **8a** | **Form 5227** check here . . . ☐ | **b** | **FMV of assets at end of tax year** (Form 5227, Item D) . . . . | **8b** | |
| **9a** | **Form 5330** check here . . . ☐ | **b** | **Tax due** (Form 5330, Part II, line 19) . . . . . | **9b** | |
| **10a** | **Form 8038-CP** check here . . ☐ | **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 2022 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 _____ to enter my PIN ☐☐☐☐☐ as my signature
**ERO firm name** **Enter five numbers, but do not enter all zeros**

on the tax year 2022 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 2022 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.

6 0 5 4 0 9 0 5 2 4 3
**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2022 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 _____ Date _____

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

Form 990
Part IX, Line 11g

# Other Service Fees

2022

Name
SPACE COAST SYMPHONY ORCHESTRA, INC.

Employer Identification No.
27-0197064

| Description | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|---|---|---|---|---|
| CONTRACTORS: | | | | |
| BOX OFFICE | 1,125. | 1,125. | | |
| LIBRARY | 6,217. | 6,217. | | |
| OPERATIONS | 11,315. | 11,315. | | |
| VOLUNTEER COORDINATOR | 1,300. | 1,300. | | |
| CONDUCTORS | 9,235. | 9,235. | | |
| EVENT SPECIALTIES | 15,887. | 15,887. | | |
| GUEST ARTISTS | 27,835. | 27,835. | | |
| MUSICIANS | 227,530. | 227,530. | | |
| GRANT WRITER | 635. | | | 635. |
| **Total to Form 990, Part IX, line 11g** . . . . . | 301,079. | 300,444. | | 635. |

Detail by Entity Name

Florida Not For Profit Corporation
SPACE COAST SYMPHONY ORCHESTRA INC.

**Filing Information**

| | |
|---|---|
| Document Number | N09000004840 |
| FEI/EIN Number | 27-0197064 |
| Date Filed | 05/15/2009 |
| State | FL |
| Status | ACTIVE |
| Last Event | REINSTATEMENT |
| Event Date Filed | 10/27/2019 |

Principal Address

505 Grant Ave
Satellite Beach, FL 32937

Changed: 01/16/2024

Mailing Address

PO BOX 237646
COCOA, FL 32923

Changed: 03/12/2010

Registered Agent Name & Address

COLLINS, AARON
505 Grant Ave
Satellite Beach, FL 32937

Name Changed: 02/01/2022

Address Changed: 01/16/2024

Officer/Director Detail

Name & Address

Title Treasurer

Seal, Mary
505 Grant Ave
Satellite Beach, FL 32937

Title President

Hoover, Eric
505 Grant Ave
Satellite Beach, FL 32937

Title VP

Hickman, Jeremy
505 Grant Ave
Satellite Beach, FL 32937

11:52

Title Treasurer

Seal, Mary
505 Grant Ave
Satellite Beach, FL 32937

Title President

Hoover, Eric
505 Grant Ave
Satellite Beach, FL 32937

Title VP

Hickman, Jeremy
505 Grant Ave
Satellite Beach, FL 32937

Title Secretary

Kenney, Sherri
505 Grant Ave
Satellite Beach, FL 32937

## Annual Reports

| Report Year | Filed Date |
| --- | --- |
| 2023 | [redacted] |
| 2023 | [redacted] |
| 2024 | [redacted] |

## Document Images

[redacted]

Previous On List  Next On List  Return to List

Events  No Name History

Space Coast FLORIDA

**Tourism Development Office**
**FY 2024-2025 Marketing Support Program**
**checklist**

Applicant Organization Name: City of Palm Bay

Applicant Event Name: Year-round programming

| | Yes | No | Comment |
|---|---|---|---|
| Completed questionnaire | X | | |
| Copy of 990 form (if applicable) | | X | N/A - dw |
| Copy of IRS Articles of Incorporation – (if applicable) | | X | N/A - dw |
| Copy of IRS Determination letter – (if applicable) | X | | |
| Copy of SunBiz.org (if applicable) | | X | N/A - dw |
| Copy of this MSP checklist | X | | |

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

Cranis, Peter Digitally signed by Cranis, Peter Date: 2024.10.17 11:11:23 -04'00'

Peter Cranis, Executive Director

# FY 2024-2025 Marketing Support Program application

Response ID:62 Data

## 2. (untitled)

**1. I have read and understand the policies/procedures within the FY 2024-2025 Marketing Support Program Criteria.**

Signature of: Daniel Waite

## 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**

City of Palm Bay

**Organization address**

120 Malabar Road

**State**

Fl

**City**

Palm Bay

**Zip**

32909

**Primary contact name**

Daniel Waite

**Primary contact phone number**

321-626-2912

**Primary contact email**

Daniel.Waite@pbfl.org

**Secondary contact name**

Juliet Misconi

**Secondary contact phone number**

321-614-1097

**Secondary contact email**

juliet.misconi@pbfl.org

**Organization website address**

https://www.palmbayflorida.org/

5. (untitled)

4. **Which best describes your organization?**

Other - please be specific: Local Government

6. (untitled)

5. **What is your Federal Employee ID number?**

59-6018984

7. (untitled)

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

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

8. (untitled)

1. **E7ENT INFORMATION**

**Name of event**

**Event website address Vf 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)

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

12. (untitled)

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

Digital advertising (banner ads, etc.)
Radio
Social media (Facebook, Instagram, YouTube, etc.)
Other - Please be specific.....: City website/TDC

13. (untitled)

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

Facebook : City of Palm Bay - Government
Instagram : cityofpalmbayfl
YouTube : @PalmBayFlorida1

14. (untitled)

**, . What hashtags do you use?**

#palmbayproud

15. (untitled)

**10. As a cultural organization how would you like us to spend your support?**

Out-of-county advertising/marketing support

16. (untitled)

**11. If you were asked to include the Space Coast Office of Tourism in your marketing materials) what elements could you include us in?**

Apparel/promotion items (event t-shirts, giveaways, etc.)
Event banners/signage
Email blast (e-newsletter, promotional, etc.)
Event brochures/program (Playbill, etc.)
Radio
Social media post

Website/blog
Other - Please be specific.....: city website and digital marketing ads

17. (untitled)

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

18. (untitled)

**Upload a copy of your organization's , , 0 form.**

19. (untitled)

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

20. (untitled)

12. **If you are a Florida organization) please upload a copy of your SunBiz.com account associated with your organization.**

Ltr_4076c.pdf

21. (untitled)

13. **Upload your completed Checklist.**

City_of_Palm_Bay_checklist_9-27-2024_(1).pdf

22. (untitled)

14. **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: Daniel Waite

## 23. Thank You!

**New Send Email**

Oct 09, 2024 11:02:37 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

OMB Clearance No.: 1545-0074

In reply refer to: 3552239513
Sep. 20, 2024 LTR 4076C 0
59-6018984 000000 00
00019752
BODC: TE

CITY OF PALM BAY
120 MALABAR RD SE
PALM BAY FL 32907-3009

FIN : SEP.23.'24 PM05:06

010084

Taxpayer identification number: 59-6018984
Person to contact: I.R.S.
Toll-free telephone number: 877-829-5500

Dear Taxpayer:

We received your request dated Sep. 13, 2024, asking about your federal tax status. Our records don't specify your federal tax status. The following information about the tax treatment of state and local governments and affiliated organizations may help you.

GOVERNMENTAL UNITS

Governmental units, such as states and their political subdivisions, generally are not subject to federal income tax. Political subdivisions of a state are entities with the authority to exercise one or more of the sovereign powers of the state: taxation, police powers, or eminent domain. They typically include counties or municipalities and their agencies or departments. Charitable contributions to governmental units may be tax-deductible under Internal Revenue Code (IRC) Section 170(c)(1) if made for an exclusively public purpose. Generally, grantors and contributors may rely on the status of governmental units based on state or local law in determining the deductibility of their contributions.

AFFILIATED ORGANIZATIONS

* INSTRUMENTALITIES

In general, an instrumentality is an entity separate from, but affiliated with, a state or local government, and lacking any sovereign powers. Instrumentalities generally are subject to federal income tax. However, they may be recognized as tax-exempt under IRC Section 501(a) as organizations described in IRC Section 501(c), including IRC Section 501(c)(3). In addition, the income of a state or local government instrumentality may be excluded from gross income if it meets the requirements of IRC Section 115(1).

* ENTITIES MEETING THE REQUIREMENTS OF IRC SECTION 115(1)

An entity that is not a governmental unit but that performs an essential governmental function may qualify for an income exclusion under IRC Section 115(1). If the entity's income (1) is derived from a

CITY OF PALM BAY
120 MALABAR RD SE
PALM BAY FL 32907-3009

public utility or the exercise of an essential governmental function, and (2) accrues to a state, a political subdivision of a state, or the District of Columbia, it may be excluded from gross income. Charitable contributions to these entities may not be tax deductible to the donors.

RULING LETTERS

To receive a ruling on its status as a political subdivision or instrumentality of a government, or on whether its income is excluded from gross income under IRC Section 115(1), a governmental unit or affiliated organization may request a letter ruling by following the procedures in Revenue Procedure (Rev. Proc.) 2019-1 or its annual successor. There is a fee associated with obtaining a letter ruling.

TAX-EXEMPT CHARITABLE ORGANIZATIONS

An organization affiliated with a state, county, or municipal government may qualify for exemption from federal income tax under IRC Section 501(c)(3), if (1) it is not an integral part of the government, and (2) it does not have governmental powers inconsistent with exemption (such as the power to tax or to exercise enforcement or regulatory powers). Note that an affiliated organization may meet the requirements of both IRC Sections 501(c)(3) and 115(1) under certain circumstances. See Rev. Proc. 2003-12, 2003-1 C.B. 316, for more information.

Most entities must file a Form 1023, Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code, or Form 1023-EZ, Streamlined Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code, to be recognized as exempt from federal income tax under IRC Section 501(c)(3), and to ensure that any charitable contributions they receive are tax-deductible to contributors under IRC Section 170(c)(2).

ADDITIONAL INFORMATION

This letter does not determine that you have a particular tax status. If you're unsure of your status, you can:

- Visit www.irs.gov/government-entities/federal-state-local-governments for government entity information.
- Visit www.stayexempt.irs.gov, an IRS site created especially for 501(c)(3) organizations.
- Read Publication 4220, Applying for 501(c)(3) Tax-Exempt Status.
- Seek a private letter ruling, following the procedures in Rev. Proc. 2019-1, 2019-1 I.R.B. 1 (updated annually).

3552239513
Sep. 20, 2024 LTR 4076C 0
59-6018984 000000 00
00019754

CITY OF PALM BAY
120 MALABAR RD SE
PALM BAY FL 32907-3009

FIN : SEP.23.'24 PM05:07

010084

You can get the forms or publications mentioned in this letter from our website www.irs.gov/forms-instructions or by calling 800-TAX-FORM (800-829-3676).

If you have questions, you can call the contact person shown above between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Keep a copy of this letter for your records.

Sincerely yours,

Valerie M. Counts

W. Jackson
Operations Mgr. ACS ATL OPS1

770 760

**Tourism Development Office**
**FY 2024-2025 Marketing Support Program**
**checklist**

Applicant Organization Name: Canales Legacy Unlimited LLC

Applicant Event Name: Space Coast Spring Games - INV - S12

| | Yes | No | Comment |
|---|---|---|---|
| Completed questionnaire | x | | |
| Copy of 990 form (if applicable) | | x | NA |
| Copy of IRS Articles of Incorporation – (if applicable) | x | | |
| Copy of IRS Determination letter – (if applicable) | | x | NA |
| Copy of SunBiz.org (if applicable) | | x | NA |
| Copy of this MSP checklist | x | | |

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

Cranis, Peter Digitally signed by Cranis, Peter Date: 2024.10.17 11:15:35 -04'00'

Peter Cranis, Executive Director

# FY 2024-2025 Marketing Support Program application

Response ID:53 Data

## 2. (untitled)

1. **I have read and understand the policies/procedures within the FY 2024-2025 Marketing Support Program Criteria.**

Signature of: Victor Canales

## 3. (untitled)

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

Sports

## 4. (untitled)

3. **ORGANIZATION INFORMATION**

**Name of organization hosting event/year-round programming**

Canales Legacy Unlimited LLC

**Organization address**

521 Eastbrook Drive

**State**

In

**City**

Decatur

**Zip**

46733

**Primary contact name**

Victor Canales

**Primary contact phone number**

260-701-1400

**Primary contact email**

victor@canaleslegacyunlimited.com

**Secondary contact name**

Carson Canales

**Secondary contact phone number**

260701-2692

**Secondary contact email**

carson@canaleslegacyunlimited.com

**Organization website address**

www.spacecoastspringgames.com

5. (untitled)

### 4. Which best describes your organization?

For profit, LLC, Inc., etc.

6. (untitled)

### 5. What is your Federal Employee ID number?

93-2940129

7. (untitled)

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

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

8. (untitled)

## 7. EVENT INFORMATION

**Name of event**

Space Coast Spring Games

**Event website address (if different from organization website)**

www.spacecoastspringgames.com

**Event location**

Viera, Florida

9. (untitled)

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

02/24/2025

10. (untitled)

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

21+

11. (untitled)

10. **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

12. (untitled)

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

13. (untitled)

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

Facebook : space coast spring games
Instagram : space coast spring games

14. (untitled)

12. **What hashtags do you use?**

#spacecoastspringgames #scspringgames

15. (untitled)

**As a cultural organization how would you like us to spend your support?**

16. (untitled)

13. **If you were asked to include the Space Coast Office of Tourism in your marketing materials, what elements could you include us in?**

Apparel/promotion items (event t-shirts, giveaways, etc.)
Event banners/signage
Email blast (e-newsletter, promotional, etc.)
Event brochures/program (Playbill, etc.)
Social media post
TV/Video

17. (untitled)

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

18. (untitled)

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

19. (untitled)

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

Articles_of_Organization.pdf

20. (untitled)

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

21. (untitled)

16. **Upload your completed Checklist.**

Untitled_presentation.pdf

22. (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: Victor Canales

## 23. Thank You!

**New Send Email**

Oct 08, 2024 12:20:06 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

**APPROVED AND FILED**
DIEGO MORALES
INDIANA SECRETARY OF STATE
08/04/2023 11:30 AM

## ARTICLES OF ORGANIZATION

Formed pursuant to the provisions of the Indiana Code.

## ARTICLE I - NAME AND PRINCIPAL OFFICE ADDRESS

| | |
|---|---|
| **BUSINESS ID** | 202308041713510 |
| **BUSINESS TYPE** | Domestic Limited Liability Company |
| **BUSINESS NAME** | CANALES LEGACY UNLIMITED, LLC |
| **PRINCIPAL OFFICE ADDRESS** | 521 Eastbrook Dr, Decatur, IN, 46733, USA |

## ARTICLE II - REGISTERED OFFICE AND ADDRESS

| | |
|---|---|
| **REGISTERED AGENT TYPE** | Individual |
| **NAME** | Victor Canales |
| **ADDRESS** | 521 Eastbrook Dr, Decatur, IN, 46733, USA |
| **SERVICE OF PROCESS EMAIL** | victor.canales@usssa.com |

I acknowledge that the Service of Process email provided above is the email address at which electronic service of process may be accepted.

## ARTICLE III - PERIOD OF DURATION AND EFFECTIVE DATE

| | |
|---|---|
| **PERIOD OF DURATION** | Perpetual |
| **EFFECTIVE DATE** | 08/04/2023 |
| **EFFECTIVE TIME** | 10:52AM |

## ARTICLE IV - GOVERNING PERSON INFORMATION

No Principal on record.

## MANAGEMENT INFORMATION

| | |
|---|---|
| **THE LLC WILL BE MANAGED BY MANAGER(S)** | No |
| **IS THE LLC A SINGLE MEMBER LLC?** | Yes |

**APPROVED AND FILED**
DIEGO MORALES
INDIANA SECRETARY OF STATE
08/04/2023 11:30 AM

## SIGNATURE

THE SIGNATOR(S) REPRESENTS THAT THE REGISTERED AGENT NAMED IN THE APPLICATION HAS CONSENTED TO THE APPOINTMENT OF REGISTERED AGENT.

THE UNDERSIGNED, DESIRING TO FORM A LIMITED LIABILITY COMPANY PURSUANT TO THE PROVISIONS OF THE INDIANA BUSINESS FLEXIBILITY ACT EXECUTES THESE ARTICLES OF ORGANIZATION.

IN WITNESS WHEREOF, THE UNDERSIGNED HEREBY VERIFIES, SUBJECT TO THE PENALTIES OF PERJURY, THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE, THIS DAY **August 4, 2023**.

THE UNDERSIGNED ACKNOWLEDGES THAT A PERSON COMMITS A CLASS A MISDEMEANOR BY SIGNING A DOCUMENT THAT THE PERSON KNOWS IS FALSE IN A MATERIAL RESPECT WITH THE INTENT THAT THE DOCUMENT BE DELIVERED TO THE SECRETARY OF STATE FOR FILING.

| | |
|---|---|
| **SIGNATURE** | Patrick Scheiderer |
| **TITLE** | Legal Representative |

Business ID : 202308041713510
Filing No : 9970329

Space Coast
FLORIDA

**Tourism Development Office**
**FY 2024-2025 Marketing Support Program**
**checklist**

Applicant Organization Name: Cameron J. Newton Enterprise

Applicant Event Name: Bless the Babies Bowl - INV - S17

| | Yes | No | Comment |
|---|---|---|---|
| Completed questionnaire | x | | |
| Copy of 990 form (if applicable) | | x | NA |
| Copy of IRS Articles of Incorporation – (if applicable) | x | | |
| Copy of IRS Determination letter – (if applicable) | | x | NA |
| Copy of SunBiz.org (if applicable) | | x | NA |
| Copy of this MSP checklist | x | | |

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

Cranis, Peter Digitally signed by Cranis, Peter Date: 2024.10.17 11:15:53 -04'00'

Peter Cranis, Executive Director

# FY 2024-2025 Marketing Support Program application

Response ID:77 Data

## 2. (untitled)

**1. I have read and understand the policies/procedures within the FY 2024-2025 Marketing Support Program Criteria.**

Signature of: Kendall Ogle

## 3. (untitled)

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

Sports

## 4. (untitled)

## 3. ORGANIZATION INFORMATION

**Name of organization hosting event/year-round programming**

Cameron J Newton Enterprise

**Organization address**

949 West Marietta Street NW Suite 104

**State**

GA

**City**

Atlanta

**Zip**

30318

**Primary contact name**

Kendall Ogle

**Primary contact phone number**

443-388-1836

**Primary contact email**

kogle@cam1newton.com

**Secondary contact name**

RJ Mathis

**Secondary contact phone number**

404-310-4700

**Secondary contact email**

rjmathis@cam1newton.com

**Organization website address**

www.C1Nsports.com

5. (untitled)

4. **Which best describes your organization?**

For profit, LLC, Inc., etc.

6. (untitled)

5. **What is your Federal Employee ID number?**

27-4602289

7. (untitled)

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

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

8. (untitled)

7. **EVENT INFORMATION**

**Name of event**

Bless the Babies Bowl

**Event website address (if different from organization website)**

www.C1Nsports.com

**Event location**

960 Cogswell Street, Rockledge, FL 32955

9. (untitled)

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

12/04/2024

10. (untitled)

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

4

11. (untitled)

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

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

12. (untitled)

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

13. (untitled)

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

Instagram : @c1n/@cam
YouTube : @c1nfootball

14. (untitled)

12. **What hashtags do you use?**

NA

15. (untitled)

**As a cultural organization how would you like us to spend your support?**

16. (untitled)

13. **If you were asked to include the Space Coast Office of Tourism in your marketing materials, what elements could you include us in?**

Billboards
Radio
Social media post

Website/blog

17. (untitled)

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

18. (untitled)

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

19. (untitled)

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

BTB.pdf

20. (untitled)

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

21. (untitled)

16. **Upload your completed Checklist.**

BTB.pdf

22. (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: Kendall Ogle

## 23. Thank You!

**New Send Email**

Oct 11, 2024 12:23:10 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

Control No. **11004470**

# STATE OF GEORGIA

## Secretary of State

**Corporations Division**
**315 West Tower**
**#2 Martin Luther King, Jr. Dr.**
**Atlanta, Georgia 30334-1530**

# CERTIFICATE OF INCORPORATION

I, **Brian P. Kemp**, the Secretary of State and the Corporations Commissioner of the State of Georgia, hereby certify under the seal of my office that

## CAMERON J. NEWTON ENTERPRISES, INC.

**a Domestic Profit Corporation**

has been duly incorporated under the laws of the State of Georgia on **01/20/2011** by the filing of articles of incorporation in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on January 20, 2011

Brian P. Kemp
Secretary of State

Control No: 11004470
Date Filed: 01/20/2011 12:35 PM
Brian P. Kemp
Secretary of State

# Articles Of Incorporation
# For Georgia Profit Corporation

**The name of the corporation is:**
CAMERON J. NEWTON ENTERPRISES, INC.

**Principal mailing address of the corporation is:**
3800 Camp Creek Parkway, Building 1200, Suite 150
Atlanta, GA 30331

**The Registered Agent is:**

George O Lawson , Jr.

3800 Camp Creek Parkway , Bldg 1200, Suite 150
Atlanta, GA 30331

**County:**

**The name and address of incorporator(s) are:**
Cameron J. Newton
4515 Scarborough Road
College Park, GA 30349

**The corporation is authorized to issue:**
100,000 Shares

**The optional provisions are:**
ARTICLES OF INCORPORATION

FOR

CAMERON J. NEWTON ENTERPRISES, INC.

I.

The name of the Corporation is:

"CAMERON J. NEWTON ENTERPRISES, INC."

II.

The corporation shall have perpetual duration.

III.

The corporation is organized pursuant to the provisions of the Georgia Business Corporation Code.

IV.

The corporation is a corporation for profit and is organized for the purpose of operating a professional endorsement business. The corporation may sell, purchase, and dispose of services, information, products, and materials relating to an athlete endorsements and promotions; and to otherwise deal in the general operation of an athlete endorsements and promotions of every kind and description. The corporation shall likewise have the authority to engage in any work, service or pursuit in any manner auxiliary to, or in aid of, its general objective as stated above. Said corporation shall enjoy all other rights, powers and privileges granted to corporations pursuant to O.C.G.A. § 14-2-302, or any other state

in which it may become authorized to do business.

V.

The corporation has authority to issue not more than 100,000 shares of common stock of $1.00 par value. The sole shareholder of said stock is CAMERON J. NEWTON.

VI.

The corporation shall not commence business until it shall receive not less than $500.00 in payment for issuance of shares of stock.

VII.

The initial registered office of the corporation is 3800 Camp Creek Parkway, Building 1200, Suite 150, Atlanta, Georgia. The initial registered agent for the corporation is George O. Lawson, Jr., whose address is 3800 Camp Creek Parkway, Building 1200, Suite 150, Atlanta, Fulton County, Georgia 30331.

VIII.

The initial Board of Directors shall consist of three (3) members who are:

Cameron J. Newton
4515 Scarborough Road
College Park, GA 30349

Cecil Newton
4515 Scarborough Road
College Park, GA 30349

Jacqueline Newton
4515 Scarborough Road
College Park, GA 30349

IX.

The name and address of the Incorporator is:

Cameron J. Newton
4515 Scarborough Road
College Park, GA 30349

X.

The mailing address of the initial principal office of the corporation is 3800 Camp Creek Parkway, Building 1200, Suite 150, Atlanta, GA 30331.

XI.

The initial officers are Cameron J. Newton, President; Jacqueline Newton, Secretary. The Officers of the corporation shall be governed by by laws of the corporation which by laws may be amended as provided by the by laws. This corporation is a legal entity and is not a subsidiary of any other corporation.

XII.

This corporation shall be authorized to issue its common stock pursuant to such prior plans as it may from time to time adopt in accordance with the provisions of Section 1244 of the Internal Revenue Code

of 1954, as amended, and the Board of Directors of the corporation shall be authorized to adopt the initial plan for the issuance of such common stock at its first organizational meeting.

IN WITNESS WHEREOF, THE UNDERSIGNED EXECUTES THE ARTICLES OF INCORPORATION.

This 20TH day of January, 2011

/S/ George O. Lawson, Jr.

GEORGE O. LAWSON, JR.

ATTORNEY FOR THE INCORPORATOR

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation on the date set forth below.

**Signature(s):**
Attorney-in-Fact, George O. Lawson, Jr.

**Date:**
January 20, 2011

Space Coast
FLORIDA

**Tourism Development Office**
**FY 2024-2025 Marketing Support Program**
**checklist**

Applicant Organization Name: Smooth Running

Applicant Event Name: Florida Marathon Weekend - I - S10

| | Yes | No | Comment |
|---|---|---|---|
| Completed questionnaire | x | | |
| Copy of 990 form (if applicable) | | x | NA |
| Copy of IRS Articles of Incorporation – (if applicable) | x | | |
| Copy of IRS Determination letter – (if applicable) | | x | NA |
| Copy of SunBiz.org (if applicable) | x | | |
| Copy of this MSP checklist | x | | |

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

Cranis, Peter Digitally signed by Cranis, Peter Date: 2024.10.17 11:16:09 -04'00'

Peter Cranis, Executive Director

# FY 2024-2025 Marketing Support Program application

Response ID:58 Data

## 2. (untitled)

**1. I have read and understand the policies/procedures within the FY 2024-2025 Marketing Support Program Criteria.**

Signature of: Mitchell Varnes

## 3. (untitled)

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

Sports

## 4. (untitled)

**3. ORGANIZATION INFORMATION**

**Name of organization hosting event/year-round programming**

Smooth Running

**Organization address**

660 Cinnamon Court

**State**

Florida

**City**

Satellite Beach

**Zip**

32937

**Primary contact name**

Mitch Varnes

**Primary contact phone number**

3217597200

**Primary contact email**

mitchvarnes@gmail.com

**Secondary contact name**

Ha

**Secondary contact phone number**

3213617748

**Secondary contact email**

info@thefloridamarathon.com

**Organization website address**

https://thefloridamarathon.com

5. (untitled)

4. **Which best describes your organization?**

For profit, LLC, Inc., etc.

6. (untitled)

5. **What is your Federal Employee ID number?**

26-3025672

7. (untitled)

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

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

8. (untitled)

7. **EVENT INFORMATION**

**Name of event**

Florida Marathon Weekend

**Event website address (if different from organization website)**

https://www.thefloridamarathon.com

**Event location**

Front Street Park, Melbourne and along US1 and beachside areas

9. (untitled)

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

02/08/2025

10. (untitled)

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

2

11. (untitled)

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

Billboards
Digital advertising (banner ads, etc.)
Direct mail
Search advertising (pay-per-click, etc.)
Social media (Facebook, Instagram, YouTube, etc.)

12. (untitled)

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

13. (untitled)

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

Facebook : #runflorida
Instagram : #runfloida
YouTube : n/a

14. (untitled)

12. **What hashtags do you use?**

#runflorida, #spacecoast

15. (untitled)

**As a cultural organization how would you like us to spend your support?**

16. (untitled)

13. **If you were asked to include the Space Coast Office of Tourism in your marketing**

**materials, what elements could you include us in?**

Apparel/promotion items (event t-shirts, giveaways, etc.)
Billboards
Event banners/signage
Email blast (e-newsletter, promotional, etc.)
Event brochures/program (Playbill, etc.)
Social media post
Website/blog
Other - Please be specific.....: TDC is already included in these items

17. (untitled)

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

18. (untitled)

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

19. (untitled)

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

Smooth_Running_Articles_of_Incorporation.pdf

20. (untitled)

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

smooth_running_sun_biz.pdf

21. (untitled)

16. **Upload your completed Checklist.**

Florida_Marathon_TDC_checklist_2025.pdf

22. (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: Mitchell Varnes

## 23. Thank You!

**New Send Email**

Oct 08, 2024 15:15:31 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

# ARTICLES OF ORGANIZATION

# OF

# SMOOTH RUNNING, LLC

The undersigned desiring to form a limited liability company pursuant to Chapter 608, *Florida Statutes*, hereby states as follows.

## ARTICLE I - NAME

The name of this limited liability company (the "Company") is SMOOTH RUNNING, LLC.

## ARTICLE II - PRINCIPAL OFFICE

The street address of the principal office of the Company is 503 Peragrine Drive, Indialantic, FL 32903 and mailing address of the Company is PO Box 33100, Indialantic, FL 32903.

## ARTICLE III - REGISTERED AGENT AND OFFICE

The name and street address of the initial registered agent for service of process in the state for this Company is JACK A. KIRSCHENBAUM, 1795 W. Nasa Blvd., Melbourne, FL 32901.

## ARTICLE IV – MANAGER

The initial manager of the Company is G. MITCHELL VARNES, (MGR.)

IN WITNESS WHEREOF, the undersigned executed these Articles of Organization this 8th day of July, 2008.

JACK A. KIRSCHENBAUM, a person authorized by a member to sign these Articles of Organization

FILED
08 JUL -9 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H08000169408 3)))

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

Pursuant to Section 608.415, *Florida Statutes,* the following is submitted in compliance with said Act:

FIRST, that SMOOTH RUNNING, LLC, desiring to organize under the laws of the State of Florida, with its principal office as indicated by the Articles of Organization in the City of Indialantic, County of Brevard, State of Florida, has named JACK A. KIRSCHENBAUM, 1795 W. Nasa Blvd., Melbourne, FL 32901, as its agent to accept service of process within this State.

**ACKNOWLEDGMENT**:

Having been named to accept service of process for the above stated limited liability company at the place designated in this certificate, I am familiar with the obligations of a registered agent under Chapter 608, *Florida Statutes,* and I hereby accept to act in this capacity and agree to comply with the provisions of said Chapter relative to keeping open said office.

JACK A. KIRSCHENBAUM

FILED
08 JUL -9 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DIVISION OF CORPORATIONS

Department of State / Division of Corporations / Search Records / Search by Entity Name /

# Detail by Entity Name

Florida Limited Liability Company
SMOOTH RUNNING, LLC

**Filing Information**

| | |
|---|---|
| **Document Number** | L08000066265 |
| **FEI/EIN Number** | 26-3025672 |
| **Date Filed** | 07/09/2008 |
| **State** | FL |
| **Status** | ACTIVE |

**Principal Address**

660 Cinnamon Ct.
Satellite Beach, FL 32937

Changed: 07/10/2017

**Mailing Address**

P O BOX 33100
INDIALANTIC, FL 32903

**Registered Agent Name & Address**

VARNES, GARRY MJR
660 Cinnamon Ct.
Satellite Beach, FL 32937

Name Changed: 02/17/2011

Address Changed: 07/10/2017

**Authorized Person(s) Detail**

**Name & Address**

Title MGR

VARNES, G. MITCHELL
660 Cinnamon Ct.
Satellite Beach, FL 32937

**Annual Reports**

| Report Year | Filed Date |
|---|---|
| 2022 | 04/06/2022 |

| | |
|---|---|
| 2023 | 02/17/2023 |
| 2024 | 02/09/2024 |

**Document Images**

| | |
|---|---|
| 02/09/2024 -- ANNUAL REPORT | View image in PDF format |
| 02/17/2023 -- ANNUAL REPORT | View image in PDF format |
| 04/06/2022 -- ANNUAL REPORT | View image in PDF format |
| 02/14/2021 -- ANNUAL REPORT | View image in PDF format |
| 03/30/2020 -- ANNUAL REPORT | View image in PDF format |
| 04/22/2019 -- ANNUAL REPORT | View image in PDF format |
| 06/10/2018 -- ANNUAL REPORT | View image in PDF format |
| 07/10/2017 -- ANNUAL REPORT | View image in PDF format |
| 07/10/2016 -- ANNUAL REPORT | View image in PDF format |
| 04/30/2015 -- ANNUAL REPORT | View image in PDF format |
| 04/30/2014 -- ANNUAL REPORT | View image in PDF format |
| 01/24/2013 -- ANNUAL REPORT | View image in PDF format |
| 01/11/2012 -- ANNUAL REPORT | View image in PDF format |
| 02/17/2011 -- ANNUAL REPORT | View image in PDF format |
| 04/21/2010 -- ANNUAL REPORT | View image in PDF format |
| 04/30/2009 -- ANNUAL REPORT | View image in PDF format |
| 07/09/2008 -- Florida Limited Liability | View image in PDF format |

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000066265

**Entity Name:** SMOOTH RUNNING, LLC

**Current Principal Place of Business:**

660 CINNAMON CT.
SATELLITE BEACH, FL 32937

**Current Mailing Address:**

P O BOX 33100
INDIALANTIC, FL 32903

**FEI Number: 26-3025672**

**FILED**
**Feb 09, 2024**
**Secretary of State**
**4699778325CC**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

VARNES, GARRY MJR
660 CINNAMON CT.
SATELLITE BEACH, FL 32937 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

**Authorized Person(s) Detail :**

| | |
|---|---|
| Title | MGR |
| Name | VARNES, G. MITCHELL |
| Address | 660 CINNAMON CT. |
| City-State-Zip: | SATELLITE BEACH FL 32937 |

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: VARNES , G. MITCHELL PRINCIPAL 02/09/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date

Space Coast
FLORIDA

**Tourism Development Office**
**FY 2024-2025 Marketing Support Program**
**checklist**

Applicant Organization Name: Smooth Running

Applicant Event Name: Cocoa Beach Half Marathon and 10k - OPEN - S5 - E

| | Yes | No | Comment |
|---|---|---|---|
| Completed questionnaire | x | | |
| Copy of 990 form (if applicable) | | x | NA |
| Copy of IRS Articles of Incorporation – (if applicable) | x | | |
| Copy of IRS Determination letter – (if applicable) | | x | NA |
| Copy of SunBiz.org (if applicable) | x | | |
| Copy of this MSP checklist | x | | |

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

Cranis, Peter Digitally signed by Cranis, Peter Date: 2024.10.17 11:16:27 -04'00'

Peter Cranis, Executive Director

# FY 2024-2025 Marketing Support Program application

Response ID:50 Data

## 2. (untitled)

**1. I have read and understand the policies/procedures within the FY 2024-2025 Marketing Support Program Criteria.**

Signature of: Mitchell Varnes

## 3. (untitled)

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

Sports

## 4. (untitled)

### 3. ORGANIZATION INFORMATION

**Name of organization hosting event/year-round programming**

Smooth Running

**Organization address**

660 Cinnamon Court

**State**

Florida

**City**

Satellite Beach

**Zip**

32937

**Primary contact name**

Mitch Varnes

**Primary contact phone number**

3217597200

**Primary contact email**

mitchvarnes@gmail.com

**Secondary contact name**

Hannah McClatchey

**Secondary contact phone number**

3213617748

**Secondary contact email**

info@thefloridamarathon.com

**Organization website address**

www.runcocoabeach.com

## 5. (untitled)

### 4. Which best describes your organization?

For profit, LLC, Inc., etc.

## 6. (untitled)

### 5. What is your Federal Employee ID number?

26-3025672

## 7. (untitled)

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

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

## 8. (untitled)

### 7. EVENT INFORMATION

**Name of event**

Cocoa Beach Half Marathon & 10k

**Event website address (if different from organization website)**

www.runcocoabeach.com

**Event location**

A1A from PSFB to SR-520, beach and south Lori Wilson Park

9. (untitled)

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

11/10/2024

10. (untitled)

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

1

11. (untitled)

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

Billboards
Digital advertising (banner ads, etc.)
Direct mail
Social media (Facebook, Instagram, YouTube, etc.)

12. (untitled)

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

13. (untitled)

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

Facebook : #Jeannierun , #runcocoabeach
Instagram : #jeannierun, #runcocoabeach
YouTube : n/a

14. (untitled)

12. **What hashtags do you use?**

#jeannierun , #runcocoabeach

15. (untitled)

**As a cultural organization how would you like us to spend your support?**

16. (untitled)

13. **If you were asked to include the Space Coast Office of Tourism in your marketing materials, what elements could you include us in?**

Apparel/promotion items (event t-shirts, giveaways, etc.)
Billboards
Event banners/signage
Email blast (e-newsletter, promotional, etc.)
Event brochures/program (Playbill, etc.)
Social media post
Website/blog
Other - Please be specific.....: TDC is already included in these items

17. (untitled)

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

18. (untitled)

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

19. (untitled)

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

Smooth_Running_Articles_of_Incorporation.pdf

20. (untitled)

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

smooth_running_sun_biz.pdf

21. (untitled)

16. **Upload your completed Checklist.**

CB_Half_TDC_check_list_2024.pdf

22. (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: Mitchell Varnes

## 23. Thank You!

**New Send Email**

Oct 08, 2024 10:46:30 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

L08000066265

# Florida Department of State
## Division of Corporations
### Public Access System

## Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000169408 3)))

H08000169408ABC3

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : GRAY ROBINSON, P.A.
Account Number : 075154001651
Phone : (321)727-8100
Fax Number : (321)984-4122

RECEIVED
08 JUL -9 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

### SMOOTH RUNNING, LLC

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 02 |
| Estimated Charge | $155.00 |

FILED
08 JUL -9 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

T. HAMPTON
JUL 10 2008
EXAMINER

# ARTICLES OF ORGANIZATION

# OF

# SMOOTH RUNNING, LLC

The undersigned desiring to form a limited liability company pursuant to Chapter 608, *Florida Statutes*, hereby states as follows.

## ARTICLE I - NAME

The name of this limited liability company (the "Company") is SMOOTH RUNNING, LLC.

## ARTICLE II - PRINCIPAL OFFICE

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## ARTICLE III - REGISTERED AGENT AND OFFICE

The name and street address of the initial registered agent for service of process in the state for this Company is JACK A. KIRSCHENBAUM, 1795 W. Nasa Blvd., Melbourne, FL 32901.

## ARTICLE IV – MANAGER

The initial manager of the Company is G. MITCHELL VARNES, (MGR.)

**IN WITNESS WHEREOF,** the undersigned executed these Articles of Organization this 8th day of July, 2008.

**JACK A. KIRSCHENBAUM, a person authorized by a member to sign these Articles of Organization**

FILED
08 JUL -9 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H08000169408 3)))

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

Pursuant to Section 608.415, *Florida Statutes,* the following is submitted in compliance with said Act:

FIRST, that SMOOTH RUNNING, LLC, desiring to organize under the laws of the State of Florida, with its principal office as indicated by the Articles of Organization in the City of Indialantic, County of Brevard, State of Florida, has named JACK A. KIRSCHENBAUM, 1795 W. Nasa Blvd., Melbourne, FL 32901, as its agent to accept service of process within this State.

**ACKNOWLEDGMENT:**

Having been named to accept service of process for the above stated limited liability company at the place designated in this certificate, I am familiar with the obligations of a registered agent under Chapter 608, *Florida Statutes,* and I hereby accept to act in this capacity and agree to comply with the provisions of said Chapter relative to keeping open said office.

JACK A. KIRSCHENBAUM

FILED
08 JUL -9 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DIVISION OF CORPORATIONS

Department of State / Division of Corporations / Search Records / Search by Entity Name /

# Detail by Entity Name

Florida Limited Liability Company
SMOOTH RUNNING, LLC

**Filing Information**

| | |
|---|---|
| **Document Number** | L08000066265 |
| **FEI/EIN Number** | 26-3025672 |
| **Date Filed** | 07/09/2008 |
| **State** | FL |
| **Status** | ACTIVE |

**Principal Address**

660 Cinnamon Ct.
Satellite Beach, FL 32937

Changed: 07/10/2017

**Mailing Address**

P O BOX 33100
INDIALANTIC, FL 32903

**Registered Agent Name & Address**

VARNES, GARRY MJR
660 Cinnamon Ct.
Satellite Beach, FL 32937

Name Changed: 02/17/2011

Address Changed: 07/10/2017

**Authorized Person(s) Detail**

**Name & Address**

Title MGR

VARNES, G. MITCHELL
660 Cinnamon Ct.
Satellite Beach, FL 32937

**Annual Reports**

| Report Year | Filed Date |
|---|---|
| 2022 | 04/06/2022 |

| | |
|---|---|
| 2023 | 02/17/2023 |
| 2024 | 02/09/2024 |

**Document Images**

| | |
|---|---|
| 02/09/2024 -- ANNUAL REPORT | View image in PDF format |
| 02/17/2023 -- ANNUAL REPORT | View image in PDF format |
| 04/06/2022 -- ANNUAL REPORT | View image in PDF format |
| 02/14/2021 -- ANNUAL REPORT | View image in PDF format |
| 03/30/2020 -- ANNUAL REPORT | View image in PDF format |
| 04/22/2019 -- ANNUAL REPORT | View image in PDF format |
| 06/10/2018 -- ANNUAL REPORT | View image in PDF format |
| 07/10/2017 -- ANNUAL REPORT | View image in PDF format |
| 07/10/2016 -- ANNUAL REPORT | View image in PDF format |
| 04/30/2015 -- ANNUAL REPORT | View image in PDF format |
| 04/30/2014 -- ANNUAL REPORT | View image in PDF format |
| 01/24/2013 -- ANNUAL REPORT | View image in PDF format |
| 01/11/2012 -- ANNUAL REPORT | View image in PDF format |
| 02/17/2011 -- ANNUAL REPORT | View image in PDF format |
| 04/21/2010 -- ANNUAL REPORT | View image in PDF format |
| 04/30/2009 -- ANNUAL REPORT | View image in PDF format |
| 07/09/2008 -- Florida Limited Liability | View image in PDF format |

## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Feb 09, 2024**
**Secretary of State**
**4699778325CC**

DOCUMENT# L08000066265

**Entity Name:** SMOOTH RUNNING, LLC

**Current Principal Place of Business:**

660 CINNAMON CT.
SATELLITE BEACH, FL 32937

**Current Mailing Address:**

P O BOX 33100
INDIALANTIC, FL 32903

**FEI Number: 26-3025672**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

VARNES, GARRY MJR
660 CINNAMON CT.
SATELLITE BEACH, FL 32937 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

**Authorized Person(s) Detail :**

| | |
|---|---|
| Title | MGR |
| Name | VARNES, G. MITCHELL |
| Address | 660 CINNAMON CT. |
| City-State-Zip: | SATELLITE BEACH FL 32937 |

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: VARNES , G. MITCHELL PRINCIPAL 02/09/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date

**Tourism Development Office**
**FY 2024-2025 Marketing Support Program**
**checklist**

Applicant Organization Name: Space Coast United Soccer

Applicant Event Name: Space Coast Clash - INV - S7

| | Yes | No | Comment |
|---|---|---|---|
| Completed questionnaire | x | | |
| Copy of 990 form (if applicable) | x | | |
| Copy of IRS Articles of Incorporation – (if applicable) | | x | NA |
| Copy of IRS Determination letter – (if applicable) | x | | |
| Copy of SunBiz.org (if applicable) | x | | |
| Copy of this MSP checklist | x | | |

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

Cranis, Peter Digitally signed by Cranis, Peter Date: 2024.10.17 11:16:46 -04'00'

Peter Cranis, Executive Director

# FY 2024-2025 Marketing Support Program application

Response ID:55 Data

## 2. (untitled)

**1. I have read and understand the policies/procedures within the FY 2024-2025 Marketing Support Program Criteria.**

Signature of: Kelly Rogers

## 3. (untitled)

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

Sports

## 4. (untitled)

## 3. ORGANIZATION INFORMATION

**Name of organization hosting event/year-round programming**

Space Coast United Soccer

**Organization address**

PO Box 410301

**State**

Florida

**City**

Melbourne

**Zip**

32941

**Primary contact name**

Space Coast United Soccer Club

**Primary contact phone number**

3214030750

**Primary contact email**

kelly.rogers@spacecoastsoccer.org

**Secondary contact name**

Allie Goff

**Secondary contact phone number**

3219177785

**Secondary contact email**

President@spacecoastsoccer.org

**Organization website address**

spacecoastsoccer.org

5. (untitled)

### 4. Which best describes your organization?

501(C)(3)

6. (untitled)

### 5. What is your Federal Employee ID number?

592377476

7. (untitled)

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

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

8. (untitled)

## 7. EVENT INFORMATION

**Name of event**

Space Coast Clash

**Event website address (if different from organization website)**

https://spacecoastsoccer.org

**Event location**

Viera Regional Park

9. (untitled)

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

04/05/2025

10. (untitled)

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

2

11. (untitled)

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

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

12. (untitled)

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

13. (untitled)

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

Facebook : spacecoastunitedsoccerclub
Instagram : @spacecoastsoccer
YouTube : @SpaceCoastSoccer

14. (untitled)

12. **What hashtags do you use?**

NA

15. (untitled)

**As a cultural organization how would you like us to spend your support?**

16. (untitled)

13. **If you were asked to include the Space Coast Office of Tourism in your marketing materials, what elements could you include us in?**

Apparel/promotion items (event t-shirts, giveaways, etc.)
Direct mail

Email blast (e-newsletter, promotional, etc.)
Social media post
Website/blog

17. (untitled)

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

IRS_Exempt_Organization_Letter.pdf

18. (untitled)

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

2023_Tax_Return_990_(Space_Coast_United_Soc_-_Client_Copy)_UL.pdf

19. (untitled)

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

20. (untitled)

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

DIVISION_OF_CORPORATIONS.pdf

21. (untitled)

17. **Upload your completed Checklist.**

Tourism_Development_Office_Space_Coast_Clash.pdf

22. (untitled)

18. **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: Kelly Rogers

## 23. Thank You!

**New Send Email**

Oct 08, 2024 14:21:07 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

Form **990**

Department of the Treasury
Internal Revenue Service

# 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**

A For the 2023 calendar year, or tax year beginning , 2023, and ending , 20

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: Space Coast United Soccer Club, Inc
Doing business as:
Number and street (or P.O. box if mail is not delivered to street address): PO Box 410301
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: Melbourne, FL 32941

D Employer identification number: 59-2377476

E Telephone number: (321)288-0449

G Gross receipts: $ 2,172,448

F Name and address of principal officer:

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: www.spacecoastsoccer.org

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1984

M State of legal domicile: FL

## Part I Summary

1 Briefly describe the organization's mission or most significant activities: Promote youth physcial activity through the sport of soccer

2 Check this box ☐ 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 | 13 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 13 |
| 5 | Total number of individuals employed in calendar year 2023 (Part V, line 2a) | 5 | 60 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 120 |
| 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 |

| | | Prior Year | Current Year |
|---|---|---|---|
| 8 | Contributions and grants (Part VIII, line 1h) | 1,447,232 | 1,730,922 |
| 9 | Program service revenue (Part VIII, line 2g) | 395,715 | 441,379 |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 138 | 147 |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 126,980 | 0 |
| 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,970,065 | 2,172,448 |
| 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) | 916,123 | 1,066,353 |
| 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) | 783,879 | 1,025,340 |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 1,700,002 | 2,091,693 |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | 270,063 | 80,755 |

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| 20 | Total assets (Part X, line 16) | 1,176,775 | 1,253,949 |
| 21 | Total liabilities (Part X, line 26) | 85,259 | 81,792 |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 1,091,516 | 1,172,157 |

## 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**

Brad Oxley
Signature of officer — Date

Brad Oxley, Treasurer
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| Jacquelyn Boehm | | 04-25-2024 | | P01367298 |

Firm's name: Boehm & Associates, Inc. — Firm's EIN:
Firm's address: 1934 Dairy Road W Melbourne FL 32904 — Phone no. 321-956-1800

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** (2023)

EEA

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**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:

Promote youth physcial activity through the sport of soccer

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 $ 1,985,318 including grants of $ _____) (Revenue $ 2,172,448 )

To provide educational, cultural, recreational, and/or social benefits to youth. The organization serves over 1450 youths annually through soccer training and competition.

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 1,985,318

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## Part IV Checklist of Required Schedules

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | X | |
| 2 | Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions. | 2 | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I.* | 3 | | X |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II.* | 4 | | 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.* | 5 | | 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* | 6 | | 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* | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for 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.* | 9 | | 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* | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI* | 11a | 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.* | 11b | | 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* | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX* | 11d | | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* | 11e | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.* | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII* | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional* | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E.* | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV* | 14b | | 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.* | 15 | | 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.* | 16 | | 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 | 17 | | 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.* | 18 | | 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.* | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 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.* | 21 | | X |

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**Part IV Checklist of Required Schedules** *(continued)*

| | | | Yes | No |
|---|---|---|---|---|
| 22 | Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III.* | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J.* | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.* | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| 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? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 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? *If "Yes," complete Schedule L, Part I.* | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I* | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II.* | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III* | 27 | | 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? *If "Yes," complete Schedule L, Part IV* | 28a | | X |
| b | A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV* | 28b | | X |
| c | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV* | 28c | | X |
| 29 | Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M* | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M.* | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | 32 | | 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? *If "Yes," complete Schedule R, Part I.* | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1* | 34 | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | 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)? *If "Yes," complete Schedule R, Part V, line 2* | 35b | | |
| 36 | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | 36 | | 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? *If "Yes," complete Schedule R, Part VI.* | 37 | | 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 | 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 | 1a | 32 | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | | 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 60 | | | |
| 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 | | |
| 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 | | |

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**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 . . . . . | 1a | 13 | | |
| | 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. | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent . . . . . | 1b | 13 | | |
| 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? . . . . . | | 2 | | 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? . . . . . | | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . | | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . | | 5 | | X |
| 6 | Did the organization have members or stockholders? . . . . . | | 6 | | 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? . . . . . | | 7a | | 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? . . . . . | | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| a | The governing body? . . . . . | | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? . . . . . | | 8b | 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* . . . . . | | 9 | | 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? . . . . . | 10a | | 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? . . . | 11a | 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* . . . . . | 12a | | X |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . | 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* . . . . . | 12c | | |
| 13 | Did the organization have a written whistleblower policy? . . . . . | 13 | | X |
| 14 | Did the organization have a written document retention and destruction policy? . . . . . | 14 | | 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 . . . . . | 15a | | X |
| b | Other officers or key employees of the organization . . . . . | 15b | | 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? . . . . . | 16a | | 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 | | X |

## 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. Indicate how you made these available. Check all that apply.

[ ] Own website [X] Another's website [X] 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.

Brad Oxley (321)288-0449, PO Box 410301, Melbourne, FL 32941

## 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) Todd Olson<br>Director | 5.00 | X | | | | | | 0 | 0 | 0 |
| (2) Kellie McGuire<br>Director | 5.00 | X | | | | | | 0 | 0 | 0 |
| (3) Kevin Koegel<br>Director | 5.00 | X | | | | | | 0 | 0 | 0 |
| (4) Stephen Young<br>Director | 5.00 | X | | | | | | 0 | 0 | 0 |
| (5) David Trout<br>Director | 5.00 | X | | | | | | 0 | 0 | 0 |
| (6) Matt Shannon<br>Director | 5.00 | X | | | | | | 0 | 0 | 0 |
| (7) Kara Ehrhardt<br>Director | 5.00 | X | | | | | | 0 | 0 | 0 |
| (8) Adam Ferguson<br>Director | 5.00 | X | | | | | | 0 | 0 | 0 |
| (9) Brad Oxley<br>Treasurer | 20.00 | | | X | | | | 0 | 0 | 0 |
| (10) Allie Goff<br>President | 20.00 | | | X | | | | 0 | 0 | 0 |
| (11) Mike Perry<br>Vice President | 20.00 | | | X | | | | 0 | 0 | 0 |
| (12) Dana Chesser<br>Secretary | 20.00 | | | X | | | | 0 | 0 | 0 |
| (13) Scott Armstrong<br>Exec Dir Coaching | 60.00 | | | | X | | | 0 | 0 | 0 |
| (14) | | | | | | | | | | |

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**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)** | | | | | | | | 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* 3 | | 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* 4 | | 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* 5 | | 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

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**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 | 1,730,922 | | | | |
| | 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 | | | | | |
| | g Noncash contributions included in lines 1a-1f . . . . . | 1g | $ | | | | |
| | h **Total.** Add lines 1a-1f . . . . . | | | 1,730,922 | | | |
| Program Service Revenue | | Business Code | | | | | |
| | 2a Concessions Commission | 722210 | | 551 | 551 | | |
| | b Field Hosting Commssion | 900099 | | 2,459 | 2,459 | | |
| | c Teams Income | 711210 | | 420,464 | 420,464 | | |
| | d Rebates | 711210 | | 17,905 | 17,905 | | |
| | e | | | | | | |
| | f All other program service revenue . . . . . | | | | | | |
| | g **Total.** Add lines 2a-2f . . . . . | | | 441,379 | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) . . . . . | | | 147 | 147 | | |
| | 4 Income from investment of tax-exempt bond proceeds . . . . | | | | | | |
| | 5 Royalties . . . . . | | | | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6a Gross rents . . . . . 6a | | | | | | |
| | b Less: rental expenses . . 6b | | | | | | |
| | c Rental income or (loss) 6c | | | | | | |
| | d Net rental income or (loss) . . . . . | | | | | | |
| | | (i) Securities | (ii) Other | | | | |
| | 7a Gross amount from sales of assets other than inventory . . 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 | | | | | | |
| | 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 | | Business Code | | | | | |
| | 11a | | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d All other revenue . . . . . | | | | | | |
| | e **Total.** Add lines 11a-11d . . . . . | | | | | | |
| | 12 **Total revenue.** See instructions . . . . . | | | 2,172,448 | 441,526 | 0 | 0 |

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## 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 | 208,818 | 208,818 | | |
| 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 | 783,642 | 738,642 | 45,000 | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | 73,893 | 73,893 | | |
| 11 | Fees for services (nonemployees): | | | | |
| a | Management | | | | |
| b | Legal | | | | |
| c | Accounting | 1,300 | | 1,300 | |
| 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 | 2,657 | 2,657 | | |
| 13 | Office expenses | 2,741 | | 2,741 | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 77,324 | 77,324 | | |
| 17 | Travel | 7,795 | 7,795 | | |
| 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 | 8,148 | 8,148 | | |
| 23 | Insurance | 38,088 | | 38,088 | |
| 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 | Soccer Program Expenses | 279,240 | 279,240 | | |
| b | Continuing Education | 7,008 | 7,008 | | |
| c | Business License and Permits | 19,132 | 19,132 | | |
| d | Teams Accounts | 406,563 | 406,563 | | |
| e | All other expenses | 175,344 | 156,098 | 19,246 | |
| 25 | **Total functional expenses.** Add lines 1 through 24e. | 2,091,693 | 1,985,318 | 106,375 | 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 ☐ if following SOP 98-2 (ASC 958-720) | | | | |

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**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 | 366,228 | 1 | 493,370 |
| | 2 | Savings and temporary cash investments | 788,834 | 2 | 738,981 |
| | 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: 120,377 | | | |
| | b | Less: accumulated depreciation — 10b: 98,779 | 21,845 | 10c | 21,598 |
| | 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 | (132) | 15 | |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 33) | 1,176,775 | 16 | 1,253,949 |
| Liabilities | 17 | Accounts payable and accrued expenses | 1,897 | 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 | 83,362 | 25 | 81,792 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | 85,259 | 26 | 81,792 |
| Net Assets or Fund Balances | | **Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.** | | | |
| | 27 | Net assets without donor restrictions | 1,091,516 | 27 | 1,172,157 |
| | 28 | Net assets with donor restrictions | | 28 | |
| | | **Organizations that do not follow FASB ASC 958, check here** ☐ **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 | 1,091,516 | 32 | 1,172,157 |
| | 33 | Total liabilities and net assets/fund balances | 1,176,775 | 33 | 1,253,949 |

## 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 | 2,172,448 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2,091,693 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 80,755 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 1,091,516 |
| 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 | (114) |
| 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 | 1,172,157 |

## 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: ☐ Cash ☒ Accrual ☐ 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. ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | 2a | 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. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | 2b | | 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. | 2c | 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? | 3a | | 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 | 3b | | |



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**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 | Employer identification number |
|---|---|
| Space Coast United Soccer Club, Inc | 59-2377476 |

## 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? Yes | (iv) No | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| (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 . . . . . ☐

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**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.") | 992,542 | 896,953 | 1,142,890 | 1,447,232 | 1,730,924 | 6,210,541 |
| 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 | 366,211 | 247,368 | 357,311 | 4,520 | 20,915 | 996,325 |
| 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 | 1,358,753 | 1,144,321 | 1,500,201 | 1,451,752 | 1,751,839 | 7,206,866 |
| 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.) | | | | | | 7,206,866 |

**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 | 1,358,753 | 1,144,321 | 1,500,201 | 1,451,752 | 1,751,839 | 7,206,866 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 277 | 981 | 277 | 138 | 147 | 1,820 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 277 | 981 | 277 | 138 | 147 | 1,820 |
| 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.) | 1,359,030 | 1,145,302 | 1,500,478 | 1,451,890 | 1,751,986 | 7,208,686 |

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 | 99.97 % |
| 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 | 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 ☐

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

**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 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 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? *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 ☐ 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 government entity (see instructions).*

| | | | Yes | No |
|---|---|---|---|---|
| 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 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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**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 . . . . | | | |

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**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.)

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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**

Space Coast United Soccer Club, Inc

**Employer identification number**

59-2377476

## 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? ☐ 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.

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)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a 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 $ _____

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## 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 | 120,377 | | 98,779 | 21,598 |
| e Other | | | | |
| **Total.** Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B)* | | | | 21,598 |



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## 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) Accrued Payroll | 81,792 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. *(Column (b) must equal Form 990, Part X, line 25 col. (B))* | 81,792 |

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. ☐

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## 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.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| a | Net unrealized gains (losses) on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | |
| 3 | Subtract line **2e** from line **1** | | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)* | | | 5 | |

## 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.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| a | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | |
| 3 | Subtract line **2e** from line **1** | | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)* | | | 5 | |

## 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.

Client Copy

**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
Space Coast United Soccer Club, Inc

**Employer identification number**
59-2377476

01. Form 990 governing body review (Part VI, line 11)

The form is provided electronically to all board memebers for review prior to filing.

02. Governing documents, etc, available to public (Part VI, line 19)

The public may obtain a coy of the Form 990 or other governing documents

Client Copy

Form **4562**

Department of the Treasury
Internal Revenue Service

# 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.**

OMB No. 1545-0172

**2023**

Attachment Sequence No. **179**

| Name(s) shown on return | Business or activity to which this form relates | Identifying number |
|---|---|---|
| Space Coast United Soccer Club, | FORM 990 - 1 | 59-2377476 |

## 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 | 6,568 |
| 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 Equipment #567 | | | | | | 1,580 |
| 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 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 | |
| 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 | 8,148 |
| 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 | |

Unofficial Copy

Form **8868**
(Rev. January 2024)
Department of the Treasury
Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

**File a separate application for each return.**
**Go to *www.irs.gov/Form8868* for the latest information.**

OMB No. 1545-0047

**Electronic filing *(e-file)***. You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

## Part I - Identification

**Type or print**

File by the due date for filing your return. See instructions.

| Name of exempt organization, employer, or other filer, see instructions. | Taxpayer identification number (TIN) |
|---|---|
| Space Coast United Soccer Club, Inc | 59-2377476 |
| Number, street, and room or suite no. If a P.O. box, see instructions. | |
| PO Box 410301 | |
| City, town or post office, state, and ZIP code. For a foreign address, see instructions. | |
| Melbourne FL 32941 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . 0 1

| Application Is For | Return Code | Application Is For | Return Code |
|---|---|---|---|
| Form 990 or Form 990-EZ | 01 | Form 4720 (other than individual) | 09 |
| Form 4720 (individual) | 03 | Form 5227 | 10 |
| Form 990-PF | 04 | Form 6069 | 11 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 8870 | 12 |
| Form 990-T (trust other than above) | 06 | Form 5330 (individual) | 13 |
| Form 990-T (corporation) | 07 | Form 5330 (other than individual) | 14 |
| Form 1041-A | 08 | | |

• After you enter your Return Code, complete either **Part II** or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____

Plan Number _____

Plan Year Ending (MM/DD/YYYY)

## Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of Brad Oxley, PO Box 410301 Melbourne FL 32941

Telephone No. 321-288-0449 Fax No. _____

• If the organization does not have an office or place of business in the United States, check this box . . . . . ☐

• If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . . . . ☐. If it is for part of the group, check this box . . . . . ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11-15, 20 24, to file the **exempt organization return** for the organization named above. The extension is for the organization's return for:

☒ calendar year 20 23 or

☐ tax year beginning _____, 20 ____, and ending _____, 20 ____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return

☐ Change in accounting period

| | | | |
|---|---|---|---|
| 3a | If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | $ |
| b | If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | $ |
| c | **Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | $ |

Client Copy

Name(s) as shown on return: Space Coast United Soccer Club, Inc

Tax ID Number: 59-2377476

Form 4562 - Line 19b

Statement #567

| Basis | RP | CV | Method | Deduction |
|---|---|---|---|---|
| 1,420 | 5 | HY | 200 DB | 284 |
| 1,420 | 5 | HY | 200 DB | 284 |
| 1,412 | 5 | HY | 200 DB | 282 |
| 1,149 | 5 | HY | 200 DB | 230 |
| 2,500 | 5 | HY | 200 DB | 500 |
| **Total** | | | | **1,580** |

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| 990 | Overflow Statement (This page is not filed with the return. It is for your records only.) | 2023 Page 1 |
|---|---|---|

Name(s) as shown on return: Space Coast United Soccer Club, Inc

FEIN: 59-2377476

## Membership Dues

| Description | Amount |
|---|---|
| Competetive Programs | $ 1,020,575 |
| Recreational Programs | 402,065 |
| Fees - Other Programs | 8,397 |
| Space Coast Tournament | 83,795 |
| SC Clash Tournament | 73,662 |
| Summer Camp | 43,752 |
| Spring Camp | 3,791 |
| Winter Camp | 10,125 |
| Refunds | (253) |
| College ID Camp | 13,416 |
| Goal Keeping Camp | 5,795 |
| Comp Program Camp | 32,918 |
| Other Income | 23,425 |
| Team Fees | 8,060 |
| FYSA Scholarship Grant | 1,399 |
| **Total: $** | **1,730,922** |

## Part IX, Line 24e, Other Expenses Program Services

| Description | Amount |
|---|---|
| Deminimus Equipment | $ 21,399 |
| Repairs and Maintenance | 5,702 |
| Leased Equipment | 800 |
| Telephone | 6,090 |
| Uniforms and Tshirts | 53,387 |
| Fuel for Golf Carts | 210 |
| Tryout Expense | 1,440 |
| Facilities and Field Rentals | 576 |
| Payroll Processing Fees | 7,081 |
| Camp Expense | 46,568 |
| Team Expense | 12,845 |
| **Total: $** | **156,098** |

## Pt IX, Line 24e Other Expenses Mgmt and General

| Description | Amount |
|---|---|
| Directors Discrectionary Budget | $ 2,604 |
| Merchant Services | 2,698 |
| Miscellaneous | 13,560 |
| Postage and Delivery | 384 |
| **Total: $** | **19,246** |

Client Copy

* Item is included in UBIA for Section 199A calculations. See "UBIA" in lower right corner.

# Depreciation Detail Listing

Program Services

(This page is not filed with the return. It is for your records only.)

**2023**



Name(s) as shown on return

Space Coast United Soccer Club, Inc

**Social security number/EIN**

59-2377476

| No. | Description | Date | Cost | Basis Adjustment | Business percentage | Section 179 | Bonus depreciation | Depreciable Basis | Life | Method | Rate | Prior Depreciation | Current Depreciation | Accumulated Depreciation | AMT Current |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Trailer 2 | 07-24-2021 | 799 | | 100.00 | | | 799 | 7 | 200 DB HY | 17.49 | 799 | | 799 | |
| 2 | Aed | 08-18-2021 | 650 | | 100.00 | | | 650 | 7 | 200 DB HY | 17.49 | 650 | | 650 | |
| 3 | Aed-2 | 08-18-2021 | 650 | | 100.00 | | | 650 | 7 | 200 DB HY | 17.49 | 650 | | 650 | |
| 4 | 4x16 Forza Goal | 09-15-2021 | 1,067 | | 100.00 | | | 1,067 | 7 | 200 DB HY | 17.49 | 1,067 | | 1,067 | |
| 5 | 4x16 Forza Goal-2 | 09-15-2021 | 1,067 | | 100.00 | | | 1,067 | 7 | 200 DB HY | 17.49 | 1,067 | | 1,067 | |
| 6 | Goals | 08-24-2012 | 4,000 | | 100.00 | | | 4,000 | 7 | | 0 | 4,000 | | 4,000 | |
| 7 | Golf Cart | 10-19-2014 | 2,000 | | 100.00 | | | 2,000 | 7 | | 0 | 2,000 | | 2,000 | |
| 8 | Pop Up Goals | 02-26-2015 | 4,500 | | 100.00 | | | 4,500 | 7 | | 0 | 4,500 | | 4,500 | |
| 9 | Pop Up Goals | 06-04-2015 | 3,786 | | 100.00 | | | 3,786 | 7 | | 0 | 3,786 | | 3,786 | |
| 10 | Shed | 09-10-2015 | 15,050 | | 100.00 | | | 15,050 | 7 | | 0 | 15,049 | | 15,049 | |
| 11 | Field Security Nettin | 09-22-2015 | 6,750 | | 100.00 | | | 6,750 | 7 | | 0 | 6,750 | | 6,750 | |
| 12 | 8x24 Soccer Goal | 08-22-2017 | 2,650 | | 100.00 | | | 2,650 | 7 | 200 DB HY | 8.93 | 2,295 | 237 | 2,532 | |
| 13 | 6.5x18.5 Soccer Goal | 08-22-2017 | 2,400 | | 100.00 | | | 2,400 | 7 | 200 DB HY | 8.93 | 2,079 | 214 | 2,293 | |
| 14 | Computer {New in 2017 | 08-30-2017 | 2,000 | | 100.00 | | | 2,000 | 7 | 200 DB HY | 8.93 | 2,000 | | 2,000 | |
| 15 | 7.5' Aluminum Bench | 10-02-2018 | 709 | | 100.00 | | | 709 | 7 | 200 DB MQ | 8.73 | 531 | 62 | 593 | |
| 16 | 8'x24' Soccer Goal 2 | 10-23-2018 | 2,825 | | 100.00 | | | 2,825 | 7 | 200 DB MQ | 8.73 | 2,116 | 247 | 2,363 | |
| 17 | 15' Aluminum Bench | 11-12-2018 | 908 | | 100.00 | | | 908 | 7 | 200 DB MQ | 8.73 | 680 | 79 | 759 | |
| 18 | 15' Aluminum Bench 2 | 01-16-2019 | 908 | | 100.00 | | | 908 | 7 | 200 DB HY | 8.93 | 908 | | 908 | |
| 19 | 15' Aluminum Bench 3 | 01-16-2019 | 908 | | 100.00 | | | 908 | 7 | 200 DB HY | 8.93 | 908 | | 908 | |
| 20 | 15' Aluminum Bench 4 | 01-16-2019 | 908 | | 100.00 | | | 908 | 7 | 200 DB HY | 8.93 | 908 | | 908 | |
| 21 | 15' Alumunum Bench 5 | 01-16-2019 | 908 | | 100.00 | | | 908 | 7 | 200 DB HY | 8.93 | 908 | | 908 | |
| 22 | 7.5" Aluminum Bench 3 | 01-16-2019 | 709 | | 100.00 | | | 709 | 7 | 200 DB HY | 8.93 | 709 | | 709 | |
| 23 | 7.5" Aluminum Bench 2 | 01-16-2019 | 709 | | 100.00 | | | 709 | 7 | 200 DB HY | 8.93 | 709 | | 709 | |
| 24 | 7.5" Aluminum Bench 4 | 01-16-2019 | 709 | | 100.00 | | | 709 | 7 | 200 DB HY | 8.93 | 709 | | 709 | |
| 25 | 7' x 21' Soccer Goal | 03-13-2019 | 2,800 | | 100.00 | | | 2,800 | 7 | 200 DB HY | 8.93 | 2,800 | | 2,800 | |
| 26 | 8'x24' Soccer Goal 3 | 03-13-2019 | 2,950 | | 100.00 | | | 2,950 | 7 | 200 DB HY | 8.93 | 2,950 | | 2,950 | |
| 27 | 7.5' Aluminum Bench 5 | 03-25-2019 | 709 | | 100.00 | | | 709 | 7 | 200 DB HY | 8.93 | 709 | | 709 | |
| 28 | 15' Aluminum Bench 7 | 03-25-2019 | 908 | | 100.00 | | | 908 | 7 | 200 DB HY | 8.93 | 908 | | 908 | |
| 29 | 15' Aluminum Bench 8 | 03-25-2019 | 908 | | 100.00 | | | 908 | 7 | 200 DB HY | 8.93 | 908 | | 908 | |
| 30 | 15' Aluminum Bench 6 | 03-25-2019 | 908 | | 100.00 | | | 908 | 7 | 200 DB HY | 8.93 | 908 | | 908 | |

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* Item is included in UBIA for Section 199A calculations. See "UBIA" in lower right corner.

# Depreciation Detail Listing

Program Services

(This page is not filed with the return. It is for your records only.)

**2023**



Name(s) as shown on return

Space Coast United Soccer Club, Inc

**Social security number/EIN**

59-2377476

| No. | Description | Date | Cost | Basis Adjustment | Business percentage | Section 179 | Bonus depreciation | Depreciable Basis | Life | Method | Rate | Prior Depreciation | Current Depreciation | Accumulated Depreciation | AMT Current |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 31 | 7.5' Aluminum Bench 7 | 03-25-2019 | 709 | | 100.00 | | | 709 | 7 | 200 DB HY | 8.93 | 709 | | 709 | |
| 32 | 7.5' Aluminum Bench 6 | 03-25-2019 | 709 | | 100.00 | | | 709 | 7 | 200 DB HY | 8.93 | 709 | | 709 | |
| 33 | Drinks Cooler | 05-06-2019 | 975 | | 100.00 | | | 975 | 7 | 200 DB HY | 8.93 | 975 | | 975 | |
| 34 | 7.5' Aluminum Bench 8 | 09-12-2019 | 709 | | 100.00 | | | 709 | 7 | 200 DB HY | 8.93 | 709 | | 709 | |
| 35 | Trailer | 09-18-2019 | 731 | | 100.00 | | | 731 | 7 | 200 DB HY | 8.93 | 731 | | 731 | |
| 36 | 6.5 x 18.5 Shooting G | 10-04-2019 | 500 | | 100.00 | | | 500 | 7 | 200 DB HY | 8.93 | 500 | | 500 | |
| 37 | 6.5 x 18.5 Shooting G | 10-04-2019 | 500 | | 100.00 | | | 500 | 7 | 200 DB HY | 8.93 | 500 | | 500 | |
| 38 | 8x24 Shooting Goal 2 | 10-04-2019 | 600 | | 100.00 | | | 600 | 7 | 200 DB HY | 8.93 | 600 | | 600 | |
| 39 | 8x24 Shooting Goal | 10-04-2019 | 600 | | 100.00 | | | 600 | 7 | 200 DB HY | 8.93 | 600 | | 600 | |
| 40 | Lightning Detector | 03-09-2020 | 3,396 | | 100.00 | | | 3,396 | 7 | 200 DB MQ | 10.93 | 3,396 | | 3,396 | |
| 41 | 7x12 Soccer Goal 2 | 04-28-2020 | 2,800 | | 100.00 | | | 2,800 | 7 | 200 DB MQ | 11.97 | 2,800 | | 2,800 | |
| 42 | Video Camera | 08-25-2020 | 600 | | 100.00 | | | 600 | 7 | 200 DB MQ | 13.02 | 600 | | 600 | |
| 43 | Ipad | 09-05-2020 | 1,099 | | 100.00 | | | 1,099 | 7 | 200 DB MQ | 13.02 | 1,099 | | 1,099 | |
| 44 | 6.5 x 18.5 Soccer Goa | 10-26-2020 | 2,800 | | 100.00 | | | 2,800 | 7 | 200 DB MQ | 14.06 | 2,800 | | 2,800 | |
| 45 | 6.5 x 18.5 Soccer Goa | 10-26-2020 | 2,800 | | 100.00 | | | 2,800 | 7 | 200 DB MQ | 14.06 | 2,800 | | 2,800 | |
| 46 | 7x12 Soccer Goal 3 | 11-05-2020 | 2,800 | | 100.00 | | | 2,800 | 7 | 200 DB MQ | 14.06 | 2,800 | | 2,800 | |
| 47 | 2 Soccer Goal Dollies | 05-31-2022 | 1,318 | | 100.00 | | | 1,318 | 7 | 200 DB HY | 24.49 | 188 | 323 | 511 | |
| 48 | 2013 Yamaha Golf Cart | 09-23-2022 | 3,000 | | 100.00 | | | 3,000 | 7 | 200 DB HY | 24.49 | 429 | 735 | 1,164 | |
| 49 | 7 x 21 Soccer Goas | 04-30-2022 | 626 | | 100.00 | | | 626 | 7 | 200 DB HY | 24.49 | 89 | 153 | 242 | |
| 50 | 4 - 7 x 21 Soccer Goa | 06-01-2022 | 6,975 | | 100.00 | | | 6,975 | 7 | 200 DB HY | 24.49 | 997 | 1,708 | 2,705 | |
| 51 | 4 - 8 x 24 Soccer Goa | 06-30-2022 | 7,525 | | 100.00 | | | 7,525 | 7 | 200 DB HY | 24.49 | 1,075 | 1,843 | 2,918 | |
| 52 | 6.5 x 18.5 Soccer Goa | 11-30-2022 | 3,150 | | 100.00 | | | 3,150 | 7 | 200 DB HY | 24.49 | 450 | 771 | 1,221 | |
| 53 | iPad Pro 10.5 in 256 | 01-01-2022 | 800 | | 100.00 | | | 800 | 7 | 200 DB HY | 24.49 | 114 | 196 | 310 | |
| 54 | Zoll AED Plus - 3 | 01-31-2023 | 1,420 | | 100.00 | | | 1,420 | 5 | 200 DB HY | 20 | | 284 | 284 | |
| 55 | Zoll AED Plus - 4 | 01-31-2023 | 1,420 | | 100.00 | | | 1,420 | 5 | 200 DB HY | 20 | | 284 | 284 | |
| 56 | Laptop - MacBook Air | 01-31-2023 | 1,412 | | 100.00 | | | 1,412 | 5 | 200 DB HY | 20 | | 282 | 282 | |
| 57 | iPad Pro 12.9 in Wi-F | 07-19-2023 | 1,149 | | 100.00 | | | 1,149 | 5 | 200 DB HY | 20 | | 230 | 230 | |
| 58 | Utility Cart | 08-15-2023 | 2,500 | | 100.00 | | | 2,500 | 5 | 200 DB HY | 20 | | 500 | 500 | |
| | Totals | | 120,376 | | | | | 120,376 | | | | 90,631 | 8,148 | 98,779 | |

Land Amount

Net Depreciable Cost 120,376

CY 179 and CY Bonus

TOTAL CY Depr including 179/bonus 8,148

ST ADJ:

Client Copy

Internal Revenue Service

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: December 11, 2000

Person to Contact:
Tonya Martin 31-07387
Customer Service Representative
Toll Free Telephone Number:
8:00 a.m. to 9:30 p.m. EST
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
59-2377476

Space Coast United Soccer Club, Inc.
P.O. Box 410301
Melbourne, FL 32941

Dear Sir or Madam:

This letter is in response to your letter dated October 9, 2000 requesting a copy of your organization's determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in July 1985 granting your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in section 509(a)(2).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than $25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of $20 a day, up to a maximum of $10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of $100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its 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.

Space Coast United Soccer Club, Inc.
59-2377476

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of $20 a day for each day you do not make these documents available for public inspection (up to a maximum of $10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

This letter affirms your organization's exempt status.

Sincerely,

John E. Ricketts, Director, TE/GE
Customer Account Services

# Detail by Entity Name

Florida Not For Profit Corporation
SPACE COAST UNITED SOCCER CLUB, INC.

**Filing Information**

| | |
|---|---|
| **Document Number** | N05264 |
| **FEI/EIN Number** | 59-2377476 |
| **Date Filed** | 09/20/1984 |
| **State** | FL |
| **Status** | ACTIVE |
| **Last Event** | REINSTATEMENT |
| **Event Date Filed** | 06/11/1998 |

**Principal Address**

SCUSC
BOX 410301
MELBOURNE, FL 32941-0301

Changed: 01/21/2007

**Mailing Address**

SCUSC
BOX 410301
MELBOURNE, FL 32941-0301

Changed: 01/15/2009

**Registered Agent Name & Address**

Gibbs, Beverly T
SCUSC
BOX 410301
MELBOURNE, FL 32941-0301

Name Changed: 01/12/2017

Address Changed: 06/06/2014

**Officer/Director Detail**

**Name & Address**

Title President

Goff, Allie
SCUSC
BOX 410301
MELBOURNE, FL 32941-0301

Title VP

Perry, Mike
SCUSC
BOX 410301
MELBOURNE, FL 32941-0301

Title Treasurer

Oxley, Brad
SCUSC
BOX 410301
MELBOURNE, FL 32941-0301

Title Administrator

Gibbs, Beverly
SCUSC
BOX 410301
MELBOURNE, FL 32941-0301

Title Secretary

Chesser, Dana
SCUSC
BOX 410301
MELBOURNE, FL 32941-0301

**Annual Reports**

| Report Year | Filed Date |
|---|---|
| 2022 | 01/18/2022 |
| 2023 | 01/03/2023 |
| 2024 | 01/03/2024 |

**Document Images**

| | |
|---|---|
| 01/03/2024 – ANNUAL REPORT | View image in PDF format |
| 01/03/2023 – ANNUAL REPORT | View image in PDF format |
| 01/18/2022 – ANNUAL REPORT | View image in PDF format |
| 01/11/2021 – ANNUAL REPORT | View image in PDF format |
| 01/02/2020 – ANNUAL REPORT | View image in PDF format |
| 01/14/2019 – ANNUAL REPORT | View image in PDF format |
| 01/10/2018 – ANNUAL REPORT | View image in PDF format |
| 01/12/2017 – ANNUAL REPORT | View image in PDF format |
| 01/06/2016 – ANNUAL REPORT | View image in PDF format |
| 04/03/2015 – ANNUAL REPORT | View image in PDF format |

| | |
|---|---|
| 06/06/2014 – AMENDED ANNUAL REPORT | View image in PDF format |
| 01/15/2014 – ANNUAL REPORT | View image in PDF format |
| 01/24/2013 – ANNUAL REPORT | View image in PDF format |
| 01/13/2012 – ANNUAL REPORT | View image in PDF format |
| 03/15/2011 – ANNUAL REPORT | View image in PDF format |
| 01/07/2010 – ANNUAL REPORT | View image in PDF format |
| 01/15/2009 – ANNUAL REPORT | View image in PDF format |
| 01/19/2008 – ANNUAL REPORT | View image in PDF format |
| 01/21/2007 – ANNUAL REPORT | View image in PDF format |
| 01/09/2006 – ANNUAL REPORT | View image in PDF format |
| 04/14/2005 – ANNUAL REPORT | View image in PDF format |
| 01/16/2004 – ANNUAL REPORT | View image in PDF format |
| 01/16/2003 – ANNUAL REPORT | View image in PDF format |
| 02/07/2002 – ANNUAL REPORT | View image in PDF format |
| 03/13/2001 – ANNUAL REPORT | View image in PDF format |
| 03/15/2000 – ANNUAL REPORT | View image in PDF format |
| 03/04/1999 – ANNUAL REPORT | View image in PDF format |
| 06/11/1998 – REINSTATEMENT | View image in PDF format |

**Tourism Development Office**
**FY 2024-2025 Marketing Support Program**
**checklist**

Applicant Organization Name: Cameron J. Newton Enterprise

Applicant Event Name: C1N Florida 7v7 - INV - S18

| | Yes | No | Comment |
|---|---|---|---|
| Completed questionnaire | x | | |
| Copy of 990 form (if applicable) | | x | NA |
| Copy of IRS Articles of Incorporation – (if applicable) | x | | |
| Copy of IRS Determination letter – (if applicable) | | x | NA |
| Copy of SunBiz.org (if applicable) | | x | NA |
| Copy of this MSP checklist | x | | |

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

Cranis, Peter Digitally signed by Cranis, Peter Date: 2024.10.17 11:17:17 -04'00'

Peter Cranis, Executive Director

# FY 2024-2025 Marketing Support Program application

Response ID:75 Data

## 2. (untitled)

**1. I have read and understand the policies/procedures within the FY 2024-2025 Marketing Support Program Criteria.**

Signature of: Kendall Ogle

## 3. (untitled)

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

Sports

## 4. (untitled)

### 3. ORGANIZATION INFORMATION

**Name of organization hosting event/year-round programming**

Cameron J Newton Enterprise

**Organization address**

949 West Marietta Street NW Suite 104

**State**

GA

**City**

Atlanta

**Zip**

30318

**Primary contact name**

Kendall Ogle

**Primary contact phone number**

443-388-1836

**Primary contact email**

kogle@cam1newton.com

**Secondary contact name**

RJ Mathis

**Secondary contact phone number**

404-310-4700

**Secondary contact email**

rjmathis@cam1newton.com

**Organization website address**

www.C1Nsports.com

5. (untitled)

4. **Which best describes your organization?**

For profit, LLC, Inc., etc.

6. (untitled)

5. **What is your Federal Employee ID number?**

27-4602289

7. (untitled)

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

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

8. (untitled)

7. **EVENT INFORMATION**

**Name of event**

C1N Florida 7v7

**Event website address (if different from organization website)**

www.C1Nsports.com

**Event location**

960 Cogswell Street, Rockledge, FL 32955

9. (untitled)

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

02/08/2025

10. (untitled)

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

2

11. (untitled)

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

Social hashtags
Social media (Facebook, Instagram, You/ ube, etc.)

12. (untitled)

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

13. (untitled)

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

Instagram : @c1n@cam
You/ ube : @c1nfootball

14. (untitled)

12. **What hashtags do you use?**

NA

15. (untitled)

**As a cultural organization how would you like us to spend your support?**

16. (untitled)

13. **If you were asked to include the Space Coast Office of Tourism in your marketing materials, what elements could you include us in?**

Tillboards
Radio
Social media post

Website Blog

17. (untitled)

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

18. (untitled)

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

19. (untitled)

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

7v7.pdf

20. (untitled)

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

21. (untitled)

16. **Upload your completed Checklist.**

7v7.pdf

22. (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: Kendall Ogle

## 23. / hank You!

**New Send Email**

Oct 11, 2024 12:18:07 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

Control No. **11004470**

# STATE OF GEORGIA

## Secretary of State

**Corporations Division**
**315 West Tower**
**#2 Martin Luther King, Jr. Dr.**
**Atlanta, Georgia 30334-1530**

# CERTIFICATE OF INCORPORATION

I, **Brian P. Kemp**, the Secretary of State and the Corporations Commissioner of the State of Georgia, hereby certify under the seal of my office that

## CAMERON J. NEWTON ENTERPRISES, INC.

**a Domestic Profit Corporation**

has been duly incorporated under the laws of the State of Georgia on **01/20/2011** by the filing of articles of incorporation in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on January 20, 2011

Brian P. Kemp
Secretary of State

Control No: 11004470
Date Filed: 01/20/2011 12:35 PM
Brian P. Kemp
Secretary of State

# Articles Of Incorporation
# For Georgia Profit Corporation

**The name of the corporation is:**
CAMERON J. NEWTON ENTERPRISES, INC.

**Principal mailing address of the corporation is:**
3800 Camp Creek Parkway, Building 1200, Suite 150
Atlanta, GA 30331

**The Registered Agent is:**

George O Lawson , Jr.

3800 Camp Creek Parkway , Bldg 1200, Suite 150
Atlanta, GA 30331

**County:**

**The name and address of incorporator(s) are:**
Cameron J. Newton
4515 Scarborough Road
College Park, GA 30349

**The corporation is authorized to issue:**
100,000 Shares

**The optional provisions are:**
ARTICLES OF INCORPORATION

FOR

CAMERON J. NEWTON ENTERPRISES, INC.

I.

The name of the Corporation is:

"CAMERON J. NEWTON ENTERPRISES, INC."

II.

The corporation shall have perpetual duration.

III.

The corporation is organized pursuant to the provisions of the Georgia Business Corporation Code.

IV.

The corporation is a corporation for profit and is organized for the purpose of operating a professional endorsement business. The corporation may sell, purchase, and dispose of services, information, products, and materials relating to an athlete endorsements and promotions; and to otherwise deal in the general operation of an athlete endorsements and promotions of every kind and description. The corporation shall likewise have the authority to engage in any work, service or pursuit in any manner auxiliary to, or in aid of, its general objective as stated above. Said corporation shall enjoy all other rights, powers and privileges granted to corporations pursuant to O.C.G.A. § 14-2-302, or any other state

in which it may become authorized to do business.

V.

The corporation has authority to issue not more than 100,000 shares of common stock of $1.00 par value. The sole shareholder of said stock is CAMERON J. NEWTON.

VI.

The corporation shall not commence business until it shall receive not less than $500.00 in payment for issuance of shares of stock.

VII.

The initial registered office of the corporation is 3800 Camp Creek Parkway, Building 1200, Suite 150, Atlanta, Georgia. The initial registered agent for the corporation is George O. Lawson, Jr., whose address is 3800 Camp Creek Parkway, Building 1200, Suite 150, Atlanta, Fulton County, Georgia 30331.

VIII.

The initial Board of Directors shall consist of three (3) members who are:

Cameron J. Newton
4515 Scarborough Road
College Park, GA 30349

Cecil Newton
4515 Scarborough Road
College Park, GA 30349

Jacqueline Newton
4515 Scarborough Road
College Park, GA 30349

IX.

The name and address of the Incorporator is:

Cameron J. Newton
4515 Scarborough Road
College Park, GA 30349

X.

The mailing address of the initial principal office of the corporation is 3800 Camp Creek Parkway, Building 1200, Suite 150, Atlanta, GA 30331.

XI.

The initial officers are Cameron J. Newton, President; Jacqueline Newton, Secretary. The Officers of the corporation shall be governed by by laws of the corporation which by laws may be amended as provided by the by laws. This corporation is a legal entity and is not a subsidiary of any other corporation.

XII.

This corporation shall be authorized to issue its common stock pursuant to such prior plans as it may from time to time adopt in accordance with the provisions of Section 1244 of the Internal Revenue Code

of 1954, as amended, and the Board of Directors of the corporation shall be authorized to adopt the initial plan for the issuance of such common stock at its first organizational meeting.

IN WITNESS WHEREOF, THE UNDERSIGNED EXECUTES THE ARTICLES OF INCORPORATION.

This 20TH day of January, 2011

/S/ George O. Lawson, Jr.

GEORGE O. LAWSON, JR.

ATTORNEY FOR THE INCORPORATOR

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation on the date set forth below.

**Signature(s):**
Attorney-in-Fact, George O. Lawson, Jr.

**Date:**
January 20, 2011

**Tourism Development Office**
**FY 2024-2025 Marketing Support Program**
**checklist**

Applicant Organization Name: Brevard Production, Inc.

Applicant Event Name: Cocoa Beach Spring Training - INV - S20

| | Yes | No | Comment |
|---|---|---|---|
| Completed questionnaire | x | | |
| Copy of 990 form (if applicable) | | x | NA |
| Copy of IRS Articles of Incorporation – (if applicable) | x | | |
| Copy of IRS Determination letter – (if applicable) | | x | NA |
| Copy of SunBiz.org (if applicable) | x | | |
| Copy of this MSP checklist | x | | |

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

Cranis, Peter Digitally signed by Cranis, Peter Date: 2024.10.17 11:17:38 -04'00'

Peter Cranis, Executive Director

# FY 2024-2025 Marketing Support Program application

Response ID:37 Data

## 2. (untitled)

**1. I have read and understand the policies/procedures within the FY 2024-2025 Marketing Support Program Criteria.**

Signature of: Giles Malone

## 3. (untitled)

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

Sports

## 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**

321-615-8111

**Secondary contact email**

palermo.tom@gmail.com

**Organization website address**

www.CocoaBeachSpringTraining.com

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 questionnaire for an event or year-round programming?

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

8. (untitled)

## 7. EVENT INFORMATION

**Name of event**

Cocoa Beach Spring Training

**Event website address (if different from organization website)**

www.CocoaBeachSpringTraining.com

**Event location**

Mitchell Ellington Park, Chain of lakes Park and others

9. (untitled)

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

02/14/2025

10. (untitled)

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

21+

11. (untitled)

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

Social media (Facebook, Instagram, YouTube, etc.)
Other - Please be specific.....: email blasts

12. (untitled)

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

13. (untitled)

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

Facebook : NA
Instagram : NA
YouTube : NA

14. (untitled)

**12. What hashtags do you use?**

NA

15. (untitled)

**As a cultural organization how would you like us to spend your support?**

16. (untitled)

**13. If you were asked to include the Space Coast Office of Tourism in your marketing materials, what elements could you include us in?**

Email blast (e-newsletter, promotional, etc.)
Website/blog

17. (untitled)

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

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

19. (untitled)

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

Lamar_Invoice.pdf

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

Lamar_Invoice.pdf

21. (untitled)

16. **Upload your completed Checklist.**

Lamar_Invoice.pdf

22. (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: Giles Malone

## 23. Thank You!

**New Send Email**

Oct 06, 2024 12:12:27 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

# Electronic Articles of Incorporation For

BREVARD PRODUCTION, INC.

P05000165265
FILED
December 20, 2005
Sec. Of State
shawkes

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

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 29, 2024**
**Secretary of State**
**5388025716CC**

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 | Title | D |
| Name | PALERMO, THOMAS J | Name | MALONE, GILES |
| Address | 750 AVOCADO DR. | Address | 2230 SYKES CREEK DR. |
| City-State-Zip: | MERRITT ISLAND FL 32953 | 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 PRESIDENT 04/29/2024

Electronic Signature of Signing Officer/Director Detail — Date

**Tourism Development Office**
**FY 2024-2025 Marketing Support Program**
**checklist**

Applicant Organization Name: Smooth Running

Applicant Event Name: Cocoa Beach Triathlon & Duathlon - O - S11

| | Yes | No | Comment |
|---|---|---|---|
| Completed questionnaire | x | | |
| Copy of 990 form (if applicable) | | x | NA |
| Copy of IRS Articles of Incorporation – (if applicable) | x | | |
| Copy of IRS Determination letter – (if applicable) | | x | NA |
| Copy of SunBiz.org (if applicable) | x | | |
| Copy of this MSP checklist | | | |

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

Cranis, Peter Digitally signed by Cranis, Peter Date: 2024.10.17 11:17:52 -04'00'

Peter Cranis, Executive Director

# FY 2024-2025 Marketing Support Program application

Response ID:60 Data

## 2. (untitled)

**1. I have read and understand the policies/procedures within the FY 2024-2025 Marketing Support Program Criteria.**

Signature of: Mitchell Varnes

## 3. (untitled)

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

Sports

## 4. (untitled)

## 3. ORGANIZATION INFORMATION

**Name of organization hosting event/year-round programming**

Smooth Running

**Organization address**

660 Cinnamon Court

**State**

Florida

**City**

Satellite Beach

**Zip**

32937

**Primary contact name**

Mitch Varnes

**Primary contact phone number**

3217597200

**Primary contact email**

mitchvarnes@gmail.com

**Secondary contact name**

Hannah McClatchey

**Secondary contact phone number**

3213617748

**Secondary contact email**

info@thefloridamarathon.com

**Organization website address**

https://www.cocoabeachtriathlon.com

5. (untitled)

4. **Which best describes your organization?**

For profit, LLC, Inc., etc.

6. (untitled)

5. **What is your Federal Employee ID number?**

26-3025672

7. (untitled)

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

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

8. (untitled)

7. **EVENT INFORMATION**

**Name of event**

Cocoa Beach Triathlon & Duathlon

**Event website address (if different from organization website)**

https://www.cocoabeachtriathlon.com

**Event location**

Cocoa Beach golf course, Banana River, A1A & residential areas

9. (untitled)

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

04/13/2025

10. (untitled)

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

1

11. (untitled)

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

Digital advertising (banner ads, etc.)
Direct mail
Social media (Facebook, Instagram, YouTube, etc.)
Other - Please be specific.....: Expos

12. (untitled)

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

13. (untitled)

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

Facebook : #cbtri
Instagram : #cbtri
YouTube : n/a

14. (untitled)

**12. What hashtags do you use?**

#cbtri

15. (untitled)

**As a cultural organization how would you like us to spend your support?**

16. (untitled)

**13. If you were asked to include the Space Coast Office of Tourism in your marketing materials, what elements could you include us in?**

Apparel/promotion items (event t-shirts, giveaways, etc.)
Direct mail
Event banners/signage
Event brochures/program (Playbill, etc.)
Social media post
Website/blog
Other - Please be specific.....: TDC is already included in these items

17. (untitled)

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

18. (untitled)

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

19. (untitled)

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

Smooth_Running_Articles_of_Incorporation.pdf

20. (untitled)

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

smooth_running_sun_biz.pdf

21. (untitled)

16. **Upload your completed Checklist.**

CB_Triathlon_TDC_checklist_2025.pdf

22. (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: Mitchell Varnes

## 23. Thank You!

**New Send Email**

Oct 08, 2024 15:47:19 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

# ARTICLES OF ORGANIZATION

# OF

# SMOOTH RUNNING, LLC

The undersigned desiring to form a limited liability company pursuant to Chapter 608, *Florida Statutes*, hereby states as follows.

## ARTICLE I - NAME

The name of this limited liability company (the "Company") is SMOOTH RUNNING, LLC.

## ARTICLE II - PRINCIPAL OFFICE

The street address of the principal office of the Company is 503 Peragrine Drive, Indialantic, FL 32903 and mailing address of the Company is PO Box 33100, Indialantic, FL 32903.

## ARTICLE III - REGISTERED AGENT AND OFFICE

The name and street address of the initial registered agent for service of process in the state for this Company is JACK A. KIRSCHENBAUM, 1795 W. Nasa Blvd., Melbourne, FL 32901.

## ARTICLE IV – MANAGER

The initial manager of the Company is G. MITCHELL VARNES, (MGR.)

**IN WITNESS WHEREOF,** the undersigned executed these Articles of Organization this 8th day of July, 2008.

**JACK A. KIRSCHENBAUM,** a person authorized by a member to sign these Articles of Organization

FILED
08 JUL -9 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H08000169408 3)))

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

Pursuant to Section 608.415, *Florida Statutes,* the following is submitted in compliance with said Act:

FIRST, that SMOOTH RUNNING, LLC, desiring to organize under the laws of the State of Florida, with its principal office as indicated by the Articles of Organization in the City of Indialantic, County of Brevard, State of Florida, has named JACK A. KIRSCHENBAUM, 1795 W. Nasa Blvd., Melbourne, FL 32901, as its agent to accept service of process within this State.

**ACKNOWLEDGMENT**:

Having been named to accept service of process for the above stated limited liability company at the place designated in this certificate, I am familiar with the obligations of a registered agent under Chapter 608, *Florida Statutes,* and I hereby accept to act in this capacity and agree to comply with the provisions of said Chapter relative to keeping open said office.

JACK A. KIRSCHENBAUM

FILED
08 JUL -9 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# Detail by Entity Name

Florida Limited Liability Company
SMOOTH RUNNING, LLC

**Filing Information**

| | |
|---|---|
| **Document Number** | L08000066265 |
| **FEI/EIN Number** | 26-3025672 |
| **Date Filed** | 07/09/2008 |
| **State** | FL |
| **Status** | ACTIVE |

**Principal Address**

660 Cinnamon Ct.
Satellite Beach, FL 32937

Changed: 07/10/2017

**Mailing Address**

P O BOX 33100
INDIALANTIC, FL 32903

**Registered Agent Name & Address**

VARNES, GARRY MJR
660 Cinnamon Ct.
Satellite Beach, FL 32937

Name Changed: 02/17/2011

Address Changed: 07/10/2017

**Authorized Person(s) Detail**

**Name & Address**

Title MGR

VARNES, G. MITCHELL
660 Cinnamon Ct.
Satellite Beach, FL 32937

**Annual Reports**

| Report Year | Filed Date |
|---|---|
| 2022 | 04/06/2022 |

| | |
|---|---|
| 2023 | 02/17/2023 |
| 2024 | 02/09/2024 |

**Document Images**

| | |
|---|---|
| 02/09/2024 -- ANNUAL REPORT | View image in PDF format |
| 02/17/2023 -- ANNUAL REPORT | View image in PDF format |
| 04/06/2022 -- ANNUAL REPORT | View image in PDF format |
| 02/14/2021 -- ANNUAL REPORT | View image in PDF format |
| 03/30/2020 -- ANNUAL REPORT | View image in PDF format |
| 04/22/2019 -- ANNUAL REPORT | View image in PDF format |
| 06/10/2018 -- ANNUAL REPORT | View image in PDF format |
| 07/10/2017 -- ANNUAL REPORT | View image in PDF format |
| 07/10/2016 -- ANNUAL REPORT | View image in PDF format |
| 04/30/2015 -- ANNUAL REPORT | View image in PDF format |
| 04/30/2014 -- ANNUAL REPORT | View image in PDF format |
| 01/24/2013 -- ANNUAL REPORT | View image in PDF format |
| 01/11/2012 -- ANNUAL REPORT | View image in PDF format |
| 02/17/2011 -- ANNUAL REPORT | View image in PDF format |
| 04/21/2010 -- ANNUAL REPORT | View image in PDF format |
| 04/30/2009 -- ANNUAL REPORT | View image in PDF format |
| 07/09/2008 -- Florida Limited Liability | View image in PDF format |

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Feb 09, 2024**
**Secretary of State**
**4699778325CC**

DOCUMENT# L08000066265

**Entity Name:** SMOOTH RUNNING, LLC

**Current Principal Place of Business:**

660 CINNAMON CT.
SATELLITE BEACH, FL 32937

**Current Mailing Address:**

P O BOX 33100
INDIALANTIC, FL 32903

**FEI Number: 26-3025672**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

VARNES, GARRY MJR
660 CINNAMON CT.
SATELLITE BEACH, FL 32937 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

**Authorized Person(s) Detail :**

| | |
|---|---|
| Title | MGR |
| Name | VARNES, G. MITCHELL |
| Address | 660 CINNAMON CT. |
| City-State-Zip: | SATELLITE BEACH FL 32937 |

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: VARNES , G. MITCHELL PRINCIPAL 02/09/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date

Space Coast
FLORIDA

**Tourism Development Office**
**FY 2024-2025 Marketing Support Program**
**checklist**

Applicant Organization Name: Brevard Softball Magazine

Applicant Event Name: Softball Magazine's Adult Softball Spring Training - OPEN - S2 -E

| | Yes | No | Comment |
|---|---|---|---|
| Completed questionnaire | x | | |
| Copy of 990 form (if applicable) | | x | NA |
| Copy of IRS Articles of Incorporation – (if applicable) | x | | |
| Copy of IRS Determination letter – (if applicable) | | x | NA |
| Copy of SunBiz.org (if applicable) | x | | |
| Copy of this MSP checklist | x | | |

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

Cranis, Peter Digitally signed by Cranis, Peter
Date: 2024.10.17 11:18:14 -04'00'

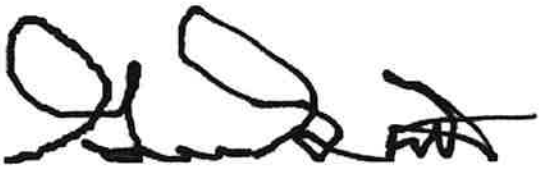
Peter Cranis, Executive Director

# FY 2024-2025 Marketing Support Program application

Response ID:39 Data

## 2. (untitled)

**1. I have read and understand the policies/procedures within the FY 2024-2025 Marketing Support Program Criteria.**



Signature of: Gene Smith

## 3. (untitled)

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

Sports

## 4. (untitled)

### 3. ORGANIZATION INFORMATION

**Name of organization hosting event/year-round programming**

Brevard Softball Magazine

**Organization address**

398 Barton Blvd.

**State**

FL

**City**

Rockledge

**Zip**

32955

**Primary contact name**

Gene Smith

**Primary contact phone number**

321-432-4444

# FY 2024-2025 Marketing Support Program application

Response ID:39 Data

## 2. (untitled)

**1. I have read and understand the policies/procedures within the FY 2024-2025 Marketing Support Program Criteria.**

Signature of: Gene Smith

## 3. (untitled)

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

Sports

## 4. (untitled)

### 3. ORGANIZATION INFORMATION

**Name of organization hosting event/year-round programming**

Brevard Softball Magazine

**Organization address**

398 Barton Blvd.

**State**

FL

**City**

Rockledge

**Zip**

32955

**Primary contact name**

Gene Smith

**Primary contact phone number**

321-432-4444

**Primary contact email**

gene.smith@softballmag.com

**Secondary contact name**

Luann Madison

**Secondary contact phone number**

321-453-3711

**Secondary contact email**

luann.madison@softballmag.com

**Organization website address**

www.softballmag.com

5. (untitled)

4. **Which best describes your organization?**

For profit, LLC, Inc., etc.

6. (untitled)

5. **What is your Federal Employee ID number?**

59-3413766

7. (untitled)

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

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

8. (untitled)

7. **EVENT INFORMATION**

**Name of event**

Softball Magazine's Adult Softball Spring Training

**Event website address (if different from organization website)**

https://www.softballspringtraining.com/

**Event location**

Cocoa Beach Sports Complex - 1450 Minuteman Causeway, Cocoa Beach, FL 32938

9. (untitled)

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

03/20/2025

10. (untitled)

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

3

11. (untitled)

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

Digital advertising (banner ads, etc.)
Social media (Facebook, Instagram, YouTube, etc.)
Other - Please be specific.....: Email blast sends that go directly to a email base that is twenty (20) years strong in building. List has real and active emails of current participants, past participants along with a list of potential attendees that we market to for six (6) prior to hosting the event here in Brevard County. Note: We have three (3) websites that all promote each other. Our main site "Softballmag.com" promotes the camps, while the specific camp websites promote each other and the main site. We have included TDC Logos along the Florida Sports Foundation Logos on all of websites year round for over twenty years.

12. (untitled)

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

13. (untitled)

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

Facebook : https://www.facebook.com/SoftballMagazine/about/
Instagram : NA
YouTube : https://www.youtube.com/user/SoftballMagazineInc

14. (untitled)

12. **What hashtags do you use?**

NA

15. (untitled)

**As a cultural organization how would you like us to spend your support?**

16. (untitled)

13. **If you were asked to include the Space Coast Office of Tourism in your marketing materials, what elements could you include us in?**

Event banners/signage
Email blast (e-newsletter, promotional, etc.)
Event brochures/program (Playbill, etc.)
Social media post
Website/blog
Other - Please be specific.....: We have included TDC Logos along the Florida Sports Foundation Logos on all of websites year round for over twenty years. We also include the TDC logo on all of our email correspondences with the registered camper attending the events.

17. (untitled)

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

18. (untitled)

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

19. (untitled)

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

brevardsoftballmagazine_state_articles.pdf

20. (untitled)

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

21. (untitled)

16. **Upload your completed Checklist.**

MSP_applicant_checklist_9-27-2024_SST25_Signed.pdf

22. (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: Gene Smith

## 23. Thank You!

**New Send Email**

Oct 06, 2024 15:16:34 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

# State of Florida

## Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of BREVARD SOFTBALL MAGAZINE, INC., a Florida corporation, filed on November 7, 1996, as shown by the records of this office.

The document number of this corporation is P96000091866.

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capitol, this the
Eighth day of November, 1996

Sandra B. Mortham

Sandra B. Mortham
Secretary of State

CR2EO22 (2-95)

FILED
95 NOV -7 PM 12:22

ARTICLES OF INCORPORATION

OF

BREVARD SOFTBALL MAGAZINE, INC.

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

BREVARD SOFTBALL MAGAZINE, INC.

The address of the principal office of this corporation shall be P.O. Box 320877, Cocoa Beach, Florida 32932-0877, and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 10,000 shares of common stock having $1.00 par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 1201 Hays Street, Tallahassee, Florida 32301, and the name of the initial registered agent of the corporation at that address is Corporation Service Company.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. DIRECTORS

All corporate powers shall be exercised by or under the authority of, and the business and affairs of the corporation managed under the direction of its Board of Directors, subject to any limitation set forth in these Articles of Incorporation. This corporation shall have two Directors, initially. The names and addresses of the initial members of the Board of Directors are:

| | |
|---|---|
| Gene Smith<br>Dir. | 400 Nora Avenue,<br>Merritt Island, Florida 32952 |
| David M. Brubaker<br>Dir. | 7570 Patti Drive,<br>Merritt Island, Florida 32952 |

ARTICLE VII. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation:

Corporate Agents, Inc.
1201 Hays Street
Tallahassee, Florida 32301

The undersigned incorporator has executed these Articles of Incorporation on November 7, 1996.

Its Agent, Karen B. Rozar
Incorporator

ACCEPTANCE OF REGISTERED AGENT DESIGNATED IN ARTICLES OF INCORPORATION

Corporation Service Company, a Delaware corporation authorized to transact business in this State, having a business office identical with the registered office of the corporation named above, and having been designated as the Registered Agent in the above and foregoing Articles, is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

By: _____
Its Agent, Karen B. Rozar
Authorized Service Representative
Corporation Service Company

LH/THW

FILED

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Jan 28, 2024**
**Secretary of State**
**9535675685CC**

DOCUMENT# P96000091866

**Entity Name:** BREVARD SOFTBALL MAGAZINE, INC.

**Current Principal Place of Business:**

400 NORA AVENUE
MERRITT ISLAND, FL 32952

**Current Mailing Address:**

400 NORA AVENUE
MERRITT ISLAND, FL 32952 US

**FEI Number: 59-3413766**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SMITH, EUGENE W.
400 NORA AVENUE
MERRITT ISLAND, FL 32952 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: EUGENE SMITH 01/28/2024

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | DPVST |
| Name | SMITH, EUGENE W. |
| Address | 400 NORA AVENUE |
| City-State-Zip: | MERRITT ISLAND FL 32952 |

*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: EUGENE W SMITH PRESIDENT 01/28/2024

Electronic Signature of Signing Officer/Director Detail — Date

Space Coast
FLORIDA

**Tourism Development Office**
**FY 2024-2025 Marketing Support Program**
**checklist**

Applicant Organization Name: Central Brevard Soccer, Inc.

Applicant Event Name: Hurricane Classic Soccer Tournament - INV - S14

| | Yes | No | Comment |
|---|---|---|---|
| Completed questionnaire | x | | |
| Copy of 990 form (if applicable) | x | | |
| Copy of IRS Articles of Incorporation – (if applicable) | | x | NA |
| Copy of IRS Determination letter – (if applicable) | x | | Tax exempt certificate provided |
| Copy of SunBiz.org (if applicable) | x | | |
| Copy of this MSP checklist | x | | |

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

Cranis, Peter Digitally signed by Cranis, Peter
Date: 2024.10.17 11:18:31 -04'00'

Peter Cranis, Executive Director

# FY 2024-2025 Marketing Support Program application

Response ID:64 Data

## 2. (untitled)

**1. I have read and understand the policies/procedures within the FY 2024-2025 Marketing Support Program Criteria.**

Signature of: ELIZABETH PORTER, BOARD MEMBER

## 3. (untitled)

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

Sports

## 4. (untitled)

### 3. ORGANIZATION INFORMATION

**Name of organization hosting event/year-round programming**

CENTRAL BREVARD SOCCER, INC

**Organization address**

P.O. BOX 540241

**State**

FL

**City**

MERRITT ISLAND

**Zip**

32954

**Primary contact name**

ELIZABETH PORTER, BOARD MEMBER

**Primary contact phone number**

321-863-1161

**Primary contact email**

INFO@CENTRALBREVARDSOCCER.COM

**Secondary contact name**

JENNA SCAGLIONE, PRESIDENT

**Secondary contact phone number**

321-271-6583

**Secondary contact email**

PRESIDENT@CENTRALBREVARDSOCCER.COM

**Organization website address**

WWW.CENTRALBREVARDSOCCER.COM

5. (untitled)

### 4. Which best describes your organization?

501(C)(3)

6. (untitled)

### 5. What is your Federal Employee ID number?

59-2193805

7. (untitled)

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

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

8. (untitled)

## 7. EVENT INFORMATION

**Name of event**

HURRICANE CLASSIC SOCCER TOURNAMENT

**Event website address (if different from organization website)**

WWW.BREVARDSOCCER.NET

**Event location**

MITCHELL ELLINGTON PARK, MERRITT ISLAND, FL

9. (untitled)

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

08/16/2025

10. (untitled)

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

2

11. (untitled)

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

Digital advertising (banner ads, etc.)
Social hashtags
Social media (Facebook, Instagram, YouTube, etc.)
Other - Please be specific.....: 3RD PARTY SITES INCLUDING FYSA.COM

12. (untitled)

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

13. (untitled)

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

Facebook : FACEBOOK.COM/CENTRALBREVARDSOCCER.COM
Instagram : INSTAGRAM.COM/CENTRALBREVARDSOCCER

14. (untitled)

12. **What hashtags do you use?**

#HURRICANECLASSIC

15. (untitled)

**As a cultural organization how would you like us to spend your support?**

16. (untitled)

13. **If you were asked to include the Space Coast Office of Tourism in your marketing materials, what elements could you include us in?**

Event banners/signage

Email blast (e-newsletter, promotional, etc.)
Social media post
Website/blog

17. (untitled)

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

cbs_soccer.pdf

18. (untitled)

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

592193805_202204_990EZ_2023060221358856.pdf

19. (untitled)

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

20. (untitled)

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

cbs_sunbiz.pdf

21. (untitled)

17. **Upload your completed Checklist.**

img_4301.pdf

22. (untitled)

18. **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: ELIZABETH PORTER, BOARD MEMBER

## 23. Thank You!

**New Send Email**

Oct 09, 2024 11:28:30 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93492075007003

Form **990EZ**

Department of the Treasury
Internal Revenue Service

# Short Form
# Return of Organization Exempt From Income Tax

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)**

▶ **Do not enter social security numbers on this form as it may be made public.**

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

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

**A For the 2021 calendar year, or tax year beginning 05-01-2021 , and ending 04-30-2022**

**B** Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

**C** Name of organization
CENTRAL BREVARD SOCCER

Number and street (or P. O. box, if mail is not delivered to street address) | Room/suite
PO BOX 540241

City or town, state or province, country, and ZIP or foreign postal code
MERRITT ISLAND, FL 32954

**D Employer identification number**
59-2193805

**E** Telephone number
(321) 917-3273

**F** Group Exemption Number ▶

**G** Accounting Method: ☑ Cash ☐ Accrual Other (specify) ▶

**H** Check ▶ ☑ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I Website:** ▶CENTRALBREVARD SOCCER.ORG

**J Tax-exempt status** (check only one) - ☑ 501(c)(3) ☐ 501(c)( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

**K** Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ $ 146,602

**Part I** **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☑

| | | | | | |
|---|---|---|---|---|---|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | | 1 | 121,289 |
| | 2 | Program service revenue including government fees and contracts | | 2 | 25,313 |
| | 3 | Membership dues and assessments | | 3 | |
| | 4 | Investment income | | 4 | |
| | 5a | Gross amount from sale of assets other than inventory | 5a | | |
| | b | Less: cost or other basis and sales expenses | 5b | | |
| | c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | | 5c | |
| | 6 | Gaming and fundraising events | | | |
| | a | Gross income from gaming (attach Schedule G if greater than $15,000) | 6a | | |
| | b | Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) | 6b | | |
| | c | Less: direct expenses from gaming and fundraising events | 6c | | |
| | d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | | 6d | |
| | 7a | Gross sales of inventory, less returns and allowances | 7a | | |
| | b | Less: cost of goods sold | 7b | | |
| | c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | | 7c | |
| | 8 | Other revenue (describe in Schedule O) | | 8 | |
| | 9 | **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | | ▶ 9 | 146,602 |
| Expenses | 10 | Grants and similar amounts paid (list in Schedule O) | | 10 | |
| | 11 | Benefits paid to or for members | | 11 | |
| | 12 | Salaries, other compensation, and employee benefits | | 12 | |
| | 13 | Professional fees and other payments to independent contractors | | 13 | 60,888 |
| | 14 | Occupancy, rent, utilities, and maintenance | | 14 | 5,851 |
| | 15 | Printing, publications, postage, and shipping | | 15 | 791 |
| | 16 | Other expenses (describe in Schedule O) | | 16 | 74,982 |
| | 17 | **Total expenses.** Add lines 10 through 16 | | ▶ 17 | 142,512 |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | | 18 | 4,090 |
| | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | | 19 | 70,360 |
| | 20 | Other changes in net assets or fund balances (explain in Schedule O) | | 20 | |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | | 21 | 74,[illegible] |

892

**Part II** **Balance Sheets** (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☑

| | (A) Beginning of year | | (B) End of year |
|---|---|---|---|
| 22 Cash, savings, and investments | 65,682 | 22 | 67,401 |
| 23 Land and buildings | | 23 | |
| 24 Other assets (describe in Schedule O) | 4,678 | 24 | 7,049 |
| 25 **Total assets** | 70,360 | 25 | 74,450 |
| 26 **Total liabilities** (describe in Schedule O) | | 26 | |
| 27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21) | 70,360 | 27 | 74,450 |

**Part III** **Statement of Program Service Accomplishments** (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III . . ☑

**Expenses** (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose?
CENTRAL BREVARD SOCCER HAS GROWN INTO ONE OF THE AREA'S LARGEST YOUTH SPORTS PROGRAMS IN BREVARD COUNTY. THERE ARE OVER 1400 YOUTH ATHLETES THAT PARTICIPATE DURING OUR FALL AND SPRING SEASONS. CENTRAL BREVARD SOCCER IS VERY PROUD THAT THE LEAGUE IS NEARLY EVENLY DIVIDED BETWEEN BOYS AND GIRLS. WE EXIST FOR THE SOLE PURPOSE OF PROVIDING A POSITIVE,HEALTHY OUTLET FOR OUR COMMUNITY YOUTH.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**28**
See Additional Data Table

(Grants $ ) If this amount includes foreign grants, check here . . . ▶ ☐ **28a**

**29**

(Grants $ ) If this amount includes foreign grants, check here . . . ▶ ☐ **29a**

**30**

(Grants $ ) If this amount includes foreign grants, check here . . . ▶ ☐ **30a**

**31** Other program services (describe in Schedule O) . . . . . .
(Grants $ ) If this amount includes foreign grants, check here . . . ▶ ☐ **31a**

**32 Total program service expenses** (add lines 28a through 31a) . . . . . ▶ **32** 127,436

**Part IV** **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated ; see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV. . . . . ☐

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) **(if not paid, enter -0-)** | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---|---|---|---|---|
| TIM SHOCKLEY<br>VICE PRESIDE | 000.00 | 0 | | |
| TOM LOVELL<br>PRESIDENT | 000.00 | 0 | | |
| JENNA SCAGLIONE<br>TREASURER | 000.00 | 0 | | |
| | | | | |
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**Part V** **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V . . . . . ☐

| | | | Yes | No |
|---|---|---|---|---|
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | 33 | | No |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions. | 34 | | No |
| 35a | Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | | No |
| b | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35b | | |
| c | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35c | | No |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | 36 | | No |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a | | | |
| b | Did the organization file **Form 1120-POL** for this year? | 37b | | No |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | | No |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b | | | |
| 39 | Section 501(c)(7) organizations. Enter: | | | |
| a | Initiation fees and capital contributions included on line 9 39a | | | |
| b | Gross receipts, included on line 9, for public use of club facilities 39b | | | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ | | | |
| b | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | No |
| c | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958 ▶ | | | |
| d | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ | | | |
| e | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | | No |

41 List the states with which a copy of this return is filed. ▶

42a The organization's books are in care of ▶ JENNA SCAGLIONE Telephone no. ▶ (321) 917-3273

Located at ▶ PO BOX 540241 MERRITT ISLAND , FL ZIP + 4 ▶ 32954

| | | | Yes | No |
|---|---|---|---|---|
| b | 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)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | 42b | | No |
| c | At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ | 42c | | No |

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here . . . . . ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year . . . . ▶ 43

| | | | Yes | No |
|---|---|---|---|---|
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | | No |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44b | | No |
| c | Did the organization receive any payments for indoor tanning services during the year? | 44c | | No |
| d | If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* | 44d | | |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | No |
| 45b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | 45b | | No |

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

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.
Check if the organization used Schedule O to respond to any question in this Part VI ☐

| | | | Yes | No |
|---|---|---|---|---|
| 47 | Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 47 | | No |
| 48 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | | No |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization? | 49a | | No |
| b | If "Yes," was the related organization a section 527 organization? | 49b | | |

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

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

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

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

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|---|---|---|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over $100,000. ▶

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ ☑ Yes ☐ No

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 — 2022-08-30 Date

▶ TOM LOVELL PRESIDENT Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| CHRISTOPHER DAVIS | | 2022-09-06 | | P00035279 |

Firm's name ▶ BREVARD ACCOUNTING GROUP CPA'S PA — Firm's EIN ▶ 59-1968410

Firm's address ▶ 150 FORTENBERRY RD STE A MERRITT ISLAND, FL 329523681 — Phone no. (321) 452-5061

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



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## Additional Data

**Software ID:**
**Software Version:**
**EIN:** 59-2193805
**Name:** CENTRAL BREVARD SOCCER

**Form 990EZ, Part III - Statement of Program Service Accomplishments**

| Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. | Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.) | |
|---|---|---|
| **28** PROMOTE YOUTH SOCCER IN CENTRAL BREVARD COUNTY, FLORIDA<br>(Grants $ ) If this amount includes foreign grants, check here . . . ▶ ☐ | **28a** | 127,436 |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93492075007003

**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

**2021**

**Open to Public Inspection**

**Name of the organization**
CENTRAL BREVARD SOCCER

**Employer identification number**
59-2193805

**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 **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 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 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? Yes | (iv) No | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| **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 failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . | | | | | | |
| 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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (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 2021 (line 6, column (f) divided by line 11, column (f)) . . . . . 14

15 Public support percentage for 2020 Schedule A, Part II, line 14 . . . . . 15

16a **33 1/3% support test—2021.** 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—2020.** 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—2021.** 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—2020.** 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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . | 124,057 | 120,214 | 124,959 | 100,298 | 121,289 | 590,817 |
| 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 | 18,148 | 11,599 | 28,761 | 4,811 | 25,313 | 88,632 |
| 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 | 142,205 | 131,813 | 153,720 | 105,109 | 146,602 | 679,449 |
| 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.) | | | | | | 679,449 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6. . . | 142,205 | 131,813 | 153,720 | 105,109 | 146,602 | 679,449 |
| 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.). . | 142,205 | 131,813 | 153,720 | 105,109 | 146,602 | 679,449 |

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 2021 (line 8, column (f) divided by line 13, column (f)) . . . . . | 15 | 100.000 % |
| 16 | Public support percentage from 2020 Schedule A, Part III, line 15 . . . . . | 16 | 100.000 % |

**Section D. Computation of Investment Income Percentage**

| | | | |
|---|---|---|---|
| 17 | Investment income percentage for **2021** (line 10c, column (f) divided by line 13, column (f)) . . . . . | 17 | 0 % |
| 18 | Investment income percentage from **2020** Schedule A, Part III, line 17 . . . . . | 18 | 0 % |

19a **33 1/3% support tests—2021.** 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—2020.** 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, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of 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? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.* | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).* | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.* | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.* | 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.* | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.* | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.* | 4b | | |
| c | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.* | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).* | 5a | | |
| b | **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | | |
| c | **Substitutions only.** Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.*** | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .* | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).* | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.*** | 9a | | |
| b | Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.*** | 9b | | |
| c | Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.*** | 9c | | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.* | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).* | 10b | | |

**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 11a above? | 11b | | |
| c | A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI.*** | 11c | | |

**Section B. Type I Supporting Organizations**

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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 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? *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 ☐ 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 government entity (see instructions)

| | | | Yes | No |
|---|---|---|---|---|
| 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): | 1 | | |
| 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 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)

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**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 2021 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-2021** | **(iii) Distributable Amount for 2021** |
|---|---|---|---|
| **1** Distributable amount for 2021 from Section C, line 6 | | | |
| **2** Underdistributions, if any, for years prior to 2021 (reasonable cause required-- *explain in* ***Part VI***). See instructions. | | | |
| **3** Excess distributions carryover, if any, to 2021: | | | |
| **a** From 2016. . . . . | | | |
| **b** From 2017. . . . . | | | |
| **c** From 2018. . . . . | | | |
| **d** From 2019. . . . . | | | |
| **e** From 2020. . . . . | | | |
| **f Total** of lines 3a through e | | | |
| **g** Applied to underdistributions of prior years | | | |
| **h** Applied to 2021 distributable amount | | | |
| **i** Carryover from 2016 not applied (see instructions) | | | |
| **j** Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| **4** Distributions for 2021 from Section D, line 7: $ | | | |
| **a** Applied to underdistributions of prior years | | | |
| **b** Applied to 2021 distributable amount | | | |
| **c** Remainder. Subtract lines 4a and 4b from line 4. | | | |
| **5** Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions. | | | |
| **6** Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions. | | | |
| **7 Excess distributions carryover to 2022.** Add lines 3j and 4c. | | | |
| **8** Breakdown of line 7: | | | |
| **a** Excess from 2017. . . . . | | | |
| **b** Excess from 2018. . . . . | | | |
| **c** Excess from 2019. . . . . | | | |
| **d** Excess from 2020. . . . . | | | |
| **e** Excess from 2021. . . . . | | | |

**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).

| Facts And Circumstances Test |
| --- |
| |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93492075007003 |
|---|---|---|

**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 990-EZ.**
**▶ Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization
CENTRAL BREVARD SOCCER

**Employer identification number**
59-2193805

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990-EZ, PART I, LINE 16 | EXPENSES BANK CHARGES 56 FIELD LAYOUT 11,057 REGISTRATION 21,031 OFFICE SUPPLIES 879 AFFIL IATION & ADMIN 2,408 COORDINATOR 6,000 UNIFORMS 11,857 LICENSES/ FEES 11 BOARD STIPEND 625 MARKETING 2,506 ACADEMY 2,276 FUNDRAISING COSTS 15,076 COACH LICENSES/CLASSES 1,200 TOTAL 74,982 |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990-EZ, PART I, LINE 20 | PRIOR PERIOD ADJUSTMENT 0 ADJUST BEGINNING CHK BAL 0 |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990-EZ, PART II, LINE 24 | ACCOUNTS RECEIVABLE 0 2,500 6,245 6,245 LESS ACCUMULATED DEPRECIATION 6,245 6,245 EQUIPMENT 4,040 3,911 DUE FROM COMP 638 638 TOTAL 4,678 7,049 |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990-EZ, PART III | CENTRAL BREVARD SOCCER HAS GROWN INTO ONE OF THE AREA'S LARGEST YOUTH SPORTS PROGRAMS IN B REVARD COUNTY. THERE ARE OVER 1400 YOUTH ATHLETES THAT PARTICIPATE DURING OUR FALL AND SPR ING SEASONS. CENTRAL BREVARD SOCCER IS VERY PROUD THAT THE LEAGUE IS NEARLY EVENLY DIVIDED BETWEEN BOYS AND GIRLS. WE EXIST FOR THE SOLE PURPOSE OF PROVIDING A POSITIVE,HEALTHY OUT LET FOR OUR COMMUNITY YOUTH. |

0000314 11/16/21

FLORIDA

# Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 01/18

| Certificate Number | Effective Date | Expiration Date | Exemption Category |
|---|---|---|---|
| 85-8013751259C-2 | 01/31/2022 | 01/31/2027 | 501(C)(3) ORGANIZATION |

This certifies that

CENTRAL BREVARD SOCCER INC
5190 WILDWOOD AVE
MERRITT ISLAND FL 32953-7515

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.

FLORIDA

# Important Information for Exempt Organizations

DR-14
R. 01/18

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 10, 2024**
**Secretary of State**
**2545555313CC**

DOCUMENT# 763720

**Entity Name:** CENTRAL BREVARD SOCCER, INC.

**Current Principal Place of Business:**

4790 YUMA TRAIL
MERRITT ISLAND, FL 32953

**Current Mailing Address:**

P.O. BOX 540241
MERRITT ISLAND, FL 32954 US

**FEI Number: 59-2193805**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SCAGLIONE, JENNA
4790 YUMA TRAIL
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: JENNA SCAGLIONE 04/10/2024

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | TREASURER |
| Name | LEE, BRITTANY TREASURER |
| Address | 3961 TRADEWINDS TRL HOME |
| City-State-Zip: | MERRITT ISLAND FL 32953 |

| | |
|---|---|
| Title | TRUSTEE |
| Name | PORTER, ELIZABETH TRUSTEE |
| Address | P.O. BOX 540241 |
| City-State-Zip: | MERRITT ISLAND FL 32954 |

| | |
|---|---|
| Title | DIRECTOR OF COACHING |
| Name | CAREY, SCOOTY DIRECTOR OF COACHING |
| Address | P.O. BOX 540241 |
| City-State-Zip: | MERRITT ISLAND FL 32954 |

| | |
|---|---|
| Title | VP |
| Name | WEAVER, SHEILA VP |
| Address | P.O. BOX 540241 |
| City-State-Zip: | MERRITT ISLAND FL 32954 |

| | |
|---|---|
| Title | PRESIDENT |
| Name | SCAGLIONE, JENNA PRESIDENT |
| Address | 4790 YUMA TRAIL |
| City-State-Zip: | MERRITT ISLAND FL 32953 |

| | |
|---|---|
| Title | DIRECTOR OF COACHING |
| Name | HUMBERT, JORDAN |
| Address | P.O. BOX 540241 |
| City-State-Zip: | MERRITT ISLAND FL 32954 |

*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: LEE, BRITTANY, TREASURER TREASURER 04/10/2024

Electronic Signature of Signing Officer/Director Detail — Date

Space Coast
FLORIDA

**Tourism Development Office**
**FY 2024-2025 Marketing Support Program**
**checklist**

Applicant Organization Name: Central Brevard Soccer, Inc.

Applicant Event Name: Winter Classic Soccer Tournament - INV - S15

| | Yes | No | Comment |
|---|---|---|---|
| Completed questionnaire | x | | |
| Copy of 990 form (if applicable) | x | | |
| Copy of IRS Articles of Incorporation – (if applicable) | | x | NA |
| Copy of IRS Determination letter – (if applicable) | x | | Tax exempt certificate provided |
| Copy of SunBiz.org (if applicable) | x | | |
| Copy of this MSP checklist | x | | |

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

Cranis, Peter Digitally signed by Cranis, Peter
Date: 2024.10.17 11:19:00 -04'00'

Peter Cranis, Executive Director

# FY 2024-2025 Marketing Support Program application

Response ID:63 Data

## 2. (untitled)

**1. I have read and understand the policies/procedures within the FY 2024-2025 Marketing Support Program Criteria.**

Signature of: ELIZABETH PORTER

## 3. (untitled)

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

Sports

## 4. (untitled)

## 3. ORGANIZATION INFORMATION

**Name of organization hosting event/year-round programming**

CENTRAL BREVARD SOCCER, INC

**Organization address**

P.O. BOX 540241

**State**

FL

**City**

MERRITT ISLAND

**Zip**

32954

**Primary contact name**

ELIZABETH PORTER, BOARD MEMBER

**Primary contact phone number**

321-863-1161

**Primary contact email**

INFO@CENTRALBREVARDSOCCER.COM

**Secondary contact name**

JENNA SCAGLIONE, PRESIDENT

**Secondary contact phone number**

321-271-6583

**Secondary contact email**

PRESIDENT@CENTRALBREVARDSOCCER.COM

**Organization website address**

WWW.CENTRALBREVARDSOCCER.COM

5. (untitled)

### 4. Which best describes your organization?

501(C)(3)

6. (untitled)

### 5. What is your Federal Employee ID number?

59-2193805

7. (untitled)

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

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

8. (untitled)

## 7. EVENT INFORMATION

**Name of event**

WINTER CLASSIC SOCCER TOURNAMENT

**Event website address (if different from organization website)**

WWW.BREVARDSOCCER.NET

**Event location**

MITCHELL ELLINGTON PARK, MERRITT ISLAND, FL

9. (untitled)

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

01/25/2025

10. (untitled)

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

2

11. (untitled)

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

Digital advertising (banner ads, etc.)
Social hashtags
Social media (Facebook, Instagram, YouTube, etc.)
Other - Please be specific.....: 3RD PARTY WEBSITES (FYSA.COM)

12. (untitled)

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

13. (untitled)

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

Facebook : https://www.facebook.com/CentralBrevardSoccer
Instagram : https://www.instagram.com/centralbrevardsoccer/

14. (untitled)

12. **What hashtags do you use?**

#WinterClassic

15. (untitled)

**As a cultural organization how would you like us to spend your support?**

16. (untitled)

13. **If you were asked to include the Space Coast Office of Tourism in your marketing materials, what elements could you include us in?**

Event banners/signage

Email blast (e-newsletter, promotional, etc.)
Social media post
Website/blog

17. (untitled)

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

cbs_soccer_(1).pdf

18. (untitled)

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

592193805_202204_990EZ_2023060221358856.pdf

19. (untitled)

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

20. (untitled)

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

cbs_sunbiz.pdf

21. (untitled)

17. **Upload your completed Checklist.**

img_4301_(1).pdf

22. (untitled)

18. **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: ELIZABETH PORTER, BOARD MEMBER

## 23. Thank You!

**New Send Email**

Oct 09, 2024 11:23:13 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93492075007003

Form **990EZ**

Department of the Treasury
Internal Revenue Service

# Short Form
# Return of Organization Exempt From Income Tax

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)**

▶ **Do not enter social security numbers on this form as it may be made public.**

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

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

**A For the 2021 calendar year, or tax year beginning 05-01-2021 , and ending 04-30-2022**

**B** Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

**C** Name of organization
CENTRAL BREVARD SOCCER

Number and street (or P. O. box, if mail is not delivered to street address) | Room/suite
PO BOX 540241

City or town, state or province, country, and ZIP or foreign postal code
MERRITT ISLAND, FL 32954

**D Employer identification number**
59-2193805

**E** Telephone number
(321) 917-3273

**F** Group Exemption Number ▶

**G** Accounting Method: ☑ Cash ☐ Accrual Other (specify) ▶

**H** Check ▶ ☑ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I Website:** ▶CENTRALBREVARD SOCCER.ORG

**J Tax-exempt status** (check only one) - ☑ 501(c)(3) ☐ 501(c)( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

**K** Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ $ 146,602

**Part I** **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☑

| | | | | | |
|---|---|---|---|---|---|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | | 1 | 121,289 |
| | 2 | Program service revenue including government fees and contracts | | 2 | 25,313 |
| | 3 | Membership dues and assessments | | 3 | |
| | 4 | Investment income | | 4 | |
| | 5a | Gross amount from sale of assets other than inventory | 5a | | |
| | b | Less: cost or other basis and sales expenses | 5b | | |
| | c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | | 5c | |
| | 6 | Gaming and fundraising events | | | |
| | a | Gross income from gaming (attach Schedule G if greater than $15,000) | 6a | | |
| | b | Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) | 6b | | |
| | c | Less: direct expenses from gaming and fundraising events | 6c | | |
| | d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | | 6d | |
| | 7a | Gross sales of inventory, less returns and allowances | 7a | | |
| | b | Less: cost of goods sold | 7b | | |
| | c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | | 7c | |
| | 8 | Other revenue (describe in Schedule O) | | 8 | |
| | 9 | **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | | 9 | 146,602 |
| Expenses | 10 | Grants and similar amounts paid (list in Schedule O) | | 10 | |
| | 11 | Benefits paid to or for members | | 11 | |
| | 12 | Salaries, other compensation, and employee benefits | | 12 | |
| | 13 | Professional fees and other payments to independent contractors | | 13 | 60,888 |
| | 14 | Occupancy, rent, utilities, and maintenance | | 14 | 5,851 |
| | 15 | Printing, publications, postage, and shipping | | 15 | 791 |
| | 16 | Other expenses (describe in Schedule O) | | 16 | 74,982 |
| | 17 | **Total expenses.** Add lines 10 through 16 | | 17 | 142,512 |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | | 18 | 4,090 |
| | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | | 19 | 70,360 |
| | 20 | Other changes in net assets or fund balances (explain in Schedule O) | | 20 | |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | | 21 | 74,[illegible] |

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**Part II** **Balance Sheets** (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☑

| | (A) Beginning of year | | (B) End of year |
|---|---|---|---|
| 22 Cash, savings, and investments | 65,682 | 22 | 67,401 |
| 23 Land and buildings | | 23 | |
| 24 Other assets (describe in Schedule O) | 4,678 | 24 | 7,049 |
| 25 **Total assets** | 70,360 | 25 | 74,450 |
| 26 **Total liabilities** (describe in Schedule O) | | 26 | |
| 27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21) | 70,360 | 27 | 74,450 |

**Part III** **Statement of Program Service Accomplishments** (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III . . ☑

**Expenses** (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose?
CENTRAL BREVARD SOCCER HAS GROWN INTO ONE OF THE AREA'S LARGEST YOUTH SPORTS PROGRAMS IN BREVARD COUNTY. THERE ARE OVER 1400 YOUTH ATHLETES THAT PARTICIPATE DURING OUR FALL AND SPRING SEASONS. CENTRAL BREVARD SOCCER IS VERY PROUD THAT THE LEAGUE IS NEARLY EVENLY DIVIDED BETWEEN BOYS AND GIRLS. WE EXIST FOR THE SOLE PURPOSE OF PROVIDING A POSITIVE,HEALTHY OUTLET FOR OUR COMMUNITY YOUTH.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**28**
See Additional Data Table

(Grants $ ) If this amount includes foreign grants, check here . . . ▶ ☐ **28a**

**29**

(Grants $ ) If this amount includes foreign grants, check here . . . ▶ ☐ **29a**

**30**

(Grants $ ) If this amount includes foreign grants, check here . . . ▶ ☐ **30a**

**31** Other program services (describe in Schedule O) . . . . . .
(Grants $ ) If this amount includes foreign grants, check here . . . ▶ ☐ **31a**

**32 Total program service expenses** (add lines 28a through 31a) . . . . . ▶ **32** 127,436

**Part IV** **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated ; see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV. . . . . ☐

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) **(if not paid, enter -0-)** | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---|---|---|---|---|
| TIM SHOCKLEY<br>VICE PRESIDE | 000.00 | 0 | | |
| TOM LOVELL<br>PRESIDENT | 000.00 | 0 | | |
| JENNA SCAGLIONE<br>TREASURER | 000.00 | 0 | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Part V** **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V . . . . . ☐

| | | | Yes | No |
|---|---|---|---|---|
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | 33 | | No |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions. | 34 | | No |
| 35a | Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | | No |
| b | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35b | | |
| c | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35c | | No |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | 36 | | No |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a | | | |
| b | Did the organization file **Form 1120-POL** for this year? | 37b | | No |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | | No |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b | | | |
| 39 | Section 501(c)(7) organizations. Enter: | | | |
| a | Initiation fees and capital contributions included on line 9 39a | | | |
| b | Gross receipts, included on line 9, for public use of club facilities 39b | | | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ | | | |
| b | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | No |
| c | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958 ▶ | | | |
| d | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ | | | |
| e | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | | No |
| 41 | List the states with which a copy of this return is filed. ▶ | | | |
| 42a | The organization's books are in care of ▶ JENNA SCAGLIONE Telephone no.▶ (321) 917-3273 | | | |
| | Located at ▶ PO BOX 540241 MERRITT ISLAND , FL ZIP + 4 ▶ 32954 | | | |

| | | | Yes | No |
|---|---|---|---|---|
| b | 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)? | 42b | | No |
| | If "Yes," enter the name of the foreign country: ▶ | | | |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| c | At any time during the calendar year, did the organization maintain an office outside the U.S.? | 42c | | No |
| | If "Yes," enter the name of the foreign country: ▶ | | | |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 | | | |

| | | | Yes | No |
|---|---|---|---|---|
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | | No |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44b | | No |
| c | Did the organization receive any payments for indoor tanning services during the year? | 44c | | No |
| d | If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* | 44d | | |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | No |
| 45b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | 45b | | No |



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

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.
Check if the organization used Schedule O to respond to any question in this Part VI ☐

| | | Yes | No |
|---|---|---|---|
| 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 47 | | No |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | | No |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | | No |
| b If "Yes," was the related organization a section 527 organization? | 49b | | |

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

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

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

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

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|---|---|---|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over $100,000. ▶

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ ☑ **Yes** ☐ **No**

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 — 2022-08-30 Date

TOM LOVELL PRESIDENT
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| CHRISTOPHER DAVIS | | 2022-09-06 | | P00035279 |

Firm's name ▶ BREVARD ACCOUNTING GROUP CPA'S PA — Firm's EIN ▶ 59-1968410

Firm's address ▶ 150 FORTENBERRY RD STE A
MERRITT ISLAND, FL 329523681 — Phone no. (321) 452-5061

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

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## Additional Data

**Software ID:**
**Software Version:**
**EIN:** 59-2193805
**Name:** CENTRAL BREVARD SOCCER

**Form 990EZ, Part III - Statement of Program Service Accomplishments**

| Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. | Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.) | |
|---|---|---|
| **28** PROMOTE YOUTH SOCCER IN CENTRAL BREVARD COUNTY, FLORIDA<br>(Grants $ ) If this amount includes foreign grants, check here . . . ▶ ☐ | **28a** | 127,436 |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93492075007003

**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

**2021**

**Open to Public Inspection**

**Name of the organization**
CENTRAL BREVARD SOCCER

**Employer identification number**
59-2193805

**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 **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? Yes | (iv) No | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| 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 failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . | | | | | | |
| 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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (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 2021 (line 6, column (f) divided by line 11, column (f)) . . . . . **14**

15 Public support percentage for 2020 Schedule A, Part II, line 14 . . . . . **15**

16a **33 1/3% support test—2021.** 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—2020.** 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—2021.** 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—2020.** 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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . | 124,057 | 120,214 | 124,959 | 100,298 | 121,289 | 590,817 |
| 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 | 18,148 | 11,599 | 28,761 | 4,811 | 25,313 | 88,632 |
| 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 | 142,205 | 131,813 | 153,720 | 105,109 | 146,602 | 679,449 |
| 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.) | | | | | | 679,449 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6. . . | 142,205 | 131,813 | 153,720 | 105,109 | 146,602 | 679,449 |
| 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.). . | 142,205 | 131,813 | 153,720 | 105,109 | 146,602 | 679,449 |

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 2021 (line 8, column (f) divided by line 13, column (f)) . . . . . | 15 | 100.000 % |
| 16 | Public support percentage from 2020 Schedule A, Part III, line 15 . . . . . | 16 | 100.000 % |

**Section D. Computation of Investment Income Percentage**

| | | | |
|---|---|---|---|
| 17 | Investment income percentage for **2021** (line 10c, column (f) divided by line 13, column (f)) . . . . . | 17 | 0 % |
| 18 | Investment income percentage from **2020** Schedule A, Part III, line 17 . . . . . | 18 | 0 % |

19a **331/3% support tests—2021.** 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—2020.** 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, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of 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? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.* | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).* | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.* | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.* | 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.* | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.* | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.* | 4b | | |
| c | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.* | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).* | 5a | | |
| b | **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | | |
| c | **Substitutions only.** Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.*** | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .* | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).* | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.*** | 9a | | |
| b | Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.*** | 9b | | |
| c | Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.*** | 9c | | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.* | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).* | 10b | | |

**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 11a above? | 11b | | |
| c | A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI.*** | 11c | | |

**Section B. Type I Supporting Organizations**

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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 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? *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 ☐ 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 government entity (see instructions)

| | | | Yes | No |
|---|---|---|---|---|
| 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): | 1 | | |
| 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 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 2021 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-2021** | **(iii) Distributable Amount for 2021** |
|---|---|---|---|
| **1** Distributable amount for 2021 from Section C, line 6 | | | |
| **2** Underdistributions, if any, for years prior to 2021 (reasonable cause required-- *explain in* ***Part VI***). See instructions. | | | |
| **3** Excess distributions carryover, if any, to 2021: | | | |
| **a** From 2016. . . . . | | | |
| **b** From 2017. . . . . | | | |
| **c** From 2018. . . . . | | | |
| **d** From 2019. . . . . | | | |
| **e** From 2020. . . . . | | | |
| **f** **Total** of lines 3a through e | | | |
| **g** Applied to underdistributions of prior years | | | |
| **h** Applied to 2021 distributable amount | | | |
| **i** Carryover from 2016 not applied (see instructions) | | | |
| **j** Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| **4** Distributions for 2021 from Section D, line 7: $ | | | |
| **a** Applied to underdistributions of prior years | | | |
| **b** Applied to 2021 distributable amount | | | |
| **c** Remainder. Subtract lines 4a and 4b from line 4. | | | |
| **5** Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions. | | | |
| **6** Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions. | | | |
| **7** **Excess distributions carryover to 2022.** Add lines 3j and 4c. | | | |
| **8** Breakdown of line 7: | | | |
| **a** Excess from 2017. . . . . | | | |
| **b** Excess from 2018. . . . . | | | |
| **c** Excess from 2019. . . . . | | | |
| **d** Excess from 2020. . . . . | | | |
| **e** Excess from 2021. . . . . | | | |

**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).

| Facts And Circumstances Test |
| --- |
| |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93492075007003 |
|---|---|---|

**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 990-EZ.**
**▶ Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization
CENTRAL BREVARD SOCCER

**Employer identification number**
59-2193805

**990 Schedule O, Supplemental Information**

| Return Reference | Explanation |
|---|---|
| FORM 990-EZ, PART I, LINE 16 | EXPENSES BANK CHARGES 56 FIELD LAYOUT 11,057 REGISTRATION 21,031 OFFICE SUPPLIES 879 AFFIL IATION & ADMIN 2,408 COORDINATOR 6,000 UNIFORMS 11,857 LICENSES/ FEES 11 BOARD STIPEND 625 MARKETING 2,506 ACADEMY 2,276 FUNDRAISING COSTS 15,076 COACH LICENSES/CLASSES 1,200 TOTAL 74,982 |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990-EZ, PART I, LINE 20 | PRIOR PERIOD ADJUSTMENT 0 ADJUST BEGINNING CHK BAL 0 |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990-EZ, PART II, LINE 24 | ACCOUNTS RECEIVABLE 0 2,500 6,245 6,245 LESS ACCUMULATED DEPRECIATION 6,245 6,245 EQUIPMENT 4,040 3,911 DUE FROM COMP 638 638 TOTAL 4,678 7,049 |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990-EZ, PART III | CENTRAL BREVARD SOCCER HAS GROWN INTO ONE OF THE AREA'S LARGEST YOUTH SPORTS PROGRAMS IN BREVARD COUNTY. THERE ARE OVER 1400 YOUTH ATHLETES THAT PARTICIPATE DURING OUR FALL AND SPRING SEASONS. CENTRAL BREVARD SOCCER IS VERY PROUD THAT THE LEAGUE IS NEARLY EVENLY DIVIDED BETWEEN BOYS AND GIRLS. WE EXIST FOR THE SOLE PURPOSE OF PROVIDING A POSITIVE,HEALTHY OUTLET FOR OUR COMMUNITY YOUTH. |

0000314 11/16/21

FLORIDA

# Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 01/18

| Certificate Number | Effective Date | Expiration Date | Exemption Category |
|---|---|---|---|
| 85-8013751259C-2 | 01/31/2022 | 01/31/2027 | 501(C)(3) ORGANIZATION |

This certifies that

CENTRAL BREVARD SOCCER INC
5190 WILDWOOD AVE
MERRITT ISLAND FL 32953-7515

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.

FLORIDA

# Important Information for Exempt Organizations

DR-14
R. 01/18

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 10, 2024**
**Secretary of State**
**2545555313CC**

DOCUMENT# 763720

**Entity Name:** CENTRAL BREVARD SOCCER, INC.

**Current Principal Place of Business:**

4790 YUMA TRAIL
MERRITT ISLAND, FL 32953

**Current Mailing Address:**

P.O. BOX 540241
MERRITT ISLAND, FL 32954 US

**FEI Number: 59-2193805**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SCAGLIONE, JENNA
4790 YUMA TRAIL
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: JENNA SCAGLIONE 04/10/2024

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | TREASURER |
| Name | LEE, BRITTANY TREASURER |
| Address | 3961 TRADEWINDS TRL HOME |
| City-State-Zip: | MERRITT ISLAND FL 32953 |

| | |
|---|---|
| Title | TRUSTEE |
| Name | PORTER, ELIZABETH TRUSTEE |
| Address | P.O. BOX 540241 |
| City-State-Zip: | MERRITT ISLAND FL 32954 |

| | |
|---|---|
| Title | DIRECTOR OF COACHING |
| Name | CAREY, SCOOTY DIRECTOR OF COACHING |
| Address | P.O. BOX 540241 |
| City-State-Zip: | MERRITT ISLAND FL 32954 |

| | |
|---|---|
| Title | VP |
| Name | WEAVER, SHEILA VP |
| Address | P.O. BOX 540241 |
| City-State-Zip: | MERRITT ISLAND FL 32954 |

| | |
|---|---|
| Title | PRESIDENT |
| Name | SCAGLIONE, JENNA PRESIDENT |
| Address | 4790 YUMA TRAIL |
| City-State-Zip: | MERRITT ISLAND FL 32953 |

| | |
|---|---|
| Title | DIRECTOR OF COACHING |
| Name | HUMBERT, JORDAN |
| Address | P.O. BOX 540241 |
| City-State-Zip: | MERRITT ISLAND FL 32954 |

*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: LEE, BRITTANY, TREASURER TREASURER 04/10/2024

Electronic Signature of Signing Officer/Director Detail — Date

**Tourism Development Office**
**FY 2024-2025 Marketing Support Program**
**checklist**

Applicant Organization Name: Space Coast United Soccer

Applicant Event Name: Space Coast Cup - INV - S23 - E

| | Yes | No | Comment |
|---|---|---|---|
| Completed questionnaire | x | | |
| Copy of 990 form (if applicable) | x | | |
| Copy of IRS Articles of Incorporation – (if applicable) | | | NA |
| Copy of IRS Determination letter – (if applicable) | x | | |
| Copy of SunBiz.org (if applicable) | x | | |
| Copy of this MSP checklist | x | | |

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

Cranis, Peter Digitally signed by Cranis, Peter Date: 2024.10.17 11:19:25 -04'00'

Peter Cranis, Executive Director

# FY 2024-2025 Marketing Support Program application

Response ID:54 Data

## 2. (untitled)

**1. I have read and understand the policies/procedures within the FY 2024-2025 Marketing Support Program Criteria.**

Signature of: Kelly Rogers

## 3. (untitled)

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

Sports

## 4. (untitled)

### 3. ORGANIZATION INFORMATION

**Name of organization hosting event/year-round programming**

Space Coast United Soccer

**Organization address**

PO Box 410301

**State**

Florida

**City**

Melbourne

**Zip**

32941

**Primary contact name**

Space Coast United Soccer Club

**Primary contact phone number**

3214030750

**Primary contact email**

kelly.rogers@spacecoastsoccer.org

**Secondary contact name**

Allie Goff

**Secondary contact phone number**

3219177785

**Secondary contact email**

President@spacecoastsoccer.org

**Organization website address**

spacecoastsoccer.org

5. (untitled)

### 4. Which best describes your organization?

501(C)(3)

6. (untitled)

### 5. What is your Federal Employee ID number?

592377476

7. (untitled)

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

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

8. (untitled)

## 7. EVENT INFORMATION

**Name of event**

Space Coast Cup

**Event website address (if different from organization website)**

https://spacecoastsoccer.org/space-coast-cup/

**Event location**

Viera Regional Park

9. (untitled)

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

11/09/2024

10. (untitled)

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

2

11. (untitled)

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

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

12. (untitled)

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

13. (untitled)

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

Facebook : spacecoastunitedsoccerclub
Instagram : @spacecoastsoccer
YouTube : @SpaceCoastSoccer

14. (untitled)

**12. What hashtags do you use?**

NA

15. (untitled)

**As a cultural organization how would you like us to spend your support?**

16. (untitled)

**13. If you were asked to include the Space Coast Office of Tourism in your marketing materials, what elements could you include us in?**

Apparel/promotion items (event t-shirts, giveaways, etc.)
Direct mail

Email blast (e-newsletter, promotional, etc.)
Social media post
Website/blog

17. (untitled)

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

IRS_Exempt_Organization_Letter.pdf

18. (untitled)

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

2023_Tax_Return_990_(Space_Coast_United_Soc_-_Client_Copy)_UL.pdf

19. (untitled)

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

20. (untitled)

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

DIVISION_OF_CORPORATIONS.pdf

21. (untitled)

**17. Upload your completed Checklist.**

Tourism_Development_Office_Space_Coast_Cup.pdf

22. (untitled)

18. **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: Kelly Rogers

## 23. Thank You!

**New Send Email**

Oct 08, 2024 13:21:20 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

Form **990**

Department of the Treasury
Internal Revenue Service

# 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**

A For the 2023 calendar year, or tax year beginning , 2023, and ending , 20

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: Space Coast United Soccer Club, Inc
Doing business as:
Number and street (or P.O. box if mail is not delivered to street address): PO Box 410301
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: Melbourne, FL 32941

D Employer identification number: 59-2377476

E Telephone number: (321)288-0449

G Gross receipts $: 2,172,448

F Name and address of principal officer:

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions
H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: www.spacecoastsoccer.org

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1984

M State of legal domicile: FL

## Part I Summary

1 Briefly describe the organization's mission or most significant activities: Promote youth physcial activity through the sport of soccer

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

| | | | |
|---|---|---|---|
| Activities & Governance | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 13 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 13 |
| | 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) | 5 | 60 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 120 |
| | 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 |

| | | Prior Year | Current Year |
|---|---|---|---|
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | 1,447,232 | 1,730,922 |
| | 9 Program service revenue (Part VIII, line 2g) | 395,715 | 441,379 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 138 | 147 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 126,980 | 0 |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,970,065 | 2,172,448 |
| 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) | 916,123 | 1,066,353 |
| | 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) | 783,879 | 1,025,340 |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 1,700,002 | 2,091,693 |
| | 19 Revenue less expenses. Subtract line 18 from line 12 | 270,063 | 80,755 |

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | 1,176,775 | 1,253,949 |
| | 21 Total liabilities (Part X, line 26) | 85,259 | 81,792 |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 1,091,516 | 1,172,157 |

## 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**

Brad Oxley
Signature of officer — Date

Brad Oxley, Treasurer
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| Jacquelyn Boehm | | 04-25-2024 | | P01367298 |

Firm's name: Boehm & Associates, Inc. — Firm's EIN:
Firm's address: 1934 Dairy Road W Melbourne FL 32904 — Phone no. 321-956-1800

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** (2023)

EEA

**942**

Client Copy

Internal Revenue Service

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: December 11, 2000

Person to Contact:
Tonya Martin 31-07387
Customer Service Representative
Toll Free Telephone Number:
8:00 a.m. to 9:30 p.m. EST
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
59-2377476

Space Coast United Soccer Club, Inc.
P.O. Box 410301
Melbourne, FL 32941

Dear Sir or Madam:

This letter is in response to your letter dated October 9, 2000 requesting a copy of your organization's determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in July 1985 granting your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in section 509(a)(2).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than $25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of $20 a day, up to a maximum of $10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of $100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its 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.

Space Coast United Soccer Club, Inc.
59-2377476

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of $20 a day for each day you do not make these documents available for public inspection (up to a maximum of $10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

This letter affirms your organization's exempt status.

Sincerely,

John E. Ricketts

John E. Ricketts, Director, TE/GE
Customer Account Services

# Detail by Entity Name

Florida Not For Profit Corporation
SPACE COAST UNITED SOCCER CLUB, INC.

***Filing Information***

| | |
|---|---|
| **Document Number** | N05264 |
| **FEI/EIN Number** | 59-2377476 |
| **Date Filed** | 09/20/1984 |
| **State** | FL |
| **Status** | ACTIVE |
| **Last Event** | REINSTATEMENT |
| **Event Date Filed** | 06/11/1998 |

***Principal Address***

SCUSC
BOX 410301
MELBOURNE, FL 32941-0301

Changed: 01/21/2007

***Mailing Address***

SCUSC
BOX 410301
MELBOURNE, FL 32941-0301

Changed: 01/15/2009

***Registered Agent Name & Address***

Gibbs, Beverly T
SCUSC
BOX 410301
MELBOURNE, FL 32941-0301

Name Changed: 01/12/2017

Address Changed: 06/06/2014

***Officer/Director Detail***

**Name & Address**

Title President

Goff, Allie
SCUSC
BOX 410301
MELBOURNE, FL 32941-0301

Title VP

Perry, Mike
SCUSC
BOX 410301
MELBOURNE, FL 32941-0301

Title Treasurer

Oxley, Brad
SCUSC
BOX 410301
MELBOURNE, FL 32941-0301

Title Administrator

Gibbs, Beverly
SCUSC
BOX 410301
MELBOURNE, FL 32941-0301

Title Secretary

Chesser, Dana
SCUSC
BOX 410301
MELBOURNE, FL 32941-0301

**Annual Reports**

| Report Year | Filed Date |
|---|---|
| 2022 | 01/18/2022 |
| 2023 | 01/03/2023 |
| 2024 | 01/03/2024 |

**Document Images**

| | |
|---|---|
| 01/03/2024 – ANNUAL REPORT | View image in PDF format |
| 01/03/2023 – ANNUAL REPORT | View image in PDF format |
| 01/18/2022 – ANNUAL REPORT | View image in PDF format |
| 01/11/2021 – ANNUAL REPORT | View image in PDF format |
| 01/02/2020 – ANNUAL REPORT | View image in PDF format |
| 01/14/2019 – ANNUAL REPORT | View image in PDF format |
| 01/10/2018 – ANNUAL REPORT | View image in PDF format |
| 01/12/2017 – ANNUAL REPORT | View image in PDF format |
| 01/06/2016 – ANNUAL REPORT | View image in PDF format |
| 04/03/2015 – ANNUAL REPORT | View image in PDF format |

| | |
|---|---|
| 06/06/2014 – AMENDED ANNUAL REPORT | View image in PDF format |
| 01/15/2014 – ANNUAL REPORT | View image in PDF format |
| 01/24/2013 – ANNUAL REPORT | View image in PDF format |
| 01/13/2012 – ANNUAL REPORT | View image in PDF format |
| 03/15/2011 – ANNUAL REPORT | View image in PDF format |
| 01/07/2010 – ANNUAL REPORT | View image in PDF format |
| 01/15/2009 – ANNUAL REPORT | View image in PDF format |
| 01/19/2008 – ANNUAL REPORT | View image in PDF format |
| 01/21/2007 – ANNUAL REPORT | View image in PDF format |
| 01/09/2006 – ANNUAL REPORT | View image in PDF format |
| 04/14/2005 – ANNUAL REPORT | View image in PDF format |
| 01/16/2004 – ANNUAL REPORT | View image in PDF format |
| 01/16/2003 – ANNUAL REPORT | View image in PDF format |
| 02/07/2002 – ANNUAL REPORT | View image in PDF format |
| 03/13/2001 – ANNUAL REPORT | View image in PDF format |
| 03/15/2000 – ANNUAL REPORT | View image in PDF format |
| 03/04/1999 – ANNUAL REPORT | View image in PDF format |
| 06/11/1998 – REINSTATEMENT | View image in PDF format |

Space Coast
FLORIDA

**Tourism Development Office**
**FY 2024-2025 Marketing Support Program**
**checklist**

Applicant Organization Name: Columbia University Women's Golf Team

Applicant Event Name: Columbia Classic - INV - S16

| | Yes | No | Comment |
|---|---|---|---|
| Completed questionnaire | x | | |
| Copy of 990 form (if applicable) | x | | |
| Copy of IRS Articles of Incorporation – (if applicable) | x | | NA |
| Copy of IRS Determination letter – (if applicable) | x | | |
| Copy of SunBiz.org (if applicable) | | x | NA |
| Copy of this MSP checklist | x | | |

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

Cranis, Peter Digitally signed by Cranis, Peter Date: 2024.10.17 11:19:45 -04'00'

Peter Cranis, Executive Director

# FY 2024-2025 Marketing Support Program application

Response ID:65 Data

## 2. (untitled)

**1. I have read and understand the policies/procedures within the FY 2024-2025 Marketing Support Program Criteria.**

Signature of: Amy E Weeks

## 3. (untitled)

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

Sports

## 4. (untitled)

### 3. ORGANIZATION INFORMATION

**Name of organization hosting event/year-round programming**

Columbia University Women's Golf Team

**Organization address**

3030 Broadway, MC 1908

**State**

NY

**City**

New York City

**Zip**

10027

**Primary contact name**

Amy Weeks

**Primary contact phone number**

405-269-0897

**Primary contact email**

aew2169@columbia.edu

**Secondary contact name**

Emily Maury

**Secondary contact phone number**

216-970-0383

**Secondary contact email**

egm2141@columbia.edu

**Organization website address**

gocolumbialions.com/sports/womens-golf

5. (untitled)

### 4. Which best describes your organization?

501(C)(3)

6. (untitled)

### 5. What is your Federal Employee ID number?

13-5598093

7. (untitled)

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

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

8. (untitled)

## 7. EVENT INFORMATION

**Name of event**

Columbia Classic presented by MoonGolf

**Event website address (if different from organization website)**

gocolumbialions.com/sports/womens-golf

**Event location**

Duran Golf Club Melbourne, FL

9. (untitled)

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

02/07/2025

10. (untitled)

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

3

11. (untitled)

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

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

12. (untitled)

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

13. (untitled)

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

Instagram : culionswgolf

14. (untitled)

**12. What hashtags do you use?**

#onlyhere #moongolf #roarlionroar

15. (untitled)

**As a cultural organization how would you like us to spend your support?**

16. (untitled)

**13. If you were asked to include the Space Coast Office of Tourism in your marketing materials, what elements could you include us in?**

Event brochures/program (Playbill, etc.)
Social media post
Website/blog

17. (untitled)

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

18. (untitled)

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

FL_DR-14.pdf

19. (untitled)

20. (untitled)

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

21. (untitled)

17. **Upload your completed Checklist.**

SpaceCoastApplicationChecklist2025.pdf

22. (untitled)

18. **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: Amy E Weeks

## 23. Thank You!

**New Send Email**

Oct 09, 2024 15:14:31 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

# Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

**A** For the 2022 calendar year, or tax year beginning 07/01/2022 and ending 06/30/2023

**B** Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

**C** Name of organization: THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK

Doing Business As:

Number and street (or P.O. box if mail is not delivered to street address): 615 WEST 131ST STREET, MC 8741

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: NEW YORK, NY 10027-7922

**D** Employer identification number: 13-5598093

**E** Telephone number: (212) 854-4684

**G** Gross receipts $: 7,793,978,242.

**F** Name and address of principal officer: NEMAT MINOUCHE SHAFIK
615 WEST 131ST STREET, MC 8741, NEW YORK, NY 10027-7

**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No

**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶

**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

**J** Website: ▶ WWW.COLUMBIA.EDU

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation: 1754 **M** State of legal domicile: NY

## Part I Summary

**Activities & Governance**

1 Briefly describe the organization's mission or most significant activities: SEE ATTACHMENT 1

2 Check this box ▶ ☐ 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 | 23 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 21 |
| 5 | Total number of individuals employed in calendar year 2022 (Part V, line 2a) | 5 | 40,081 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 16,161 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 14,798,632. |
| b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | NONE |

**Revenue**

| | | Prior Year | Current Year |
|---|---|---|---|
| 8 | Contributions and grants (Part VIII, line 1h) | 1,954,178,309. | 1,956,885,576. |
| 9 | Program service revenue (Part VIII, line 2g) | 3,871,261,461. | 4,134,317,613. |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,161,210,042. | 423,880,468. |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 122,881,134. | 139,759,020. |
| 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 7,109,530,946. | 6,654,842,677. |

COPY FOR PUBLIC INSPECTION

**Expenses**

| | | | |
|---|---|---|---|
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 816,202,353. | 877,363,455. |
| 14 | Benefits paid to or for members (Part IX, column (A), line 4) | NONE | NONE |
| 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 3,588,011,473. | 3,898,804,676. |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 924,075. | 1,341,873. |
| b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 132,099,855. | | |
| 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 1,563,179,912. | 1,658,841,937. |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 5,968,317,813. | 6,436,351,941. |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | 1,141,213,133. | 218,490,736. |

**Net Assets or Fund Balances**

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| 20 | Total assets (Part X, line 16) | 23190224660. | 23551142933. |
| 21 | Total liabilities (Part X, line 26) | 4,788,218,298. | 4,868,338,682. |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 18402006362. | 18682804251. |

## 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 — Date: 05/10/2024

MARK HAWKINS, VP, FIN & CONTROLLER
▶ Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| ERIC M MCNEIL | Eric M. McNeil | 05/08/2024 | | P00460263 |

Firm's name ▶ PWC US TAX LLP — Firm's EIN ▶ 92-0460586

Firm's address ▶ 300 MADISON AVENUE NEW YORK, NY 10017 — Phone no. 646-471-3000

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** (2022)

JSA
2E1065 1.000

**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:

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 ☒ 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 $ 2,281,069,869. including grants of $ 683,347,989. ) (Revenue $ 2,043,667,649. )

THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK IS A PRIVATE, NONSECTARIAN, NONPROFIT INSTITUTION OF HIGHER EDUCATION WHOSE ACTIVITIES ARE CONCENTRATED AT THREE LOCATIONS IN NEW YORK CITY AND EXTEND AROUND THE GLOBE. THE UNIVERSITY PROVIDES INSTRUCTION THROUGH SEVENTEEN UNDERGRADUATE, GRADUATE, AND PROFESSIONAL SCHOOLS. IT OPERATES A VARIETY OF RESEARCH INSTITUTES AND A LIBRARY SYSTEM TO SUPPORT ITS TEACHING, LEARNING, AND RESEARCH ACTIVITIES. THE UNIVERSITY ENROLLS APPROXIMATELY 36,649 FULL-TIME AND PART-TIME STUDENTS.

**4b** (Code: ) (Expenses $ 1,404,828,530. including grants of $ 13,133,573. ) (Revenue $ 1,622,587,921. )

THE UNIVERSITY, THROUGH THE COLUMBIA UNIVERSITY IRVING MEDICAL CENTER AND ITS MEDICAL FACULTY PRACTICE PLAN, PROVIDES DIRECT PATIENT CARE AND OTHER CLINICAL AND EDUCATIONAL SERVICES TO HOSPITALS AND OTHER HEALTH CARE INSTITUTIONS THROUGH CONTRACTUAL AGREEMENTS FOR SERVICES.

**4c** (Code: ) (Expenses $ 983,164,682. including grants of $ 172,332,270. ) (Revenue $ 230,005,050. )

THE UNIVERSITY PERFORMS RESEARCH, TRAINING, AND OTHER SERVICES UNDER GRANTS AND CONTRACTS WITH AGENCIES OF THE FEDERAL GOVERNMENT AND OTHER SPONSORING ORGANIZATIONS.

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

(Expenses $ 1,282,661,641. including grants of $ 8,549,623. ) (Revenue $ 238,056,993. )

**4e** Total program service expenses 5,851,724,722.

**Part IV Checklist of Required Schedules**

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | X | |
| 2 | Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | X |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II* | 4 | 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* | 5 | | 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* | 6 | 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* | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | X | |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for 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* | 9 | | 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* | 10 | X | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI* | 11a | 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* | 11b | 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* | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX* | 11d | | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* | 11e | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X* | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII* | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional* | 12b | X | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | X | |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | X | |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV* | 14b | 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* | 15 | 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* | 16 | 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 | 17 | 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* | 18 | 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* | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 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* | 21 | 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? *If "Yes," complete Schedule I, Parts I and III* | 22 | X | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J.* | 23 | X | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a* | 24a | X | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | X |
| 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? | 24c | X | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | X |
| 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? *If "Yes," complete Schedule L, Part I* | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I* | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II* | 26 | X | |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III* | 27 | | 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? *If "Yes," complete Schedule L, Part IV* | 28a | | X |
| b | A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV* | 28b | X | |
| c | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV* | 28c | | X |
| 29 | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | 29 | X | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | 30 | X | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | 32 | | 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? *If "Yes," complete Schedule R, Part I* | 33 | X | |
| 34 | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1* | 34 | X | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | 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)? *If "Yes," complete Schedule R, Part V, line 2* | 35b | X | |
| 36 | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | 36 | | 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? *If "Yes," complete Schedule R, Part VI* | 37 | | 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 | 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 [X]

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | 1a | 31929 | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 1b | NONE | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | 1c 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 40081 | | | |
| 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 | X | |
| 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 | X | |
| 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 | | 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

| | | | | 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. | 1a | 23 | | |
| b | Enter the number of voting members included on line 1a, above, who are independent . . . . . | 1b | 21 | | |
| 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? . . . . . | 2 | | | 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? . . . . | 3 | | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . | 4 | | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . | 5 | | | X |
| 6 | Did the organization have members or stockholders? . . . . . | 6 | | | 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? . . . . . | 7a | | | 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? . . . . . | 7b | | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| a | The governing body? . . . . . | 8a | | X | |
| b | Each committee with authority to act on behalf of the governing body? . . . . . | 8b | | 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.* . . . . . | 9 | | | 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? . . . . . | 10a | | 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? . | 11a | 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* . . . . . | 12a | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . | 12b | 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* . . . . . | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? . . . . . | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? . . . . . | 14 | 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 . . . . . | 15a | X | |
| b | Other officers or key employees of the organization . . . . . | 15b | 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? . . . . . | 16a | | 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 AK,CA,CO,MD,MA,MI,NH,OH,OK,OR,SC,WA,

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
JESSICA LEE YIM 615 WEST 131ST STREET, MC 8741 NEW YORK, NY 10027
212-853-4693

**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 . . . . . X

**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 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)** LAWRENCE GERALD LENKE | 60.00 | | | | | | | | | |
| PROFESSOR OF SURGERY | NONE | | | | | X | | 5,488,624. | NONE | 67,110. |
| **(2)** LEE C. BOLLINGER | 59.90 | | | | | | | | | |
| PRESIDENT (THROUGH 6/30/23) | 0.10 | X | | X | | | | 4,449,336. | NONE | 545,479. |
| **(3)** RONALD ARTHUR LEHMAN JR. | 60.00 | | | | | | | | | |
| PROFESSOR OF SURGERY | NONE | | | | | X | | 3,486,493. | NONE | 75,149. |
| **(4)** DAVID N. SILVERS | 60.00 | | | | | | | | | |
| CLINICAL PROFESSOR | NONE | | | | | X | | 3,299,692. | NONE | 64,947. |
| **(5)** EMILE BACHA | 60.00 | | | | | | | | | |
| PROFESSOR OF SURGERY | NONE | | | | | X | | 3,185,826. | NONE | 107,226. |
| **(6)** CRAIG SMITH | 60.00 | | | | | | | | | |
| PROFESSOR OF SURGERY | NONE | | | | | X | | 3,138,478. | NONE | 65,641. |
| **(7)** KIM LEW | 60.00 | | | | | | | | | |
| CEO OF IMC | NONE | | | | X | | | 2,924,686. | NONE | 58,653. |
| **(8)** AMELIA ALVERSON | 60.00 | | | | | | | | | |
| EXEC VP - UNIV DVLP&ALUM RLTS | NONE | | | | X | | | 1,672,378. | NONE | 43,036. |
| **(9)** ANIL RUSTGI | 60.00 | | | | | | | | | |
| INT EVP SCI (THROUGH 2/28/22) | NONE | | | | X | | | 1,677,949. | NONE | 34,553. |
| **(10)** KATRINA ARMSTRONG | 60.00 | | | | | | | | | |
| EVP HEALTH SCIENCES | NONE | | | | X | | | 1,298,570. | NONE | 32,791. |
| **(11)** LEE GOLDMAN | 60.00 | | | | | | | | | |
| EVP HEALTH SCIENCES (FORMER) | NONE | | | | | | X | 1,032,244. | NONE | 61,525. |
| **(12)** GERALD M. ROSBERG | 59.90 | | | | | | | | | |
| SENIOR EXEC VICE PRESIDENT | 0.10 | | | X | | | | 1,022,603. | NONE | 60,769. |
| **(13)** MARY BOYCE | 59.90 | | | | | | | | | |
| PROVOST (THROUGH 6/30/23) | 0.10 | | | X | | | | 960,178. | NONE | 58,473. |
| **(14)** JANE E. BOOTH | 60.00 | | | | | | | | | |
| CHF LEGAL OFF (AS OF 1/1/23) | NONE | | | X | | | | 957,108. | NONE | 56,783. |

**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) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (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) ANNE R. SULLIVAN | 59.80 | | | | | | | | | |
| EXECUTIVE VP FOR FINANCE & IT | 0.20 | | | X | | | | 916,480. | NONE | 62,074. |
| ( 16) AMY HUNGERFORD | 59.90 | | | | | | | | | |
| EXEC VP-A&S | 0.10 | | | | X | | | 894,126. | NONE | 69,915. |
| ( 17) IRA KATZNELSON | 60.00 | | | | | | | | | |
| INT PROVOST (FORMER) | NONE | | | | | | X | 759,266. | NONE | 65,401. |
| ( 18) PETER HOLLAND | 60.00 | | | | | | | | | |
| CEO/EVP IMC (FORMER) | NONE | | | | | | X | 763,422. | NONE | 24,086. |
| ( 19) JOHN COATSWORTH | 60.00 | | | | | | | | | |
| PROVOST (FORMER) | NONE | | | | | | X | 673,834. | NONE | 70,926. |
| ( 20) DAVID GREENBERG | 60.00 | | | | | | | | | |
| EXEC VP FACILITIES | NONE | | | | X | | | 630,977. | NONE | 62,731. |
| ( 21) FELICE ROSAN | 60.00 | | | | | | | | | |
| GENERAL COUNSEL (AS OF 1/1/23) | NONE | | | X | | | | 512,152. | NONE | 103,098. |
| ( 22) JEROME DAVIS | 60.00 | | | | | | | | | |
| SECRETARY | NONE | | | X | | | | 485,226. | NONE | 62,288. |
| ( 23) ROLANDO T. ACOSTA | 4.00 | | | | | | | | | |
| TRUSTEE | NONE | X | | | | | | NONE | NONE | NONE |
| ( 24) ANDREW BARTH | 4.00 | | | | | | | | | |
| TRUSTEE | NONE | X | | | | | | NONE | NONE | NONE |
| ( 25) LISA CARNOY | 4.00 | | | | | | | | | |
| TRUSTEE (THROUGH 9/4/22) | NONE | X | | | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | 40,229,648. | NONE | 1,852,654. |
| **c Total from continuation sheets to Part VII, Section A** ▶ | | | | | | | | NONE | NONE | NONE |
| **d Total (add lines 1b and 1c)** ▶ | | | | | | | | 40,229,648. | NONE | 1,852,654. |

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 ▶ 7,757

| | | Yes | No |
|---|---|---|---|
| 3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* | 3 | | |
| 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* | 4 | | |
| 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* | 5 | | |

**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 in compensation from the organization ▶

**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) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (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 | | | |
| (26) DEAN DAKOLIAS | 4.00 | | | | | | | | | |
| TRUSTEE | NONE | X | | | | | | NONE | NONE | NONE |
| (27) DUCHESNE DREW | 4.00 | | | | | | | | | |
| TRUSTEE | NONE | X | | | | | | NONE | NONE | NONE |
| (28) ABIGAIL ELBAUM | 4.00 | | | | | | | | | |
| TRUSTEE | NONE | X | | | | | | NONE | NONE | NONE |
| (29) MARK GALLOGLY | 4.00 | | | | | | | | | |
| TRUSTEE | NONE | X | | | | | | NONE | NONE | NONE |
| (30) KEITH GOGGIN | 4.00 | | | | | | | | | |
| TRUSTEE | NONE | X | | | | | | NONE | NONE | NONE |
| (31) JOSEPH A. GREENAWAY, JR | 4.00 | | | | | | | | | |
| TRUSTEE | NONE | X | | | | | | NONE | NONE | NONE |
| (32) DAVID GREENWALD | 4.00 | | | | | | | | | |
| TRUSTEE | NONE | X | | | | | | NONE | NONE | NONE |
| (33) KIKKA HANAZAWA | 4.00 | | | | | | | | | |
| TRUSTEE (AS OF 3/4/23) | NONE | X | | | | | | NONE | NONE | NONE |
| (34) WANDA HOLLAND GREENE | 4.00 | | | | | | | | | |
| TRUSTEE | NONE | X | | | | | | NONE | NONE | NONE |
| (35) JEH JOHNSON | 4.00 | | | | | | | | | |
| TRUSTEE | NONE | X | | | | | | NONE | NONE | NONE |
| (36) JONATHAN LAVINE | 4.00 | | | | | | | | | |
| TRUSTEE | NONE | X | | | | | | NONE | NONE | NONE |
| **1b Sub-total** ▶ | | | | | | | | | | |
| **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, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* | | |
| 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* | | |
| 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* | | |

**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 in compensation from the organization ▶

**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) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (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 | | | |
| (37) LU LI | 4.00 | | | | | | | | | |
| TRUSTEE | NONE | X | | | | | | NONE | NONE | NONE |
| (38) VICTOR MENDELSON | 4.00 | | | | | | | | | |
| TRUSTEE | NONE | X | | | | | | NONE | NONE | NONE |
| (39) ADAM PRITZKER | 4.00 | | | | | | | | | |
| TRUSTEE | NONE | X | | | | | | NONE | NONE | NONE |
| (40) JONATHAN ROSAND | 4.00 | | | | | | | | | |
| TRUSTEE | NONE | X | | | | | | NONE | NONE | NONE |
| (41) SHOSHANA SHENDELMAN | 4.00 | | | | | | | | | |
| TRUSTEE (AS OF 9/5/22) | NONE | X | | | | | | NONE | NONE | NONE |
| (42) CLAIRE SHIPMAN | 4.00 | | | | | | | | | |
| TRUSTEE | NONE | X | | | | | | NONE | NONE | NONE |
| (43) KATHY SURACE-SMITH | 4.00 | | | | | | | | | |
| TRUSTEE | NONE | X | | | | | | NONE | NONE | NONE |
| (44) FERMI WANG | 4.00 | | | | | | | | | |
| TRUSTEE | NONE | X | | | | | | NONE | NONE | NONE |
| (45) SHIRLEY WANG | 4.00 | | | | | | | | | |
| TRUSTEE | NONE | X | | | | | | NONE | NONE | NONE |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Sub-total ▶ | | | | | | | | | | |
| 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, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* | 3 | 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* | 4 | 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* | 5 | | 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 |
|---|---|---|
| SEE SCHEDULE O | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 339

## 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 | 6,490,280. | | | |
| | d | Related organizations | 1d | | | | |
| | e | Government grants (contributions) | 1e | 1,227,651,527. | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 722,743,769. | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g | $ 58,924,153. | | | |
| | h | **Total.** Add lines 1a-1f | | | 1,956,885,576. | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2a | TUITION & FEES | 611600 | 2,043,667,649. | 2,043,667,649. | | |
| | b | OTHER EDUCATION & RESEARCH | 541700 | 230,005,050. | 230,005,050. | | |
| | c | PATIENT CARE REVENUE | 621110 | 1,622,587,921. | 1,622,587,921. | | |
| | d | AUXILIARY ENTERPRISES | 900099 | 236,523,386. | 232,099,794. | 4,423,592. | |
| | e | OTHER SOURCES | 900099 | 1,533,607. | 1,533,607. | | |
| | f | All other program service revenue | | | | | |
| | g | **Total.** Add lines 2a-2f | | 4,134,317,613. | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 97,027,125. | | | 97,027,125. |
| | 4 | Income from investment of tax-exempt bond proceeds | | NONE | | | |
| | 5 | Royalties | | 16,793,717. | | | 16,793,717. |
| | | | (i) Real | (ii) Personal | | | |
| | 6a | Gross rents 6a | 196,715,354. | | | | |
| | b | Less: rental expenses 6b | 166,195,924. | | | | |
| | c | Rental income or (loss) 6c | 30,519,430. | NONE | | | |
| | d | Net rental income or (loss) | | | 30,519,430. | | 30,519,430. |
| | | | (i) Securities | (ii) Other | | | |
| | 7a | Gross amount from sales of assets other than inventory 7a | 3,298,623,770. | | | | |
| | b | Less: cost or other basis and sales expenses 7b | 2,971,770,427. | | | | |
| | c | Gain or (loss) 7c | 326,853,343. | | | | |
| | d | Net gain or (loss) | | | 326,853,343. | | 326,853,343. |
| | 8a | Gross income from fundraising events (not including $ 6,490,280. of contributions reported on line 1c). See Part IV, line 18 8a | 1,543,936. | | | | |
| | b | Less: direct expenses 8b | 1,169,214. | | | | |
| | c | Net income or (loss) from fundraising events | | | 374,722. | | 374,722. |
| | 9a | Gross income from gaming activities. See Part IV, line 19 9a | NONE | | | | |
| | b | Less: direct expenses 9b | NONE | | | | |
| | c | Net income or (loss) from gaming activities | | | NONE | | |
| | 10a | Gross sales of inventory, less returns and allowances 10a | NONE | | | | |
| | b | Less: cost of goods sold 10b | NONE | | | | |
| | c | Net income or (loss) from sales of inventory | | | NONE | | |
| Miscellaneous Revenue | | | Business Code | | | | |
| | 11a | PARTNERSHIP INCOME | 900099 | 92,071,151. | | 10,375,040. | 81,696,111. |
| | b | | | | | | |
| | c | | | | | | |
| | d | All other revenue | | | | | |
| | e | **Total.** Add lines 11a-11d | | 92,071,151. | | | |
| | 12 | **Total revenue.** See instructions | | 6,654,842,677. | 4,129,894,021. | 14,798,632. | 553,264,448. |

## 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 | 162,425,097. | 162,425,097. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 681,977,173. | 681,977,173. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 32,961,185. | 32,961,185. | | |
| 4 Benefits paid to or for members | NONE | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 17,185,712. | 994,042. | 16,191,670. | |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 4,005,915. | 3,241,197. | 764,718. | |
| 7 Other salaries and wages | 3,134,965,908. | 2,907,319,959. | 160,974,509. | 66,671,440. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 218,943,830. | 203,045,196. | 11,242,347. | 4,656,287. |
| 9 Other employee benefits | 356,431,095. | 268,773,394. | 65,803,166. | 21,854,535. |
| 10 Payroll taxes | 167,272,216. | 155,125,722. | 8,589,109. | 3,557,385. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | NONE | | | |
| b Legal | 52,248,250. | | 52,248,250. | |
| c Accounting | 2,246,565. | | 2,246,565. | |
| d Lobbying | 510,000. | | 510,000. | |
| e Professional fundraising services. See Part IV, line 17 | 1,341,873. | | | 1,341,873. |
| f Investment management fees | 3,180,524. | | 3,180,524. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) | 317,721,905. | 277,332,309. | 32,338,671. | 8,050,925. |
| 12 Advertising and promotion | 9,225,629. | 7,320,337. | 373,954. | 1,531,338. |
| 13 Office expenses | 286,644,355. | 269,117,310. | 12,673,818. | 4,853,227. |
| 14 Information technology | 44,562,887. | 25,488,662. | 16,893,063. | 2,181,162. |
| 15 Royalties | NONE | | | |
| 16 Occupancy | 272,009,176. | 255,556,268. | 14,154,217. | 2,298,691. |
| 17 Travel | 77,963,099. | 68,797,666. | 7,459,748. | 1,705,685. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | NONE | | | |
| 19 Conferences, conventions, and meetings | 79,785,678. | 67,651,352. | 4,806,015. | 7,328,311. |
| 20 Interest | 67,183,136. | 62,171,274. | 4,286,284. | 725,578. |
| 21 Payments to affiliates | NONE | | | |
| 22 Depreciation, depletion, and amortization | 331,177,772. | 306,471,910. | 21,129,142. | 3,576,720. |
| 23 Insurance | 46,938,380. | 41,220,823. | 5,717,557. | |
| 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 LIBRARY | 31,093,679. | 31,093,679. | | |
| b BANK AND CREDIT CARD FEES | 7,576,583. | 6,364,261. | 1,202,529. | 9,793. |
| c DUES & SUBSCRIPTIONS | 11,605,006. | 9,193,552. | 2,061,014. | 350,440. |
| d UNRELATED BUS INCOME TAX EXP | 1,156,238. | | 1,156,238. | |
| e All other expenses | 16,013,075. | 8,082,354. | 6,524,256. | 1,406,465. |
| 25 **Total functional expenses.** Add lines 1 through 24e | 6,436,351,941. | 5,851,724,722. | 452,527,364. | 132,099,855. |
| 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 ☐ 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 . . . . . X

| | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|
| Assets | 1 | Cash - non-interest-bearing | NONE | 1 | NONE |
| | 2 | Savings and temporary cash investments | 1,559,576,853. | 2 | 1,227,761,753. |
| | 3 | Pledges and grants receivable, net | 709,641,119. | 3 | 703,796,525. |
| | 4 | Accounts receivable, net | 458,905,226. | 4 | 527,572,164. |
| | 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 | 9,340,194. | 5 | 9,278,134. |
| | 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) | 160,000. | 6 | 160,000. |
| | 7 | Notes and loans receivable, net | 88,418,435. | 7 | 79,790,801. |
| | 8 | Inventories for sale or use | 2,080,955. | 8 | 2,144,360. |
| | 9 | Prepaid expenses and deferred charges | 62,739,413. | 9 | 70,097,752. |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 11208644779. | | | |
| | b | Less: accumulated depreciation — 10b: 5167916516. | 6,068,977,881. | 10c | 6,040,728,263. |
| | 11 | Investments - publicly traded securities . . . SEE SCHEDULE O | 784,331,933. | 11 | 1,398,072,357. |
| | 12 | Investments - other securities. See Part IV, line 11 | 12608152082. | 12 | 12617614427. |
| | 13 | Investments - program-related. See Part IV, line 11 | NONE | 13 | NONE |
| | 14 | Intangible assets | NONE | 14 | NONE |
| | 15 | Other assets. See Part IV, line 11 | 837,900,569. | 15 | 874,126,397. |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 33) | 23190224660. | 16 | 23551142933. |
| Liabilities | 17 | Accounts payable and accrued expenses | 422,608,863. | 17 | 440,458,379. |
| | 18 | Grants payable | NONE | 18 | NONE |
| | 19 | Deferred revenue | 412,073,645. | 19 | 391,329,117. |
| | 20 | Tax-exempt bond liabilities | 1,537,091,146. | 20 | 1,773,909,121. |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | NONE | 21 | NONE |
| | 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 | NONE | 22 | NONE |
| | 23 | Secured mortgages and notes payable to unrelated third parties | NONE | 23 | NONE |
| | 24 | Unsecured notes and loans payable to unrelated third parties | 779,456,920. | 24 | 629,937,394. |
| | 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 | 1,636,987,724. | 25 | 1,632,704,671. |
| | 26 | **Total liabilities.** Add lines 17 through 25 | 4,788,218,298. | 26 | 4,868,338,682. |
| Net Assets or Fund Balances | | **Organizations that follow FASB ASC 958, check here** X **and complete lines 27, 28, 32, and 33.** | | | |
| | 27 | Net assets without donor restrictions | 8,308,092,943. | 27 | 8,387,507,385. |
| | 28 | Net assets with donor restrictions | 10093913419. | 28 | 10295296866. |
| | | **Organizations that do not follow FASB ASC 958, check here** ☐ **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 | 18402006362. | 32 | 18682804251. |
| | 33 | Total liabilities and net assets/fund balances | 23190224660. | 33 | 23551142933. |

## Part XI Reconciliation of Net Assets

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

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 6,654,842,677. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 6,436,351,941. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 218,490,736. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 18,402,006,362. |
| 5 | Net unrealized gains (losses) on investments | 5 | 144,069,481. |
| 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 | -81,762,328. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 18,682,804,251. |

## Part XII Financial Statements and Reporting

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

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ 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? | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | X | |
| | 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: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis | | | |
| 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? | 2c | X | |
| | 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? | 3a | 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 | 3b | X | |

**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

**2022**

**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK | 13-5598093 |

**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? Yes | (iv) No | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| (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) 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.") | 1,626,034,525. | 1,795,585,528. | 1,820,200,959. | 1,954,178,309. | 1,956,885,576. | 9,152,884,897. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | NONE |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | NONE |
| 4 **Total.** Add lines 1 through 3 | 1,626,034,525. | 1,795,585,528. | 1,820,200,959. | 1,954,178,309. | 1,956,885,576. | 9,152,884,897. |
| 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) | | | | | | NONE |
| 6 **Public support.** Subtract line 5 from line 4 | | | | | | 9,152,884,897. |

## 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 | 1,626,034,525. | 1,795,585,528. | 1,820,200,959. | 1,954,178,309. | 1,956,885,576. | 9,152,884,897. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 295,302,324. | 262,129,223. | 206,771,230. | 233,688,529. | 310,536,196. | 1,308,427,502. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | 20,007,543. | 14,798,632. | 34,806,175. |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .SEE.SURP.PAGE | 108,427,118. | 143,690,985. | 102,136,227. | 59,849,310. | 81,696,111. | 495,799,751. |
| 11 **Total support.** Add lines 7 through 10 | | | | | | 10,991,918,325. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 18,113,625,670. |

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 2022 (line 6, column (f), divided by line 11, column (f)) | 14 | 83.27 % |
| 15 Public support percentage from 2021 Schedule A, Part II, line 14 | 15 | 82.97 % |

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 ☒

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 ☐

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 ☐

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 ☐

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) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 **Total.** Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year | | | | | | |
| 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) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less 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 2022 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2021 Schedule A, Part III, line 15 | 16 | % |

## Section D. Computation of Investment Income Percentage

| | | |
|---|---|---|
| 17 Investment income percentage for **2022** (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from **2021** Schedule A, Part III, line 17 | 18 | % |

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**

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

**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 ☐ 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).*

| | | | Yes | No |
|---|---|---|---|---|
| 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 ☐ 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.)

SCHEDULE A, PART II - OTHER INCOME

| DESCRIPTION | 2018 | 2019 | 2020 | 2021 | 2022 | TOTAL |
|---|---|---|---|---|---|---|
| OTHER INCOME | 108,427,118. | 143,690,985. | 102,136,227. | 59,849,310. | 81,696,111. | 495,799,751. |
| TOTALS | 108,427,118. | 143,690,985. | 102,136,227. | 59,849,310. | 81,696,111. | 495,799,751. |

**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

THE TRUSTEES OF COLUMBIA UNIVERSITY
IN THE CITY OF NEW YORK

**Employer identification number**

13-5598093

**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**

[ ] 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**

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

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

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

**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 THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK

Employer identification number 13-5598093

**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 | N/A | $ 52,940,845. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| | | $ | Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| | | $ | Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| | | $ | Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| | | $ | Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |
| | | $ | Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.) |

Name of organization THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK

Employer identification number 13-5598093

**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 |
|---|---|---|---|
| | | $ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | $ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | $ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | $ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | $ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | $ | |

Name of organization THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK

Employer identification number 13-5598093

**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 information once. See instructions.) $ _____

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 |
|---|---|
| | |

| (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 |
|---|---|
| | |

| (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 |
|---|---|
| | |

| (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 |
|---|---|
| | |

**SCHEDULE C** (Form 990)

Department of the Treasury
Internal Revenue Service

# Political Campaign and Lobbying Activities

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

**Complete if the organization is described below.** **Attach to Form 990 or Form 990-EZ.**
**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| Name of organization | Employer identification number |
|---|---|
| THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK | 13-5598093 |

## Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."

2 Political campaign activity expenditures. See instructions . . . . . $

3 Volunteer hours for political campaign activities. See instructions . . . . . .

## Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . ☐ Yes ☐ No

4a Was a correction made? . . . . . ☐ Yes ☐ No

b If "Yes," describe in Part IV.

## Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . $

4 Did the filing organization file **Form 1120-POL** for this year? . . . . . ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|---|---|---|---|---|---|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

**Part II-A** **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals |
|---|---|---|
| 1a Total lobbying expenditures to influence public opinion (grassroots lobbying) | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | |
| d Other exempt purpose expenditures | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | |

| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: |
|---|---|
| Not over $500,000 | 20% of the amount on line 1e. |
| Over $500,000 but not over $1,000,000 | $100,000 plus 15% of the excess over $500,000. |
| Over $1,000,000 but not over $1,500,000 | $175,000 plus 10% of the excess over $1,000,000. |
| Over $1,500,000 but not over $17,000,000 | $225,000 plus 5% of the excess over $1,500,000. |
| Over $17,000,000 | $1,000,000. |

| | | |
|---|---|---|
| g Grassroots nontaxable amount (enter 25% of line 1f) | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | | |

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

**4-Year Averaging Period Under Section 501(h)**

**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)**

**Lobbying Expenditures During 4-Year Averaging Period**

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) Total |
|---|---|---|---|---|---|
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

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

| *For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.* | (a) Yes | (a) No | (b) Amount |
|---|---|---|---|
| 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | | X | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | X | | |
| c Media advertisements? | | X | |
| d Mailings to members, legislators, or the public? | | X | |
| e Publications, or published or broadcast statements? | | X | |
| f Grants to other organizations for lobbying purposes? | X | | 15,514. |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | X | | 20,555. |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | X | |
| i Other activities? | X | | 510,000. |
| j Total. Add lines 1c through 1i | | | 546,069. |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | X | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

**Part III-A** **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | 1 | | |
| 2 | Did the organization make only in-house lobbying expenditures of $2,000 or less? | 2 | | |
| 3 | Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? | 3 | | |

**Part III-B** **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

| | | | |
|---|---|---|---|
| 1 | Dues, assessments and similar amounts from members | 1 | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).** | | |
| a | Current year | 2a | |
| b | Carryover from last year | 2b | |
| c | Total | 2c | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? | 4 | |
| 5 | Taxable amount of lobbying and political expenditures. See instructions | 5 | |

**Part IV** **Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

**Part IV Supplemental Information** *(continued)*

SCHEDULE C, PART II-B

LINE 1A - VOLUNTEERS: N/A

LINE 1B - PAID STAFF OR MANAGEMENT: THE UNIVERSITY HAS OFFICES OF GOVERNMENT AND COMMUNITY AFFAIRS AT BOTH ITS MORNINGSIDE AND MEDICAL CENTER CAMPUSES WHOSE FUNCTION IS TO KEEP THE UNIVERSITY COMMUNITY INFORMED ABOUT NATIONAL, STATE, AND LOCAL LEGISLATION AND POLICY THAT HAS AN IMPACT ON THE UNIVERSITY AND, WHEN APPROPRIATE, TO ADVOCATE FOR THE UNIVERSITY'S INTERESTS WITH RESPECT TO THIS POLICY. EMPLOYEES REGULARLY INVOLVED IN THESE ACTIVITIES INCLUDE BUT ARE NOT LIMITED TO: EXECUTIVE VICE PRESIDENT FOR PUBLIC AFFAIRS; VICE PRESIDENT FOR GOVERNMENT & COMMUNITY AFFAIRS; ASSOCIATE VICE PRESIDENT FOR GOVERNMENT AFFAIRS; THE EXECUTIVE VICE PRESIDENT FOR HEALTH SCIENCES; VICE PRESIDENT AND ASSOCIATE DEAN FOR GOVERNMENT AND COMMUNITY AFFAIRS, COLUMBIA UNIVERSITY IRVING MEDICAL CENTER; ASSOCIATE VICE PRESIDENT FOR GOVERNMENT AND COMMUNITY AFFAIRS, COLUMBIA UNIVERSITY IRVING MEDICAL CENTER; DIRECTOR OF GOVERNMENT AFFAIRS, AND THE ASSISTANT DIRECTOR FOR GOVERNMENT AFFAIRS.

LINE 1C - MEDIA ADVERTISEMENTS: N/A

LINE 1D - MAILINGS TO MEMBERS, LEGISLATORS OR THE PUBLIC: N/A

LINE 1E - PUBLICATIONS, OR PUBLISHED OR BROADCAST STATEMENTS: N/A

LINE 1F - GRANTS TO OTHER ORGANIZATIONS FOR LOBBYING PURPOSES: THE

**Part IV Supplemental Information** *(continued)*

UNIVERSITY BELONGS TO CERTAIN HIGHER EDUCATION TRADE ASSOCIATIONS. A SMALL PORTION OF THE MEMBERSHIP FEES PAID TO CERTAIN OF THESE ORGANIZATIONS GOES TO SUPPORT LOBBYING-RELATED ACTIVITIES. THESE FEES ARE REGULARLY REPORTED ON THE UNIVERSITY'S LOBBYING DISCLOSURE FILINGS.

LINE 1G - DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS, GOVERNMENT OFFICIALS, OR A LEGISLATIVE BODY: THE PRESIDENT, THE EXECUTIVE VICE PRESIDENT FOR PUBLIC AFFAIRS, THE VICE PRESIDENT FOR GOVERNMENT & COMMUNITY AFFAIRS, THE ASSOCIATE VICE PRESIDENT FOR GOVERNMENT AFFAIRS, THE DIRECTOR OF GOVERNMENT AFFAIRS, THE ASSISTANT DIRECTOR FOR GOVERNMENT AFFAIRS, AMONG OTHER COLUMBIA UNIVERSITY EMPLOYEES, CONTACTED FEDERAL, STATE, AND LOCAL LEGISLATORS AND THEIR STAFFS ON HIGHER EDUCATION ISSUES. THE EXECUTIVE VICE PRESIDENT FOR HEALTH SCIENCE; THE VICE PRESIDENT AND ASSOCIATE DEAN FOR GOVERNMENT AND COMMUNITY AFFAIRS, COLUMBIA UNIVERSITY IRVING MEDICAL CENTER; AND OTHER COLUMBIA UNIVERSITY IRVING MEDICAL CENTER EMPLOYEES CONTACTED FEDERAL, STATE AND LOCAL LEGISLATORS AND THEIR STAFFS ON HIGHER EDUCATION ISSUES, HEALTH SCIENCE ISSUES AND OTHER ISSUES AFFECTING ACADEMIC MEDICAL CENTERS. THE AMOUNTS SHOWN ON LINE 1G REFLECT PAID STAFF AND MANAGEMENT ACTIVITIES.

LINE 1H - RALLIES, DEMONSTRATIONS, SEMINARS, CONVENTIONS, SPEECHES, LECTURES OR ANY OTHER MEANS: N/A

LINE 1I - OTHER ACTIVITIES: DURING THE REPORTING PERIOD, THE UNIVERSITY RETAINED OUTSIDE FIRMS FOR CONSULTING AND ADVOCACY AT THE FEDERAL, STATE AND LOCAL LEVELS OF GOVERNMENT. THE AMOUNTS SHOWN ON LINE 1I INCLUDE AMOUNTS PAID TO SUCH OUTSIDE FIRMS FOR ALL ACTIVITIES CONDUCTED BY SUCH

**Part IV Supplemental Information** *(continued)*

FIRMS, INCLUDING CERTAIN OF THE ACTIVITIES DESCRIBED ABOVE AND GENERAL ADVISORY SERVICES TO THE UNIVERSITY IN CONNECTION WITH ITS LOBBYING AND GOVERNMENTAL RELATIONS ACTIVITIES.

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

2022

**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK | 13-5598093 |

## 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 | 17 | |
| 2 | Aggregate value of contributions to (during year) | 3,810,489. | |
| 3 | Aggregate value of grants from (during year) | 10,040,884. | |
| 4 | Aggregate value at end of year | 31,250,230. | |

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.

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

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 in (a) | 2c |
| d | Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 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 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense 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 [X] Public exhibition
b [X] Scholarly research
c [X] Preservation for future generations
d [X] 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? [X] 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 | 13,279,846,000. | 14,349,970,000. | 11,257,021,000. | 10,950,738,000. | 10,869,245,000. |
| b Contributions | 470,230,000. | 588,591,000. | 366,226,000. | 400,986,000. | 307,537,000. |
| c Net investment earnings, gains, and losses | 620,473,000. | -997,276,000. | 3,364,720,000. | 562,702,000. | 418,416,000. |
| d Grants or scholarships | 159,593,000. | 143,170,000. | 138,726,000. | 141,393,000. | 137,178,000. |
| e Other expenditures for facilities and programs | 530,298,000. | 469,279,000. | 454,306,000. | 472,489,000. | 468,970,000. |
| f Administrative expenses | 37,991,000. | 48,990,000. | 44,965,000. | 43,523,000. | 38,312,000. |
| g End of year balance | 13,642,667,000. | 13,279,846,000. | 14,349,970,000. | 11,257,021,000. | 10,950,738,000. |

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

a Board designated or quasi-endowment 33.0100 %
b Permanent endowment 32.7500 %
c Term endowment 34.2400 %

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 |
|---|---|---|
| 3a(i) (i) Unrelated organizations | X | |
| 3a(ii) (ii) Related organizations | | X |
| 3b 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 | | 536,855,073. | | 536,855,073. |
| b Buildings | | 8186428500. | 4039884627. | 4,146,543,873. |
| c Leasehold improvements | | | | |
| d Equipment | | 742,364,676. | 522,233,738. | 220,130,938. |
| e Other | 1,742,996,530. | | 605,798,151. | 1,137,198,379. |
| **Total.** Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* | | | | 6,040,728,263. |

**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) GLOBAL EQUITIES | 2,762,469,642. | FMV |
| (B) ABSOLUTE RETURN STRATEGIES | 3,933,259,603. | FMV |
| (C) PRIVATE EQUITY | 3,549,788,992. | FMV |
| (D) REAL ESTATE ASSETS | 1,887,985,913. | FMV |
| (E) FIXED INCOME | 220,569,784. | FMV |
| (F) CASH & CASH EQUIVALENTS | 263,540,493. | FMV |
| (G) | | |
| (H) | | |
| Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* | 12617614427. | |

**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, 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) CAPITAL LEASE OBLIGATIONS | 133,650,152. |
| (3) COND'L ASSET RETIREMENT OBLIGA | 134,789,834. |
| (4) ACCRUED EMPLOYEE BENEFIT LIAB. | 490,377,650. |
| (5) FEDERAL STUDENT LOAN FUNDS | 28,930,382. |
| (6) ACTUARIAL LIAB- SPLIT INT AGRM | 59,042,915. |
| (7) OTHER LONG TERM LIABILITIES | 785,913,738. |
| (8) | |
| (9) | |
| Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* | 1,632,704,671. |

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.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| a | Net unrealized gains (losses) on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | |
| 3 | Subtract line **2e** from line **1** | | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)* | | | 5 | |

**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.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| a | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | |
| 3 | Subtract line **2e** from line **1** | | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)* | | | 5 | |

**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.

SEE SUPPLEMENTAL PAGE

**Part XIII Supplemental Information** *(continued)*

DETAIL OF UNIVERSITY COLLECTIONS/TEXT OF AUDIT FOOTNOTE

SCHEDULE D, PART III, LINES 1A, 2A & 4

THE UNIVERSITY'S COLLECTIONS INCLUDE WORKS OF ART, LITERARY WORKS, HISTORICAL TREASURES AND ARTIFACTS MAINTAINED IN THE UNIVERSITY'S LIBRARIES AND MUSEUMS. THESE COLLECTIONS ARE PROTECTED AND PRESERVED FOR PUBLIC EXHIBITION, EDUCATION, RESEARCH, AND THE FURTHERANCE OF PUBLIC SERVICE. PROCEEDS REALIZED FROM DEACCESSIONING COLLECTION ITEMS ARE TO BE USED FOR THE ACQUISITION OF NEW ITEMS FOR THE UNIVERSITY'S COLLECTION AND/OR ENHANCING THE LIFE, USEFULNESS OR QUALITY OF THE EXISTING COLLECTION THROUGH LONG-TERM DIRECT CARE AND PRESERVATION, WHICH INCLUDES CONSERVATION CARE, CATALOGING AND DOCUMENTING AND PROPER ACCESS AND USE OF THE COLLECTION. ACCORDINGLY, SUCH COLLECTIONS ARE NOT CAPITALIZED AND CONTRIBUTED ITEMS ARE NOT RECOGNIZED AS REVENUE FOR FINANCIAL STATEMENT PURPOSES.

INTENDED USE OF ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

COLUMBIA UNIVERSITY'S ENDOWMENT FUNDS SUPPORT A RANGE OF PURPOSES IN ACCORDANCE WITH THE UNIVERSITY'S MISSION, INCLUDING: FINANCIAL AID; FACULTY SALARIES AND SUPPORT; RESEARCH; CAPITAL PROJECTS; GENERAL SUPPORT OF THE UNIVERSITY, SCHOOLS, DEPARTMENTS, INSTITUTES AND CENTERS.

**Part XIII Supplemental Information** *(continued)*

FIN 48

SCHEDULE D, PART X, LINE 2

THE UNIVERSITY DOES NOT INCLUDE A LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740) IN ITS FINANCIAL STATEMENTS AS IT IS IMMATERIAL AND DOES NOT HAVE AN IMPACT ON THE STATEMENTS. THE UNIVERSITY BELIEVES THAT ITS TAX POSITIONS OF FIN 48 ARE HIGHLY CERTAIN.

**SCHEDULE E (Form 990)**

Department of the Treasury
Internal Revenue Service

# Schools

**Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**

**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: THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK

Employer identification number: 13-5598093

## Part I

| | | | YES | NO |
|---|---|---|---|---|
| 1 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | 1 | X | |
| 2 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | 2 | X | |
| 3 | Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II | 3 | X | |
| | SEE SUPPLEMENTAL PAGE | | | |
| 4 | Does the organization maintain the following? | | | |
| a | Records indicating the racial composition of the student body, faculty, and administrative staff? | 4a | X | |
| b | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 4b | X | |
| c | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | 4c | X | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? | 4d | X | |
| | If you answered "No" to any of the above, please explain. If you need more space, use Part II. | | | |
| 5 | Does the organization discriminate by race in any way with respect to: | | | |
| a | Students' rights or privileges? | 5a | | X |
| b | Admissions policies? | 5b | | X |
| c | Employment of faculty or administrative staff? | 5c | | X |
| d | Scholarships or other financial assistance? | 5d | | X |
| e | Educational policies? | 5e | | X |
| f | Use of facilities? | 5f | | X |
| g | Athletic programs? | 5g | | X |
| h | Other extracurricular activities? | 5h | | X |
| | If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. | | | |
| 6a | Does the organization receive any financial aid or assistance from a governmental agency? | 6a | X | |
| b | Has the organization's right to such aid ever been revoked or suspended? | 6b | | X |
| | If you answered "Yes" on either line 6a or line 6b, explain on Part II. | | | |
| 7 | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering racial nondiscrimination? If "No," explain on Part II | 7 | X | |

**Part II** **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

SCHEDULE E, LINE 3

COLUMBIA UNIVERSITY CUSTOMARILY DRAWS A SUBSTANTIAL PERCENTAGE OF ITS STUDENTS FROM ACROSS THE NATION AND THE WORLD. ITS EDUCATIONAL PROGRAMS SEEK A BROAD CROSS-SECTION OF STUDENTS FROM THE METROPOLITAN AREA. IT FOLLOWS A RACIALLY NONDISCRIMINATORY POLICY OF ADMISSION AND INCLUDES A STATEMENT OF ITS RACIALLY NONDISCRIMINATORY POLICY TOWARDS STUDENTS IN ALL SCHOOL AND PROGRAM BULLETINS. IT ALSO REFERS TO THIS POLICY IN ALL WRITTEN ADVERTISING. IT THEREFORE MEETS THE CRITERIA UNDER REV. PROC. 75-50, SECTION 4.03-2(B)FOR EXEMPTION FROM THE PUBLICITY REQUIREMENTS OF SECTION 4.03-1.

SCHEDULE E, LINE 6A

COLUMBIA UNIVERSITY RECEIVES FEDERAL, STATE AND LOCAL GOVERNMENTAL FUNDING THAT SUPPORTS ITS CORE PROGRAMMATIC ACTIVITIES INCLUDING INSTRUCTIONAL AND RESEARCH PROGRAMS.

**SCHEDULE F (Form 990)**

Department of the Treasury
Internal Revenue Service

# Statement of Activities Outside the United States

**Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**
**Attach to Form 990.**
**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK

**Employer identification number** 13-5598093

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|---|---|---|---|---|
| (1) ANTARCTICA | | 1 | PROGRAM SERVICES | EDUC/RESEARCH/OUTREACH | 90. |
| (2) CENTRAL AMERICA/CARIBBEAN | 4 | 167 | PROGRAM SERVICES | EDUC/RESEARCH/OUTREACH | 4,450,457. |
| (3) CENTRAL AMERICA/CARIBBEAN | | | GRANTMAKING | | 24,076. |
| (4) CENTRAL AMERICA/CARIBBEAN | | | INVESTMENTS | | 6,541,523,351. |
| (5) EAST ASIA AND THE PACIFIC | 9 | 464 | PROGRAM SERVICES | EDUC/RESEARCH/OUTREACH | 7,810,460. |
| (6) EAST ASIA AND THE PACIFIC | | | GRANTMAKING | | 918,638. |
| (7) EAST ASIA AND THE PACIFIC | | | FUNDRAISING | | 258,723. |
| (8) EAST ASIA AND THE PACIFIC | | | INVESTMENTS | | 5,594,163. |
| (9) EUROPE | 14 | 2,321 | PROGRAM SERVICES | EDUC/RESEARCH/OUTREACH | 19,688,603. |
| (10) EUROPE | | | GRANTMAKING | | 8,257,167. |
| (11) EUROPE | | | FUNDRAISING | | 575,424. |
| (12) EUROPE | | | INVESTMENTS | | 665,528,795. |
| (13) MIDDLE EAST AND NORTH AFRICA | 3 | 223 | PROGRAM SERVICES | EDUC/RESEARCH/OUTREACH | 3,891,957. |
| (14) MIDDLE EAST AND NORTH AFRICA | | | GRANTMAKING | | 165,265. |
| (15) MIDDLE EAST AND NORTH AFRICA | | | FUNDRAISING | | 58,764. |
| (16) MIDDLE EAST AND NORTH AFRICA | | | INVESTMENTS | | 697,286. |
| (17) NORTH AMERICA | | 468 | PROGRAM SERVICES | EDUC/RESEARCH/OUTREACH | 1,632,865. |
| 3a Subtotal . . . . . | | | | | |
| b Total from continuation sheets to Part I . . . . . | | | | | |
| c **Totals** (add lines 3a and 3b) | | | | | |

**SCHEDULE F (Form 990)**

Department of the Treasury
Internal Revenue Service

# Statement of Activities Outside the United States

**Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**
**Attach to Form 990.**
**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization

**Employer identification number**

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|---|---|---|---|---|
| (1) NORTH AMERICA | | | GRANTMAKING | | 1,815,831. |
| (2) NORTH AMERICA | | | FUNDRAISING | | 3,639. |
| (3) NORTH AMERICA | | | INVESTMENTS | | 125,252,645. |
| (4) RUSSIA/INDEPENDENT STATES | 4 | 123 | PROGRAM SERVICES | EDUC/RESEARCH/OUTREACH | 3,927,339. |
| (5) RUSSIA/INDEPENDENT STATES | | | GRANTMAKING | | 253,374. |
| (6) SOUTH AMERICA | 3 | 237 | PROGRAM SERVICES | EDUC/RESEARCH/OUTREACH | 3,981,638. |
| (7) SOUTH AMERICA | | | GRANTMAKING | | 2,526,687. |
| (8) SOUTH ASIA | 4 | 173 | PROGRAM SERVICES | EDUC/RESEARCH/OUTREACH | 1,855,272. |
| (9) SOUTH ASIA | | | GRANTMAKING | | 781,795. |
| (10) SOUTH ASIA | | | FUNDRAISING | | 27,901. |
| (11) SUB-SAHARAN AFRICA | 47 | 2,603 | PROGRAM SERVICES | EDUC/RESEARCH/OUTREACH | 143,599,881. |
| (12) SUB-SAHARAN AFRICA | | | GRANTMAKING | | 18,218,352. |
| (13) SUB-SAHARAN AFRICA | | | INVESTMENTS | | 5,213,918. |
| (14) | | | | | |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| 3a Subtotal . . . . . | 30 | 3,644. | | | 7,261,076,084. |
| b Total from continuation sheets to Part I . . . . . | 58. | 3,136. | | | 307,458,272. |
| c **Totals** (add lines 3a and 3b) | 88. | 6,780. | | | 7,568,534,356. |

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|---|---|---|---|---|---|---|---|---|
| (1) | | | SUB-SAHARAN AFRICA | RESEARCH | 103,822. | CHECK/WIRE | | | |
| (2) | | | SUB-SAHARAN AFRICA | RESEARCH | 44,000. | CHECK/WIRE | | | |
| (3) | | | SOUTH ASIA | RESEARCH | 433,642. | CHECK/WIRE | | | |
| (4) | | | MIDDLE EAST/NORTH AFRICA | RESEARCH | 9,871. | CHECK/WIRE | | | |
| (5) | | | SOUTH AMERICA | RESEARCH | 216,159. | CHECK/WIRE | | | |
| (6) | | | SUB-SAHARAN AFRICA | RESEARCH | 8,000. | CHECK/WIRE | | | |
| (7) | | | EUROPE | RESEARCH | 8,069. | CHECK/WIRE | | | |
| (8) | | | SUB-SAHARAN AFRICA | RESEARCH | 68,314. | CHECK/WIRE | | | |
| (9) | | | SUB-SAHARAN AFRICA | RESEARCH | 52,684. | CHECK/WIRE | | | |
| (10) | | | NORTH AMERICA | RESEARCH | 190,917. | CHECK/WIRE | | | |
| (11) | | | SUB-SAHARAN AFRICA | RESEARCH | 326,368. | CHECK/WIRE | | | |
| (12) | | | NORTH AMERICA | RESEARCH | 306,711. | CHECK/WIRE | | | |
| (13) | | | SUB-SAHARAN AFRICA | RESEARCH | 70,198. | CHECK/WIRE | | | |
| (14) | | | NORTH AMERICA | RESEARCH | 71,385. | CHECK/WIRE | | | |
| (15) | | | CENT. AMERICA/CARIBBEAN | RESEARCH | 24,076. | CHECK/WIRE | | | |
| (16) | | | EAST ASIA/PACIFIC | RESEARCH | 15,273. | CHECK/WIRE | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ▶ 129

3 Enter total number of other organizations or entities . . . . . ▶ NONE

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|---|---|---|---|---|---|---|---|---|
| (1) | | | EUROPE | RESEARCH | 24,867. | CHECK/WIRE | | | |
| (2) | | | SOUTH AMERICA | RESEARCH | 13,035. | CHECK/WIRE | | | |
| (3) | | | EUROPE | RESEARCH | 537,584. | CHECK/WIRE | | | |
| (4) | | | EUROPE | RESEARCH | 628,754. | CHECK/WIRE | | | |
| (5) | | | EUROPE | RESEARCH | 117,811. | CHECK/WIRE | | | |
| (6) | | | EUROPE | RESEARCH | 21,107. | CHECK/WIRE | | | |
| (7) | | | SOUTH ASIA | RESEARCH | 37,281. | CHECK/WIRE | | | |
| (8) | | | EUROPE | RESEARCH | 28,781. | CHECK/WIRE | | | |
| (9) | | | SUB-SAHARAN AFRICA | RESEARCH | 57,205. | CHECK/WIRE | | | |
| (10) | | | EUROPE | RESEARCH | 119,570. | CHECK/WIRE | | | |
| (11) | | | SUB-SAHARAN AFRICA | PROGRAM SERV | 5,259. | CHECK/WIRE | | | |
| (12) | | | NORTH AMERICA | RESEARCH | 75,227. | CHECK/WIRE | | | |
| (13) | | | NORTH AMERICA | RESEARCH | 45,387. | CHECK/WIRE | | | |
| (14) | | | EUROPE | RESEARCH | 31,724. | CHECK/WIRE | | | |
| (15) | | | EUROPE | PROGRAM SERV | 86,000. | CHECK/WIRE | | | |
| (16) | | | EUROPE | RESEARCH | 15,500. | CHECK/WIRE | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ▶

3 Enter total number of other organizations or entities . . . . . ▶

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|---|---|---|---|---|---|---|---|---|
| (1) | | | EUROPE | RESEARCH | 53,395. | CHECK/WIRE | | | |
| (2) | | | SOUTH ASIA | RESEARCH | 299,857. | CHECK/WIRE | | | |
| (3) | | | EUROPE | RESEARCH | 130,484. | CHECK/WIRE | | | |
| (4) | | | SUB-SAHARAN AFRICA | RESEARCH | 10,421. | CHECK/WIRE | | | |
| (5) | | | EUROPE | RESEARCH | 90,066. | CHECK/WIRE | | | |
| (6) | | | SUB-SAHARAN AFRICA | RESEARCH | 240,170. | CHECK/WIRE | | | |
| (7) | | | SUB-SAHARAN AFRICA | RESEARCH | 101,843. | CHECK/WIRE | | | |
| (8) | | | EUROPE | RESEARCH | 50,766. | CHECK/WIRE | | | |
| (9) | | | EUROPE | RESEARCH | 8,016. | CHECK/WIRE | | | |
| (10) | | | EUROPE | RESEARCH | 335,640. | CHECK/WIRE | | | |
| (11) | | | EUROPE | RESEARCH | 82,447. | CHECK/WIRE | | | |
| (12) | | | EUROPE | RESEARCH | 305,467. | CHECK/WIRE | | | |
| (13) | | | EAST ASIA/PACIFIC | RESEARCH | 123,501. | CHECK/WIRE | | | |
| (14) | | | NORTH AMERICA | RESEARCH | 449,924. | CHECK/WIRE | | | |
| (15) | | | RUSSIA/NEWLY IND. STATES | RESEARCH | 26,046. | CHECK/WIRE | | | |
| (16) | | | SUB-SAHARAN AFRICA | RESEARCH | 123,778. | CHECK/WIRE | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ▶

3 Enter total number of other organizations or entities . . . . . ▶

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|---|---|---|---|---|---|---|---|---|
| (1) | | | SOUTH ASIA | RESEARCH | 11,016. | CHECK/WIRE | | | |
| (2) | | | EUROPE | RESEARCH | 172,800. | CHECK/WIRE | | | |
| (3) | | | EUROPE | RESEARCH | 80,559. | CHECK/WIRE | | | |
| (4) | | | SUB-SAHARAN AFRICA | RESEARCH | 37,919. | CHECK/WIRE | | | |
| (5) | | | EUROPE | RESEARCH | 49,211. | CHECK/WIRE | | | |
| (6) | | | EAST ASIA/PACIFIC | RESEARCH | 28,500. | CHECK/WIRE | | | |
| (7) | | | NORTH AMERICA | RESEARCH | 24,616. | CHECK/WIRE | | | |
| (8) | | | SUB-SAHARAN AFRICA | RESEARCH | 133,478. | CHECK/WIRE | | | |
| (9) | | | EUROPE | RESEARCH | 121,396. | CHECK/WIRE | | | |
| (10) | | | EUROPE | RESEARCH | 1,070,350. | CHECK/WIRE | | | |
| (11) | | | EAST ASIA/PACIFIC | RESEARCH | 14,400. | CHECK/WIRE | | | |
| (12) | | | NORTH AMERICA | RESEARCH | 297,838. | CHECK/WIRE | | | |
| (13) | | | NORTH AMERICA | RESEARCH | 11,361. | CHECK/WIRE | | | |
| (14) | | | MIDDLE EAST/NORTH AFRICA | RESEARCH | 101,697. | CHECK/WIRE | | | |
| (15) | | | MIDDLE EAST/NORTH AFRICA | RESEARCH | 53,697. | CHECK/WIRE | | | |
| (16) | | | NORTH AMERICA | RESEARCH | 6,117. | CHECK/WIRE | | | |

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3 Enter total number of other organizations or entities . . . . . ▶

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|---|---|---|---|---|---|---|---|---|
| (1) | | | NORTH AMERICA | RESEARCH | 30,000. | CHECK/WIRE | | | |
| (2) | | | SUB-SAHARAN AFRICA | RESEARCH | 39,622. | CHECK/WIRE | | | |
| (3) | | | EUROPE | RESEARCH | 156,368. | CHECK/WIRE | | | |
| (4) | | | SOUTH AMERICA | RESEARCH | 163,865. | CHECK/WIRE | | | |
| (5) | | | EUROPE | RESEARCH | 38,016. | CHECK/WIRE | | | |
| (6) | | | EUROPE | RESEARCH | 133,745. | CHECK/WIRE | | | |
| (7) | | | NORTH AMERICA | RESEARCH | 76,103. | CHECK/WIRE | | | |
| (8) | | | EUROPE | RESEARCH | 15,745. | CHECK/WIRE | | | |
| (9) | | | EUROPE | RESEARCH | 1,801,483. | CHECK/WIRE | | | |
| (10) | | | EUROPE | RESEARCH | 115,223. | CHECK/WIRE | | | |
| (11) | | | NORTH AMERICA | RESEARCH | 203,220. | CHECK/WIRE | | | |
| (12) | | | SUB-SAHARAN AFRICA | RESEARCH | 1,083,789. | CHECK/WIRE | | | |
| (13) | | | EUROPE | RESEARCH | 58,534. | CHECK/WIRE | | | |
| (14) | | | EAST ASIA/PACIFIC | RESEARCH | 83,490. | CHECK/WIRE | | | |
| (15) | | | SUB-SAHARAN AFRICA | RESEARCH | 163,124. | CHECK/WIRE | | | |
| (16) | | | EUROPE | RESEARCH | 69,487. | CHECK/WIRE | | | |

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3 Enter total number of other organizations or entities . . . . . ▶

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|---|---|---|---|---|---|---|---|---|
| (1) | | | EAST ASIA/PACIFIC | RESEARCH | 329,806. | CHECK/WIRE | | | |
| (2) | | | SUB-SAHARAN AFRICA | RESEARCH | 165,716. | CHECK/WIRE | | | |
| (3) | | | EUROPE | RESEARCH | 1,331,284. | CHECK/WIRE | | | |
| (4) | | | EUROPE | RESEARCH | 266,492. | CHECK/WIRE | | | |
| (5) | | | EUROPE | RESEARCH | 22,000. | CHECK/WIRE | | | |
| (6) | | | SUB-SAHARAN AFRICA | RESEARCH | 67,038. | CHECK/WIRE | | | |
| (7) | | | SUB-SAHARAN AFRICA | RESEARCH | 478,830. | CHECK/WIRE | | | |
| (8) | | | SUB-SAHARAN AFRICA | EDU/RESEARCH | | | 10,763. | EQUIPMENT | BOOK VALUE |
| (9) | | | SUB-SAHARAN AFRICA | EDU/RESEARCH | | | 36,584. | EQUIPMENT | BOOK VALUE |
| (10) | | | SUB-SAHARAN AFRICA | EDU/RESEARCH | | | 91,401. | EQUIPMENT | BOOK VALUE |
| (11) | | | SUB-SAHARAN AFRICA | EDU/RESEARCH | | | 319,788. | EQUIPMENT | BOOK VALUE |
| (12) | | | SUB-SAHARAN AFRICA | EDU/RESEARCH | | | 16,154. | EQUIPMENT | BOOK VALUE |
| (13) | | | SUB-SAHARAN AFRICA | EDU/RESEARCH | | | 24,435. | EQUIPMENT | BOOK VALUE |
| (14) | | | SUB-SAHARAN AFRICA | EDU/RESEARCH | | | 304,016. | EQUIPMENT | BOOK VALUE |
| (15) | | | SUB-SAHARAN AFRICA | EDU/RESEARCH | | | 19,538. | EQUIPMENT | BOOK VALUE |
| (16) | | | SUB-SAHARAN AFRICA | EDU/RESEARCH | | | 183,288. | EQUIPMENT | BOOK VALUE |

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3 Enter total number of other organizations or entities . . . . . ▶

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|---|---|---|---|---|---|---|---|---|
| (1) | | | SUB-SAHARAN AFRICA | EDU/RESEARCH | | | 65,000. | EQUIPMENT | BOOK VALUE |
| (2) | | | SUB-SAHARAN AFRICA | EDU/RESEARCH | | | 45,755. | EQUIPMENT | BOOK VALUE |
| (3) | | | SUB-SAHARAN AFRICA | EDU/RESEARCH | | | 42,626. | EQUIPMENT | BOOK VALUE |
| (4) | | | SUB-SAHARAN AFRICA | EDU/RESEARCH | | | 7,218. | EQUIPMENT | BOOK VALUE |
| (5) | | | SOUTH AMERICA | EDU/RESEARCH | | | 27,960. | EQUIPMENT | BOOK VALUE |
| (6) | | | SUB-SAHARAN AFRICA | EDU/RESEARCH | | | 17,880. | EQUIPMENT | BOOK VALUE |
| (7) | | | SUB-SAHARAN AFRICA | EDU/RESEARCH | | | 47,916. | EQUIPMENT | BOOK VALUE |
| (8) | | | SUB-SAHARAN AFRICA | EDU/RESEARCH | | | 35,005. | EQUIPMENT | BOOK VALUE |
| (9) | | | SUB-SAHARAN AFRICA | EDU/RESEARCH | | | 42,626. | EQUIPMENT | BOOK VALUE |
| (10) | | | SUB-SAHARAN AFRICA | EDU/RESEARCH | | | 32,958. | EQUIPMENT | BOOK VALUE |
| (11) | | | SUB-SAHARAN AFRICA | EDU/RESEARCH | | | 12,584. | EQUIPMENT | BOOK VALUE |
| (12) | | | SUB-SAHARAN AFRICA | EDU/RESEARCH | | | 10,086. | EQUIPMENT | BOOK VALUE |
| (13) | | | SUB-SAHARAN AFRICA | EDU/RESEARCH | | | 5,500. | EQUIPMENT | BOOK VALUE |
| (14) | | | SUB-SAHARAN AFRICA | EDU/RESEARCH | | | 107,810. | EQUIPMENT | BOOK VALUE |
| (15) | | | SUB-SAHARAN AFRICA | EDU/RESEARCH | | | 23,063. | EQUIPMENT | BOOK VALUE |
| (16) | | | SUB-SAHARAN AFRICA | EDU/RESEARCH | | | 159,365. | EQUIPMENT | BOOK VALUE |

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3 Enter total number of other organizations or entities . . . . . ▶

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|---|---|---|---|---|---|---|---|---|
| (1) | | | SUB-SAHARAN AFRICA | EDU/RESEARCH | | | 37,521. | EQUIPMENT | BOOK VALUE |
| (2) | | | SUB-SAHARAN AFRICA | EDU/RESEARCH | 209,715. | CHECK/WIRE | | | |
| (3) | | | SOUTH AMERICA | EDU/RESEARCH | 1,175,199. | CHECK/WIRE | | | |
| (4) | | | SUB-SAHARAN AFRICA | EDU/RESEARCH | 208,944. | CHECK/WIRE | | | |
| (5) | | | SUB-SAHARAN AFRICA | EDU/RESEARCH | 183,897. | CHECK/WIRE | | | |
| (6) | | | RUSSIA/NEWLY IND. STATES | EDU/RESEARCH | 227,328. | CHECK/WIRE | | | |
| (7) | | | SUB-SAHARAN AFRICA | EDU/RESEARCH | 144,079. | CHECK/WIRE | | | |
| (8) | | | SUB-SAHARAN AFRICA | EDU/RESEARCH | 184,833. | CHECK/WIRE | | | |
| (9) | | | EAST ASIA/PACIFIC | EDU/RESEARCH | 309,668. | CHECK/WIRE | | | |
| (10) | | | SOUTH AMERICA | EDU/RESEARCH | 920,469. | CHECK/WIRE | | | |
| (11) | | | SUB-SAHARAN AFRICA | EDU/RESEARCH | 69,923. | CHECK/WIRE | | | |
| (12) | | | SUB-SAHARAN AFRICA | EDU/RESEARCH | 2,922,702. | CHECK/WIRE | | | |
| (13) | | | SUB-SAHARAN AFRICA | EDU/RESEARCH | 69,844. | CHECK/WIRE | | | |
| (14) | | | SUB-SAHARAN AFRICA | EDU/RESEARCH | 7,192,723. | CHECK/WIRE | | | |
| (15) | | | SUB-SAHARAN AFRICA | EDU/RESEARCH | 1,653,730. | CHECK/WIRE | | | |
| (16) | | | SUB-SAHARAN AFRICA | EDU/RESEARCH | 275,878. | CHECK/WIRE | | | |

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3 Enter total number of other organizations or entities . . . . . ▶

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|---|---|---|---|---|---|---|---|---|
| (1) | | | EUROPE | PROGRAM SERV | 50,000. | CHECK/WIRE | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |
| (8) | | | | | | | | | |
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| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ▶

3 Enter total number of other organizations or entities . . . . . ▶

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

| | (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---|---|---|---|---|---|---|---|---|
| (1) | MARIA MOORS CABOT PRIZES | NORTH AMERICA | 4 | 15,000. | CHECK/WIRE | | | |
| (2) | DOCTORAL MOBILITY | EUROPE/ICELAND/GREENLAND | 4 | 8,750. | CHECK/WIRE | | | |
| (3) | FELLOWSHIP | EUROPE/ICELAND/GREENLAND | 4 | 12,000. | CHECK/WIRE | | | |
| (4) | UNICC THINK-A-THON PRIZE | EAST ASIA/PACIFIC | 1 | 10,000. | CHECK/WIRE | | | |
| (5) | | | | | | | | |
| (6) | | | | | | | | |
| (7) | | | | | | | | |
| (8) | | | | | | | | |
| (9) | | | | | | | | |
| (10) | | | | | | | | |
| (11) | | | | | | | | |
| (12) | | | | | | | | |
| (13) | | | | | | | | |
| (14) | | | | | | | | |
| (15) | | | | | | | | |
| (16) | | | | | | | | |
| (17) | | | | | | | | |
| (18) | | | | | | | | |

## Part IV Foreign Forms

| | | | |
|---|---|---|---|
| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* | [X] Yes | [ ] No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* | [X] Yes | [ ] No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* | [X] Yes | [ ] No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* | [X] Yes | [ ] No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* | [X] Yes | [ ] No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* | [X] Yes | [ ] No |

**Part V** **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SUPPLEMENTAL INFORMATION

SCHEDULE F, PART I, LINE 2

ORGANIZATION'S PROCEDURES FOR MONITORING GRANT FUNDS

THE UNIVERSITY MAINTAINS A WRITTEN POLICY THAT GOVERNS THE MONITORING OF ALL SPONSORED PROJECT GRANT FUNDING. THIS POLICY IS CONTAINED IN THE SPONSORED PROJECTS HANDBOOK. THE POLICY STATES THAT THE PRIMARY OBLIGATION FOR THE DAY-TO-DAY MANAGEMENT OF SPONSORED PROJECTS AND INSURING COMPLIANCE WITH FEDERAL AND OTHER SPONSOR REGULATIONS IS THE RESPONSIBILITY OF THE PRINCIPAL INVESTIGATOR SUPPORTED, AS NECESSARY, BY HIS OR HER ADMINISTRATIVE STAFF. ADDITIONALLY, THE POLICY SPECIFIES THE FOLLOWING MONITORING PROCEDURES:

- MONTHLY ACCOUNT RECONCILIATION
- REVIEW OF SALARY AND BENEFIT CHARGES
- REVIEW OF VENDOR INVOICES
- REVIEW OF CHARGES INITIATED BY SERVICE OR RECHARGE CENTERS
- REVIEW OF FACILITIES AND ADMINISTRATIVE CHARGES

**Part V** **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

- MONITORING OF SUB-AWARDS THROUGH REVIEW OF CHARGES AND TECHNICAL PERFORMANCE REPORTS, CONDUCTING PERIODIC ONSITE VISITS, AND INITIATING AUDITS/REVIEWS WHEN NECESSARY.

EXPENDITURES RELATED TO FOREIGN ACTIVITY ARE GENERATED FROM A NUMBER OF SCHOOLS AND CENTERS AS WELL AS THROUGH CERTAIN CENTRAL ADMINISTRATIVE ACTIVITY. MOST OF THE ACTIVITY RELATES TO U.S. GOVERNMENT FUNDED PROGRAM SERVICES. OTHER ACTIVITY INCLUDES FACULTY AND STAFF TRAVEL FOR EDUCATIONAL, RESEARCH, FUNDRAISING AND OTHER PROGRAM SERVICES. NOT ALL OF THE OVERSEAS EXPENDITURES ARE SEPARATELY TRACKED AS FOREIGN ACTIVITY. THE AMOUNTS REPRESENTED ON SCHEDULE F REPRESENT THE UNIVERSITY'S GOOD FAITH EFFORTS TO CAPTURE AND CATEGORIZE FOREIGN ACTIVITY.

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FORM 990, SCHEDULE F, PART I, COLUMN (F) & PART II, LINE 1

COLUMBIA UNIVERSITY ACCOUNTS FOR ALL FOREIGN EXPENDITURES, INCLUDING CASH GRANTS AND NONCASH ASSISTANCE, ON THE ORGANIZATION'S FINANCIAL STATEMENTS IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES IN THE UNITED

**Part V** **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

STATES.

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FORM 990, SCHEDULE F, PART I, LINE 3 ACTIVITIES PER REGION

SCHEDULE F REPORTS $4.18 MILLION EXPENDED FOR PROGRAM SERVICES AND GRANTMAKING IN "RUSSIA AND THE NEWLY INDEPENDENT STATES", A GEOGRAPHIC DESIGNATION DEFINED IN THE FORM 990 INSTRUCTIONS TO INCLUDE ARMENIA, AZERBAIJAN, BELARUS, GEORGIA, KAZAKHSTAN, KYRGYZSTAN, MOLDOVA, RUSSIA, TAJIKISTAN, TURKMENISTAN, UKRAINE, AND UZBEKISTAN. THE MAJORITY OF THIS AMOUNT REFLECTS ACTIVITIES IN KAZAKHSTAN, KYRGYZSTAN, AND TAJIKISTAN. A MINOR AMOUNT, APPROXIMATELY $2,434, REPRESENTS FUNDS EXPENDED WITHIN RUSSIA IN CONNECTION WITH RESEARCH / ACADEMIC PROGRAMS AND TRAVEL DURING THE PERIOD ENDING JUNE 30, 2023.

**SCHEDULE G** (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

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

**Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization: THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK

**Employer identification number:** 13-5598093

**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 [X] Mail solicitations
- b [X] Internet and email solicitations
- c [X] Phone solicitations
- d [X] In-person solicitations
- e [X] Solicitation of non-government grants
- f [X] Solicitation of government grants
- g [X] 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? [X] **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? Yes | (iii) No | (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 |
|---|---|---|---|---|---|---|
| SEE SUPPLEMENT INFORMATION 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| **Total** | | | | 1,307,935. | 1,341,873. | -33,938. |

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.

AL,AK,AR,CA,CO,CT,DC,FL,GA,HI,IL,
KS,KY,ME,MD,MA,MI,MN,MS,MO,NH,NJ,NM,NY,NC,ND,OH,
OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI,

**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 MAILMAN GALA (event type) | (b) Event #2 CROWN AWARDS (event type) | (c) Other events 17 (total number) | (d) Total events (add col. (a) through col. (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross receipts | 3,125,444. | 1,612,800. | 3,295,972. | 8,034,216. |
| | 2 Less: Contributions | 2,247,798. | 1,521,540. | 2,720,942. | 6,490,280. |
| | 3 Gross income (line 1 minus line 2) | 877,646. | 91,260. | 575,030. | 1,543,936. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | 156,620. | 99,588. | | 256,208. |
| | 7 Food and beverages | | 122,690. | | 122,690. |
| | 8 Entertainment | | 36,041. | | 36,041. |
| | 9 Other direct expenses | 434,412. | 319,863. | | 754,275. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 1,169,214. |
| | 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | 374,722. |

**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 | ☐ Yes ____ % ☐ No | ☐ Yes ____ % ☐ No | ☐ Yes ____ % ☐ 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: _____

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 ▶ _____

15 a 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 explanation 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).

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

NAME:
EVENTAGE

ADDRESS:
18 SOUTH ORANGE AVE
SOUTH ORANGE, NJ 07079

ACTIVITY :
CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION?
NO

| | |
|---|---|
| GROSS RECEIPTS FROM ACTIVITY : | 433,475. |
| AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : | 822,696. |
| AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : | -389,221. |

NAME:
RUFFALO NOEL LEVITZ LLC

ADDRESS:
1025 KINKWOOD PARKWAY SW
CEDAR RAPIDS, IA 52404

ACTIVITY :
CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION?
NO

| | |
|---|---|
| GROSS RECEIPTS FROM ACTIVITY : | 448,944. |
| AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : | 496,948. |
| AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : | -48,004. |

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

NAME:
DONORDRIVE

ADDRESS:
30 WEST THIRD STREET
CINCINNATI, OH 45202

ACTIVITY :
CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION?
NO

| | |
|---|---|
| GROSS RECEIPTS FROM ACTIVITY : | 425,516. |
| AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : | 22,229. |
| AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : | 403,287. |

**SCHEDULE I**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

**Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.**

**Attach to Form 990.**

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

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK

**Employer identification number** 13-5598093

## Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

## Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| (1) ADELPHI UNIVERSITY<br>1 SOUTH AVE GARDEN CITY NY 11530 | 11-1630741 | 501(C)(3) | 8,898. | | | | RESEARCH |
| (2) ALBANY MEDICAL CENTER/COLLEGE<br>47 NEW SCOTLAND AVE ALBANY NY 12208 | 14-1338310 | 501(C)(3) | 419,104. | | | | RESEARCH |
| (3) ALBERT EINSTEIN COLLEGE OF MEDICINE<br>1300 MORRIS PARK AVE BRONX NY 10461 | 83-0621846 | 501(C)(3) | 2,381,151. | | | | RESEARCH |
| (4) ALLIANCE FOR GLOBAL JUSTICE<br>225 E 26TH ST, TUCSON AZ 85713 | 52-2094677 | 501(C)(3) | 8,000. | | | | RESEARCH |
| (5) AMERICAN ACADEMY OF PEDIATRICS<br>PO BOX 776442 CHICAGO IL 60677-6442 | 36-2275597 | 501(C)(3) | 7,573. | | | | RESEARCH |
| (6) AMERICAN MUSEUM OF NATURAL HISTORY<br>CENTRAL PARK W AT 79TH ST NY NY 10024 | 13-6162659 | 501(C)(3) | 128,599. | | | | RESEARCH |
| (7) AMERICAN UNIVERSITY OF BEIRUT<br>3DAG HAMMARKSJOLD PLZ,NY, NY 10017 | 13-5596846 | 501(C)(3) | 55,153. | | | | RESEARCH |
| (8) ANN & ROBERT H LURIE CHILDRENS HOSPITAL<br>225 E CHICAGO AVE, CHICAGO IL 60611 | 36-2170833 | 501(C)(3) | 259,937. | | | | RESEARCH |
| (9) ARIZONA STATE UNIVERSITY<br>PO BOX 876011 TEMPE AZ 85287-6011 | 86-0196696 | 501(C)(3) | 59,581. | | | | RESEARCH |
| (10) ARKANSAS CHILDRENS RESEARCH INSTITUTE<br>13 CHILDRENS WAY LITTLE ROCK AR 72202 | 71-0694931 | 501(C)(3) | 34,640. | | | | RESEARCH |
| (11) ASSOCIATION OF UNIVERSITIES FOR RESEARCH<br>3700 SAN MARTIN DRIVE BALTIMORE MD 21218 | 86-0138043 | 501(C)(3) | 47,543. | | | | RESEARCH |
| (12) ASSOCIATION TO BENEFIT CHILDREN<br>1841 PARK AVENUE NEW YORK NY 10035 | 13-3303089 | 501(C)(3) | 55,698. | | | | RESEARCH |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 416

3 Enter total number of other organizations listed in the line 1 table . . . . . NONE

**SCHEDULE I**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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**Employer identification number** 13-5598093

## Part I General Information on Grants and Assistance

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2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

## Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

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|---|---|---|---|---|---|---|---|
| (1) AVERA MCKENNAN<br>1325 S CLIFF AVE SIOUX FALLS SD 57105 | 46-0224743 | 501(C)(3) | 377,250. | | | | RESEARCH |
| (2) BALL STATE UNIVERSITY<br>2000 W UNIVERSITY AVE MUNCIE IN 47306 | 35-6000221 | GOVT | 8,231. | | | | RESEARCH |
| (3) BANNER SUN HEALTH RESEARCH INSTITUTE<br>901 E. WILLETTA STREET PHOENIX AZ 85006 | 45-0233470 | 501(C)(3) | 64,916. | | | | RESEARCH |
| (4) BARNARD COLLEGE<br>3009 BROADWAY NEW YORK NY 10027 | 13-1628149 | 501(C)(3) | 111,247. | | | | RESEARCH |
| (5) BATEMAN HORNE CENTER<br>24 SOUTH 1100 EAST SALT LAKE CITY UT 84102 | 87-0687610 | 501(C)(3) | 11,000. | | | | RESEARCH |
| (6) BATTELLE MEMORIAL INSTITUTE<br>PO BOX 84262 SEATTLE WA 98124-5562 | 31-4379427 | 501(C)(3) | 979,185. | | | | RESEARCH |
| (7) BAYLOR COLLEGE OF MEDICINE<br>6550 FANNIN HOUSTON TX 77030 | 74-1613878 | 501(C)(3) | 1,494,626. | | | | RESEARCH |
| (8) BAYLOR UNIVERSITY<br>ONE BEAR PLACE # 97334 WACO TX 76798 | 74-1159753 | 501(C)(3) | 24,199. | | | | RESEARCH |
| (9) BETH ISRAEL DEACONESS MEDICAL CENTER<br>RESEARCH FIN OFFICE OV-540 BOSTON MA 02215 | 04-2103881 | 501(C)(3) | 412,648. | | | | RESEARCH |
| (10) BIGELOW LABORATORY FOR OCEAN SCIENCES<br>PO BOX 380 E. BOOTHBAY ME 04544 | 01-6006001 | 501(C)(3) | 60,579. | | | | RESEARCH |
| (11) BIRMINGHAM AIDS OUTREACH INC<br>205 32ND STREET SOUTH BIRMINGHAM AL 35233 | 63-0948495 | 501(C)(3) | 56,623. | | | | RESEARCH |
| (12) BLOODWORKS<br>921 TERRY AVENUE SEATTLE WA 98104 | 91-1019655 | 501(C)(3) | 360,987. | | | | RESEARCH |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ____

3 Enter total number of other organizations listed in the line 1 table . . . . . ____

**SCHEDULE I**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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## Part I General Information on Grants and Assistance

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2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

## Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| (1) BOARD OF REGENTS OF THE NSHE OBO THE 2215 RAGGIO PARKWAY RENO NV 89512 | 88-6000024 | 501(C)(3) | 45,909. | | | | RESEARCH |
| (2) BOARD OF REGENTS OF THE UNIVERSITY OF OK PO BOX 26901 OKLAHOMA CITY OK 73126-0901 | 73-1377584 | 501(C)(3) | 97,747. | | | | RESEARCH |
| (3) BOARD OF TRUSTEES OF SANTA CLARA COLLEGE 500 EL CAMINO REAL SANTA CLARA CA 95050 | 94-1156617 | 501(C)(3) | 34,507. | | | | RESEARCH |
| (4) BOARD OF TRUSTEES OF THE LELAND STANFORD JU PO BOX 884253 LOS ANGELES CA 90088-4253 | 94-1156365 | 501(C)(3) | 1,011,912. | | | | RESEARCH |
| (5) BOSTON MEDICAL CENTER 960 MASS. AVE BOSTON MA 02118 | 04-3314093 | 501(C)(3) | 796,475. | | | | RESEARCH |
| (6) BOSTON UNIVERSITY PO BOX 28763 NEW YORK NY 10087 | 04-2103547 | 501(C)(3) | 1,214,482. | | | | RESEARCH |
| (7) BRANDEIS UNIVERSITY 415 SOUTH STREET WALTHAM MA 02454-9110 | 04-2103552 | 501(C)(3) | 107,426. | | | | RESEARCH |
| (8) BRIGHAM YOUNG UNIVERSITY 360 TNRB PROVO UT 84602 | 87-0217280 | 501(C)(3) | 76,402. | | | | RESEARCH |
| (9) BROOKHAVEN SCIENCE ASSOCIATES LLC 20 BROOKHAVEN AVE. BLDG 400D UPTON NY 11973 | 11-3403915 | GOVT | 8,493. | | | | RESEARCH |
| (10) BROWN UNIVERSITY 69 BROWN STREET PROVIDENCE RI 02912 | 05-0258809 | 501(C)(3) | 145,238. | 4,876. | BOOK VALUE | EQUIPMENT | EDU/RESEARCH |
| (11) BURKE MED RES INST 785 MAMARONECK AVE WHITE PLAINS NY 10605 | 13-1739937 | 501(C)(3) | 18,693. | | | | RESEARCH |
| (12) CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E. CALIFORNIA BLVD. PASADENA CA 91125 | 95-1643307 | 501(C)(3) | 558,665. | | | | RESEARCH |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ____

3 Enter total number of other organizations listed in the line 1 table . . . . . ____

**SCHEDULE I**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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## Part I General Information on Grants and Assistance

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|---|---|---|---|---|---|---|---|
| (1) CALLEN-LORDE COMMUNITY HEALTH CENTER<br>PO BOX 21226 NEW YORK NY 10087-1226 | 13-3409680 | 501(C)(3) | 96,418. | | | | RESEARCH |
| (2) CALYX SYSTEMS<br>51 HAMILTON PL. NEW YORK NY 10031 | 88-3758640 | 501(C)(3) | 87,550. | | | | RESEARCH |
| (3) CARNEGIE INST OF WA<br>5251 BROAD BRANCH RD WASHINGTON DC 20015 | 53-0196523 | 501(C)(3) | 46,161. | | | | RESEARCH |
| (4) CARNEGIE MELLON UNIVERSITY<br>PO BOX 371032M PITTSBURGH PA 15250-7032 | 25-0969449 | 501(C)(3) | 442,849. | | | | RESEARCH |
| (5) CASE WESTERN RESERVE UNIVERSITY<br>10900 EUCLID AVE CLEVELAND OH 44106-7037 | 34-1018992 | 501(C)(3) | 646,186. | | | | RESEARCH |
| (6) CEDAR SINAI MEDICAL CENTER<br>6500 WILSHIRE BLVD LOS ANGELES CA 90048 | 95-1644600 | 501(C)(3) | 293,140. | | | | RESEARCH |
| (7) CHARLES B WANG COMMUNITY HEALTH CENTER<br>268 CANAL STREET NEW YORK NY 10013 | 13-2739694 | 501(C)(3) | 77,250. | | | | RESEARCH |
| (8) CHESTNUT HEALTH SYSTEMS<br>1003 MLK DRIVE BLOOMINGTON, IL 61701 | 37-0964629 | 501(C)(3) | 63,537. | | | | RESEARCH |
| (9) CHILD MIND INSTITUTE<br>445 PARK AVENUE NEW YORK NY 10022 | 80-0478843 | 501(C)(3) | 78,967. | | | | RESEARCH |
| (10) CHILDRENS HOSPITAL BOSTON<br>PO BOX 414413 BOSTON MA 02241 | 04-2774441 | 501(C)(3) | 415,582. | | | | RESEARCH |
| (11) CHILDRENS HOSPITAL MEDICAL CENTER<br>3333 BURNET AVE, CINCINNATI OH 45229-3039 | 31-0833936 | 501(C)(3) | 226,412. | | | | RESEARCH |
| (12) CHILDRENS HOSPITAL OF LOS ANGELES<br>4650 SUNSET BLVD, LOS ANGELES CA 90027 | 95-1690977 | 501(C)(3) | 100,406. | | | | RESEARCH |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ____

3 Enter total number of other organizations listed in the line 1 table . . . . . ____

**SCHEDULE I**
**(Form 990)**

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|---|---|---|---|---|---|---|---|
| (1) CHILDRENS HOSPITAL OF PHILADELPHIA<br>3401 CIVIC CNTR BLVD PHILADELPHIA PA 19104 | 23-1352166 | 501(C)(3) | 315,052. | | | | RESEARCH |
| (2) CHILDRENS NATIONAL MEDICAL CENTER<br>1 INVENTA PL FL 3 SILVER SPRING MD 20910 | 52-1640403 | 501(C)(3) | 39,402. | | | | RESEARCH |
| (3) CHRISTIANA CARE HEALTH SYSTEM<br>200 HYGEIA DR. NEWARK DE 19713 | 51-0103684 | 501(C)(3) | 546,134. | | | | RESEARCH |
| (4) CITY COLLEGE OF NY<br>230 W 41ST ST, 7TH FL NEW YORK NY 10036 | 13-6000565 | GOVT | 193,637. | | | | RESEARCH |
| (5) CITY OF HOPE NATIONAL MEDICAL CENTER<br>1500 EAST DUARTE ROAD DUARTE CA 91010 | 95-1683875 | 501(C)(3) | 58,805. | | | | RESEARCH |
| (6) CIUDADANOS DEL KARSO INC<br>267 SIERRA MORENA SAN JUAN PR 00926-5583 | 66-0514059 | 501(C)(3) | 24,571. | | | | RESEARCH |
| (7) CLINICAL DIRECTORS NETWORK, INC.<br>5 WEST 37TH STREET NEW YORK NY 10018 | 14-1717344 | 501(C)(3) | 486,892. | | | | RESEARCH |
| (8) CODE FOR SCIENCE AND SOCIETY INC<br>3439 SE HAWTHORNE BLVD PORTLAND OR 97214 | 81-3791683 | 501(C)(3) | 155,895. | | | | RESEARCH |
| (9) COLD SPRING HARBOR LABORATORY<br>PO BOX 100 COLD SPRING HA NY 11724 | 11-2013303 | 501(C)(3) | 996,321. | | | | RESEARCH |
| (10) COLORADO STATE UNIVERSITY<br>2002 CAMPUS DELIVERY FORT COLLINS CO 80523 | 84-6000545 | 501(C)(3) | 223,036. | | | | RESEARCH |
| (11) COM AFFILIATION INC<br>1300 MORRIS PARK AVE BRONX NY 10461 | 47-2209056 | 501(C)(3) | 442,788. | | | | RESEARCH |
| (12) COMMUNITY OPPORTUNITY FUND<br>144 MAIN STREET COLD SPRING NY 10516 | 81-3704165 | 501(C)(3) | 385,078. | | | | RESEARCH |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ____

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**SCHEDULE I**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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|---|---|---|---|---|---|---|---|
| (1) COOPER HEALTH SYSTEM/COOPER UNIVERSITY<br>3 COOPER PLAZA CAMDEN NJ 08103 | 21-0634462 | 501(C)(3) | 275,394. | | | | RESEARCH |
| (2) CORNELL UNIVERSITY<br>PO BOX 22 1THACA NY 14851-0022 | 15-0532082 | 501(C)(3) | 966,377. | | | | RESEARCH |
| (3) DANA FARBER CANCER INSTITUTE<br>450 BROOKLINE AVE BOSTON MA 02215 | 04-2263040 | 501(C)(3) | 56,075. | | | | RESEARCH |
| (4) DARTMOUTH COLLEGE<br>11 ROPE FERRY ROAD #6210 HANOVER NH 03755 | 02-0222111 | 501(C)(3) | 23,097. | | | | RESEARCH |
| (5) DEPARTMENTS OF NYS STATE<br>42-09 28TH ST, LONG ISLAND CITY NY 11101 | 13-6400434 | GOVT | 28,046. | | | | RESEARCH |
| (6) DREXEL UNIVERSITY<br>PO BOX 95000-1090 PHILADELPHIA PA 19195 | 23-1352630 | 501(C)(3) | 173,346. | | | | RESEARCH |
| (7) DUKE UNIVERSITY<br>PO BOX 602651 CHARLOTTE NC 28260-2651 | 56-0532129 | 501(C)(3) | 1,272,660. | | | | RESEARCH |
| (8) EARTH AND SPACE RESEARCH<br>1107 NE 45TH ST SEATTLE WA 98105 | 91-1663391 | 501(C)(3) | 15,570. | | | | RESEARCH |
| (9) EMORY UNIVERSITY<br>PO BOX 935084 ATLANTA GA 31193 | 58-0566256 | 501(C)(3) | 269,995. | | | | RESEARCH |
| (10) FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH<br>PO BOX 95000-7530 PHILADELPHIA PA 19195 | 11-2673595 | 501(C)(3) | 731,588. | | | | RESEARCH |
| (11) FLORIDA ATLANTIC UNIVERSITY<br>PO BOX 198660 (LOCKBOX) ATLANTA GA 30384 | 65-0365507 | GOVT | 18,887. | | | | RESEARCH |
| (12) FLORIDA STATE UNIVERSITY<br>PO BOX 3064166 TALLAHASSEE FL 32306 | 59-1961248 | 501(C)(3) | 114,907. | | | | RESEARCH |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ____

3 Enter total number of other organizations listed in the line 1 table . . . . . ____

**SCHEDULE I**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

**Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.**

**Attach to Form 990.**

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

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK

**Employer identification number** 13-5598093

## Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

## Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| (1) FORDHAM UNIVERSITY<br>441 E FORDHAM ROAD BRONX NY 10458 | 13-1740451 | 501(C)(3) | 124,572. | | | | RESEARCH |
| (2) FOX CHASE CANCER CENTER<br>333 COTTMAN AVENUE PHILADELPHIA PA 19111 | 23-2003072 | 501(C)(3) | 184,536. | | | | RESEARCH |
| (3) FRED HUTCHINSON CANCER RESEARCH CENTER<br>1100 FAIRVIEW AVE N SEATTLE WA 98109-1024 | 23-7156071 | 501(C)(3) | 146,751. | | | | RESEARCH |
| (4) FRIENDS OF UNITED NATIONS POPULATION<br>605 THIRD AVENUE NEW YORK NY 10158-0180 | 13-3996346 | 501(C)(3) | 400,000. | | | | RESEARCH |
| (5) GEORGE MASON UNIVERSITY<br>4400 UNIVERSITY DRIVE FAIRFAX VA 22030 | 54-0836354 | 501(C)(3) | 251,559. | | | | RESEARCH |
| (6) GEORGE WASHINGTON UNIVERSITY<br>PO BOX 829896 PHILADELPHIA PA 19182-9896 | 53-0196584 | 501(C)(3) | 1,637,717. | | | | RESEARCH |
| (7) GEORGETOWN UNIVERSITY<br>BOX 571164 WASHINGTON DC 20057-1164 | 53-0196603 | 501(C)(3) | 802,312. | | | | RESEARCH |
| (8) GEORGIA INSTITUTE OF TECHNOLOGY<br>PO BOX 100117 ATLANTA GA 30384 | 58-0603146 | 501(C)(3) | 76,980. | | | | RESEARCH |
| (9) GREAT PLAINS TRIBAL LEADERS HEALTH BOARD<br>2611 ELDERBERRY BLVD RAPID CITY SD 57703 | 46-0420063 | 501(C)(3) | 62,075. | | | | RESEARCH |
| (10) H LEE MOFFITT CANCER CENTER INC<br>12902 MAGNOLIA DRIVE TAMPA FL 33612 | 59-3238634 | 501(C)(3) | 8,859. | | | | RESEARCH |
| (11) HACKENSACK UNIVERSITY MEDICAL CENTER<br>111 IDEATION WAY NUTLEY NJ 07710-5100 | 22-1487576 | 501(C)(3) | 404,706. | | | | RESEARCH |
| (12) HARBOR-UCLA RESEARCH & ED INST<br>1124 WEST CARSON STREET TORRANCE CA 90502 | 95-2138184 | 501(C)(3) | 25,138. | | | | RESEARCH |

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**SCHEDULE I**
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Department of the Treasury
Internal Revenue Service

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|---|---|---|---|---|---|---|---|
| (1) HARVARD UNIVERSITY<br>PO BOX 415649 BOSTON MA 02241 | 04-2103580 | 501(C)(3) | 1,779,539. | | | | RESEARCH |
| (2) HASTINGS CTR<br>21 MALCOLM GORDON RD GARRISON NY 10524-5555 | 13-2662222 | 501(C)(3) | 55,003. | | | | RESEARCH |
| (3) HEALTH PEOPLE INC<br>552 SOUTHERN BOULEVARD BRONX NY 10455 | 51-0418243 | 501(C)(3) | 117,828. | | | | RESEARCH |
| (4) HEALTH RESEARCH INCORPORATED<br>150 BROADWAY MENANDS NY 12204 | 14-1402155 | 501(C)(3) | 922,268. | | | | RESEARCH |
| (5) HEBREW HOME FOR THE AGED AT RIVERDALE<br>5901 PALISADE AVE RIVERDALE NY 10471 | 13-1739971 | 501(C)(3) | 591,959. | | | | RESEARCH |
| (6) HEBREW REHABILITATION CENTER<br>1200 CENTRE STREET BOSTON MA 02131 | 04-2104298 | 501(C)(3) | 21,270. | | | | RESEARCH |
| (7) HENRY JACKSON FOUNDATION<br>6720-A ROCKLEDGE DRIVE BETHESDA MD 20817 | 52-1317896 | 501(C)(3) | 1,287,271. | | | | RESEARCH |
| (8) HIGH POINT UNIVERSITY<br>ONE UNIVERSITY PARKWAY HIGH POINT NC 27268 | 56-0529999 | 501(C)(3) | 132,506. | | | | RESEARCH |
| (9) HOSPITAL FOR SPECIAL SURGERY<br>535 EAST 70TH STREET NEW YORK NY 10021 | 13-1624135 | 501(C)(3) | 37,830. | | | | RESEARCH |
| (10) HOWARD UNIVERSITY<br>2244 10TH STREET NW WASHINGTON DC 20059 | 53-0204707 | 501(C)(3) | 8,439. | | | | RESEARCH |
| (11) HUNTER COLLEGE<br>230 WEST 41ST ST, 7TH FL, NY NY 10036 | 13-6001027 | 501(C)(3) | 536,774. | | | | RESEARCH |
| (12) ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI<br>ONE GUSTAVE L LEVY PLACE NEW YORK NY 10029 | 13-6171197 | 501(C)(3) | 2,682,717. | | | | RESEARCH |

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**SCHEDULE I**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

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|---|---|---|---|---|---|---|---|
| (1) INDIANA UNIVERSITY<br>PO BOX 78000 DETROIT MI 48278-0867 | 35-6001673 | 501(C)(3) | 692,903. | | | | RESEARCH |
| (2) INST FOR ADVANCED STUDY<br>1 EINSTEIN DRIVE PRINCETON NJ 08540 | 21-0634968 | 501(C)(3) | 23,080. | | | | RESEARCH |
| (3) J DAVID GLADSTONE INSTITUTES<br>1650 OWENS ST, SAN FRANCISCO CA 94158-2261 | 23-7203666 | 501(C)(3) | 37,664. | | | | RESEARCH |
| (4) JAMES MADISON UNIVERSITY<br>738 SOUTH MASON ST, HARRISONBURG VA 22807 | 54-6001756 | 501(C)(3) | 36,870. | | | | RESEARCH |
| (5) JOHNS HOPKINS UNIVERSITY<br>12529 COLLECTIONS CTR DR, CHICAGO IL 60693 | 52-0595110 | 501(C)(3) | 2,666,144. | | | | RESEARCH |
| (6) KAISER FOUNDATION HOSPITALS<br>1800 HARRISON ST, OAKLAND CA 94612-3466 | 94-1105628 | 501(C)(3) | 1,266,813. | | | | RESEARCH |
| (7) KANSAS STATE UNIVERSITY<br>2323 ANDERSON AVE, MANHATTAN KS 66502 | 48-0771751 | 501(C)(3) | 37,062. | | | | RESEARCH |
| (8) KENNEDY HEALTHCARE FOUNDATION INC<br>1101 MARKET ST FL 29 PHILADELPHIA PA 19107 | 80-0550282 | 501(C)(3) | 265,803. | | | | RESEARCH |
| (9) KENT STATE UNIVERSITY<br>PO BOX 5190 KENT OH 44242 | 31-6402079 | 501(C)(3) | 37,930. | | | | RESEARCH |
| (10) KOTZEBUE IRA COUNCIL<br>PO BOX 296 KOTZEBUE AK 99752 | 92-0060128 | GOVT | 43,229. | | | | RESEARCH |
| (11) LA JOLLA INSTITUTE FOR ALLERGY<br>9420 ATHENA CIRCLE LA JOLLA CA 92037 | 33-0328688 | 501(C)(3) | 155,315. | | | | RESEARCH |
| (12) LAWRENCE LIVERMORE NATL SEC<br>PO BOX 5516 LIVERMORE CA 94551 | 20-5624386 | GOVT | 113,945. | | | | RESEARCH |

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**SCHEDULE I**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

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|---|---|---|---|---|---|---|---|
| (1) LITTLE SISTERS OF THE ASSUMPTION<br>333 EAST 115TH STREET NEW YORK NY 10029 | 13-2867881 | 501(C)(3) | 94,868. | | | | RESEARCH |
| (2) LOUISIANA STATE UNIVERSITY<br>OFFICE OF ACCOUNTING, BATON ROUGE, LA 70803 | 72-6000848 | 501(C)(3) | 12,661. | | | | RESEARCH |
| (3) LOYOLA UNIVERSITY OF CHICAGO<br>820 N MICHIGAN AVENUE CHICAGO IL 60611 | 36-1408475 | 501(C)(3) | 94,767. | | | | RESEARCH |
| (4) MARINE BIOLOGICAL LAB<br>PO BOX 3218 BOSTON MA 02241 | 04-2104690 | 501(C)(3) | 581,999. | | | | RESEARCH |
| (5) MASONIC MEDICAL RESEARCH INSTITUTE<br>2150 BLEECKER ST UTICA NY 13501 | 13-5648611 | 501(C)(3) | 16,698. | | | | RESEARCH |
| (6) MASSACHUSETTS EYE & EAR INFIRMARY<br>PO BOX 412356 BOSTON MA 02241 | 04-2103591 | 501(C)(3) | 12,062. | | | | RESEARCH |
| (7) MASSACHUSETTS GENERAL HOSPITAL<br>55 FRUIT STREET BOSTON MA 02241-3829 | 04-2697983 | 501(C)(3) | 1,719,080. | | | | RESEARCH |
| (8) MASSACHUSETTS INSTITUTE OF TECHNOLOGY<br>77 MASSACHUSETTS AVENUE CAMBRIDGE MA 02139 | 04-2103594 | 501(C)(3) | 1,542,106. | | | | RESEARCH |
| (9) MAYO CLINIC IN JACKSONVILLE<br>P.O. BOX 860334 MINNEAPOLIS MN 55486-0334 | 59-3337028 | 501(C)(3) | 109,331. | | | | RESEARCH |
| (10) MAYO CLINIC IN ROCHESTER<br>P.O. BOX 860334 MINNEAPOLIS MN 55486-0334 | 41-6011702 | 501(C)(3) | 278,525. | | | | RESEARCH |
| (11) MCLAUGHLIN RESEARCH INSTITUTE<br>1520 23RD ST S GREAT FALLS MT 59405 | 81-0459235 | 501(C)(3) | 214,374. | | | | RESEARCH |
| (12) MEDICAL COLLEGE OF WISCONSIN<br>PO BOX 26509 MILWAUKEE WI 53226-0509 | 39-0806261 | 501(C)(3) | 446,859. | | | | RESEARCH |

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|---|---|---|---|---|---|---|---|
| (1) MEDICAL UNIVERSITY OF SOUTH CAROLINA<br>1 SOUTH PARK CIRCLE CHARLESTON SC 29407 | 57-6000722 | 501(C)(3) | 1,267,398. | | | | RESEARCH |
| (2) MEDSTAR HEALTH RESEARCH INSTITUTE<br>PO BOX 418223 BOSTON MA 02241 | 52-6056274 | 501(C)(3) | 137,145. | | | | RESEARCH |
| (3) MEMORIAL SLOAN-KETTERING CANCER CENTER<br>PO BOX 27084 NEW YORK NY 10087 | 13-1924236 | 501(C)(3) | 1,123,414. | | | | RESEARCH |
| (4) MICHIGAN STATE UNIVERSITY<br>426 AUDITORIUM RD, EAST LANSING MI 48854 | 38-6005984 | 501(C)(3) | 1,594,162. | | | | RESEARCH |
| (5) MONTANA STATE UNIVERSITY<br>PO BOX 172470 BOZEMAN MT 59717-2470 | 81-6010045 | GOVT | 25,630. | | | | RESEARCH |
| (6) MONTCLAIR STATE UNIVERSITY<br>1 NORMAL AVENUE MONTCLAIR NJ 07043 | 22-6017209 | 501(C)(3) | 32,289. | | | | RESEARCH |
| (7) MOUNT SINAI MED CENTER OF FLORIDA INC<br>4300 ALTON ROAD WARNER BLDG MIAMI FL 33140 | 59-0624424 | 501(C)(3) | 29,787. | | | | RESEARCH |
| (8) MOUNT SINAI MEDICAL CTR<br>ONE GUSTAVE L LEVY PLACE NY NY 10029 | 13-1624096 | 501(C)(3) | 38,974. | | | | RESEARCH |
| (9) NATIONAL JEWISH MEDICAL AND RESEARCH<br>1400 JACKSON ST ROOM M213 DENVER CO 80206 | 74-2044647 | 501(C)(3) | 558,915. | | | | RESEARCH |
| (10) NATIONAL KIDNEY FOUNDATION INC<br>30 EAST 33RD STREET NEW YORK NY 10016 | 13-1673104 | 501(C)(3) | 65,582. | | | | RESEARCH |
| (11) NATIONAL NETWORK OF PUBLICH HEALTH<br>1100 POYDRAS ST, NEW ORLEANS, LA 70163 | 72-1505359 | 501(C)(3) | 14,916. | | | | RESEARCH |
| (12) NEW JERSEY INSTITUTE OF TECHNOLOGY<br>323 MARTIN LUTHER KING BLVD NEWARK NJ 07102 | 22-6000910 | GOVT | 70,712. | | | | RESEARCH |

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|---|---|---|---|---|---|---|---|
| (1) NEW YORK ACADEMY OF MEDICINE<br>1216 FIFTH AVENUE NEW YORK NY 10029 | 13-1656674 | 501(C)(3) | 35,299. | | | | RESEARCH |
| (2) NEW YORK BLOOD CENTER<br>P.O. BOX 419137 BOSTON MA 02241-9137 | 13-1949477 | 501(C)(3) | 1,540,022. | | | | RESEARCH |
| (3) NEW YORK CITY HEALTH AND HOSPITALS<br>125 WORTH STREET NEW YORK NY 10013 | 13-2655001 | 501(C)(3) | 1,040,721. | | | | RESEARCH |
| (4) NEW YORK GENOME CTR INC<br>101 AVENUE OF AMERICAS NEW YORK NY 10013 | 80-0631734 | 501(C)(3) | 2,792,971. | | | | RESEARCH |
| (5) NEW YORK HOSPITAL OF QUEENS<br>56-45 MAIN STREET, S215 FLUSHING NY 11358 | 11-1839362 | 501(C)(3) | 163,703. | | | | RESEARCH |
| (6) NEW YORK MEDICAL COLLEGE<br>1901 FIRST AVE #4B05 NEW YORK NY 10029 | 13-1099420 | 501(C)(3) | 11,482. | | | | RESEARCH |
| (7) NEW YORK STATE ASSOCIATION OF COUNTY<br>8 AIRPORT PARK BLVD LATHAM NY 12110 | 14-1747742 | 501(C)(3) | 70,002. | | | | RESEARCH |
| (8) NEW YORK UNIVERSITY<br>PO BOX 415026 BOSTON MA 02241 | 13-5562308 | 501(C)(3) | 3,152,168. | | | | RESEARCH |
| (9) NJEDGE NET INC<br>625 BROAD ST NEWARK NJ 07102 | 22-3781807 | 501(C)(3) | 8,997. | | | | RESEARCH |
| (10) NORTH CAROLINA A&T STATE UNIVERSITY<br>1601 E MARKET STREET GREENSBORO NC 27411 | 56-6000007 | 501(C)(3) | 67,032. | | | | RESEARCH |
| (11) NORTHEASTERN UNIV<br>360 HUNTINGTON AVE, BOSTON MA 02115 | 04-1679980 | 501(C)(3) | 584,568. | | | | RESEARCH |
| (12) NORTHERN ARIZONA UNIVERSITY<br>P.O. BOX 4080 FLAGSTAFF AZ 88011 | 74-2579628 | 501(C)(3) | 11,808. | | | | RESEARCH |

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|---|---|---|---|---|---|---|---|
| (1) NORTHERN CALIFORNIA INSTITUTE FOR RESEARCH<br>4150 CLEMENT STREET SAN FRANCISCO CA 94121 | 94-3084159 | 501(C)(3) | 47,367. | | | | RESEARCH |
| (2) NORTHERN ILLINOIS UNIVERSITY<br>LOWDEN HALL- 203 DEKALB IL 60115 | 36-6008460 | 501(C)(3) | 41,771. | | | | RESEARCH |
| (3) NORTHWESTERN UNIVERSITY<br>633 CLARK ST EVANSTON IL 60208 | 36-2167817 | 501(C)(3) | 885,495. | | | | RESEARCH |
| (4) OCHSNER CLINIC FOUNDATION<br>1514 JEFFERSON HIGHWAY JEFFERSON LA 70121 | 72-0502505 | 501(C)(3) | 98,004. | | | | RESEARCH |
| (5) OHIO STATE UNIVERSITY, THE<br>PO BOX 772398 DETROIT MI 48277-2398 | 31-6025986 | 501(C)(3) | 208,390. | | | | RESEARCH |
| (6) OKLAHOMA STATE DEPARTMENT OF HEALTH<br>PO BOX 26901 SCB 228 OKLAHOMA CITY OK 73190 | 73-6017987 | GOVT | 12,785. | | | | RESEARCH |
| (7) OKLAHOMA STATE UNIVERSITY<br>PO BOX 248957 OKLAHOMA CITY OK 73124 | 73-1383996 | GOVT | 72,346. | | | | RESEARCH |
| (8) OLD DOMINION UNIVERSITY<br>PO BOX 6369 NORFOLK VA 23508-0369 | 54-6000884 | 501(C)(3) | 31,956. | | | | RESEARCH |
| (9) OPEN IMAGERY NETWORK, INC.<br>740 15TH ST NW WASHINGTON DC 20005-1031 | 81-3160991 | 501(C)(3) | 62,885. | | | | RESEARCH |
| (10) OREGON HEALTH AND SCIENCES UNIV<br>3181 SW SAMJACKSONPARK RD PORTLAND OR 97239 | 93-1176109 | 501(C)(3) | 11,780. | | | | RESEARCH |
| (11) OREGON STATE UNIVERSITY<br>312 KERR ADMIN BLDG CORVALLIS, OR 97331 | 61-1730890 | GOVT | 329,873. | | | | RESEARCH |
| (12) PENNSYLVANIA STATE UNIVERSITY, THE<br>227 W BEAVER AVE, STATE COLLEGE PA 16801 | 24-6000376 | 501(C)(3) | 229,126. | | | | RESEARCH |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ____

3 Enter total number of other organizations listed in the line 1 table . . . . . ____

**SCHEDULE I**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

**Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.**

**Attach to Form 990.**

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

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK

**Employer identification number** 13-5598093

## Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

## Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| (1) PITTSBURGH DATAWORKS 3945 FORBES AVENUE PITTSBURGH PA 15213 | 46-2212103 | 501(C)(3) | 24,710. | | | | RESEARCH |
| (2) PLANETARY SCIENCE INSTITUTE 1700 EAST FORT LOWELL ROAD TUCSON AZ 85719 | 33-0175263 | 501(C)(3) | 60,195. | | | | RESEARCH |
| (3) PLANNED PARENTHOOD LEAGUE OF 1055 COMMONWEALTH AVENUE BOSTON MA 02215 | 04-2698497 | 501(C)(3) | 19,140. | | | | RESEARCH |
| (4) PRINCETON UNIVERSITY 701 CARNEGIE CENTER PRINCETON NJ 08540 | 21-0634501 | 501(C)(3) | 1,453,961. | | | | RESEARCH |
| (5) PUBLIC HEALTH FOUNDATION ENTERPRISES INC 13300 CROSSROADS PKWY NORTH CITY OF INDUSTR | 95-2557063 | 501(C)(3) | 14,643. | | | | RESEARCH |
| (6) PURDUE UNIVERSITY 23510 NETWORK PLACE CHICAGO IL 60673-1235 | 35-6002041 | 501(C)(3) | 35,395. | | | | RESEARCH |
| (7) QUINTESSENT INC 120 CREMONA DR GOLETA CA 93117 | 83-4668682 | 501(C)(3) | 83,092. | | | | RESEARCH |
| (8) REGENTS OF THE UNIVERSITY OF CA, MERCED 5200 NORTH LAKE ROAD MERCED CA 95343 | 27-0093858 | GOVT | 97,697. | | | | RESEARCH |
| (9) REGENTS OF THE UNIVERSITY OF CALIFORNIA 120 THEORY IRVINE CA 92697-1050 | 95-2226406 | 501(C)(3) | 1,205,731. | | | | RESEARCH |
| (10) REGENTS OF THE UNIVERSITY OF CALIFORNIA 900 UNIVERSITY AVE RIVERSIDE CA 92521 | 95-6006142 | 501(C)(3) | 64,579. | | | | RESEARCH |
| (11) REGENTS OF THE UNIVERSITY OF IDAHO 875 PERIMETER DR, MOSCOW ID 83844-3020 | 82-6000945 | GOVT | 24,963. | | | | RESEARCH |
| (12) REGENTS OF THE UNIVERSITY OF MICHIGAN PO BOX 223131 PITTSBURGH PA 15251 | 38-6006309 | 501(C)(3) | 2,407,715. | | | | RESEARCH |

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**SCHEDULE I**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

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|---|---|---|---|---|---|---|---|
| (1) REGENTS OF THE UNIVERSITY OF MINNESOTA<br>NW 5957 MINNEAPOLIS MN 55485 | 41-6007513 | 501(C)(3) | 1,107,417. | | | | RESEARCH |
| (2) RENSSELAER POLYTECHNIC INSTITUTE<br>110 8TH STREET TROY NY 12180 | 14-1340095 | 501(C)(3) | 14,270. | | | | RESEARCH |
| (3) RESEARCH FOUNDATION FOR MENTAL<br>150 BROADWAY MENANDS NY 12204 | 14-1410842 | 501(C)(3) | 4,204,192. | | | | RESEARCH |
| (4) RESEARCH FOUNDATION OF THE CITY<br>230 WEST 41ST STREET NEW YORK NY 10036 | 13-1988190 | 501(C)(3) | 1,620,588. | | | | RESEARCH |
| (5) RESEARCH FOUNDATION OF THE STATE<br>PO BOX 9 ALBANY NY 12201-0009 | 14-1368361 | 501(C)(3) | 2,113,884. | | | | RESEARCH |
| (6) RESEARCH INSTITUTE AT NATIONWIDE<br>PO BOX 781653 DETROIT MI 48278-1653 | 31-6056230 | 501(C)(3) | 98,196. | | | | RESEARCH |
| (7) RESEARCH TRIANGLE INSTITUTE<br>PO BOX 896945 CHARLOTTE NC 28289-6945 | 56-0686336 | 501(C)(3) | 44,010. | | | | RESEARCH |
| (8) RETINA FOUNDATION OF THE SOUTHWEST<br>9600 N. CENTRAL EXPRESSWAY DALLAS TX 75231 | 51-0151514 | 501(C)(3) | 69,366. | | | | RESEARCH |
| (9) RHODE ISLAND HOSPITAL<br>593 EDDY STREET PROVIDENCE RI 02903 | 05-0258954 | 501(C)(3) | 78,048. | | | | RESEARCH |
| (10) RICE UNIVERSITY<br>PO BOX 1892 HOUSTON TX 77251-1892 | 74-1109620 | 501(C)(3) | 17,955. | | | | RESEARCH |
| (11) ROCHESTER INSTITUTE OF TECHNOLOGY<br>25 LOMB MEMORIAL DR ROCHESTER NY 14623-5608 | 16-0743140 | 501(C)(3) | 45,152. | | | | RESEARCH |
| (12) ROCKEFELLER UNIVERSITY<br>1230 YORK AVE NEW YORK NY 10065-6399 | 13-1624158 | 501(C)(3) | 620,276. | | | | RESEARCH |

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**SCHEDULE I**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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|---|---|---|---|---|---|---|---|
| (1) ROSALIND FRANKLIN UNIV OF MED & SCIENCE<br>3333 GREEN BAY ROAD NORTH CHICAGO IL 60064 | 36-2181973 | 501(C)(3) | 108,562. | | | | RESEARCH |
| (2) RUSH UNIVERSITY MEDICAL CENTER<br>1700 WEST VAN BUREN ST, CHICAGO IL 60612 | 36-2174823 | 501(C)(3) | 1,756,198. | | | | RESEARCH |
| (3) RUTGERS THE STATE UNIVERSITY OF NJ<br>33 KNIGHTSBRIDGE RD, PISCATAWAY NJ 08854 | 46-2354111 | 501(C)(3) | 42,163. | | | | RESEARCH |
| (4) RUTGERS UNIVERSITY<br>33 KNIGHTSBRIDGE RD PISCATAWAY NJ 08854 | 22-6001086 | 501(C)(3) | 1,448,850. | | | | RESEARCH |
| (5) SAINT PETERS UNIVERSITY HOSPITAL<br>254 EASTON AVE. NEW BRUNSWICK NJ 08901 | 22-1487330 | 501(C)(3) | 136,692. | | | | RESEARCH |
| (6) SALK INSTITUTE FOR BIOLOGICAL STUDIES<br>10010 N TORREY PINES RD LA JOLLA CA 92037 | 95-2160097 | 501(C)(3) | 57,094. | | | | RESEARCH |
| (7) SAN DIEGO STATE UNIVERSITY FOUNDATION<br>5250 CAMPANILE DR SAN DIEGO CA 92182 | 95-6042721 | 501(C)(3) | 155,724. | | | | RESEARCH |
| (8) SAN FRANCISCO STATE UNIVERSITY<br>1600 HOLLOWAY AVE SAN FRANCISCO CA 94132 | 93-1137247 | 501(C)(3) | 30,728. | | | | RESEARCH |
| (9) SAN JOSE STATE UNIVERSITY<br>210 N. FOURTH ST SAN JOSE CA 95112 | 94-6017638 | 501(C)(3) | 39,358. | | | | RESEARCH |
| (10) SCINTILLON INSTITUTE, THE<br>6868 NANCY RIDGE DR SAN DIEGO CA 92121-2217 | 45-4323888 | 501(C)(3) | 346,013. | | | | RESEARCH |
| (11) SDSN ASSOCIATION<br>475 RIVERSIDE DRIVE NEW YORK NY 10115 | 47-3511012 | 501(C)(3) | 6,542. | | | | RESEARCH |
| (12) SEATTLE CHILDRENS HOSPITAL<br>4800 SAND POINT WAY NE SEATTLE WA 98124 | 91-0564748 | 501(C)(3) | 117,162. | | | | RESEARCH |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ____

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**SCHEDULE I**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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|---|---|---|---|---|---|---|---|
| (1) SEATTLE INSTITUTE FOR BIOMEDICAL AND 1660 S COLUMBIAN WAY SEATTLE WA 98108 | 91-1452438 | 501(C)(3) | 48,513. | | | | RESEARCH |
| (2) SLOAN KETTERING INST FOR PO BOX 27718 NEW YORK NY 10087 | 13-1624182 | 501(C)(3) | 542,140. | | | | RESEARCH |
| (3) SMITHSONIAN INSTITUTION 24411 NETWORK PLACE CHICAGO IL 60673-1243 | 53-0206027 | 501(C)(3) | 116,380. | | | | RESEARCH |
| (4) SOUTH FLORIDA VA FOUNDATION 1201 NW 16TH STREET MIAMI FL 33125 | 65-0207903 | 501(C)(3) | 24,285. | | | | RESEARCH |
| (5) SOUTHERN METHODIST UNIVERSITY PO BOX 750259 DALLAS TX 75275 | 75-0800689 | 501(C)(3) | 154,337. | | | | RESEARCH |
| (6) SPORTS AND ARTS IN SCHOOLS FOUNDATION 58-12 QUEENS BLVD #1 WOODSIDE NY 11377 | 11-3112635 | 501(C)(3) | 32,475. | | | | RESEARCH |
| (7) ST JOHNS UNIVERSITY 8000 UTOPIA PARKWAY QUEENS NY 11439 | 11-1630830 | 501(C)(3) | 14,999. | | | | RESEARCH |
| (8) STATE OF CO SCH OF MINES PO BOX 735377 DALLAS TX 75373 | 84-6000551 | GOVT | 83,769. | | | | RESEARCH |
| (9) STATE OF MARYLAND 8000 YORK ROAD TOWSON MD 21252 | 52-6002033 | 501(C)(3) | 850,247. | | | | RESEARCH |
| (10) STATE OF MISSISSIPPI-UNIVERSITY 2500 NORTH STATE ST, JACKSON, MS 39216 | 64-6008520 | 501(C)(3) | 711,332. | | | | RESEARCH |
| (11) STATE OF SOUTH DAKOTA 501 E SAINT JOSEPH ST, RAPID CITY SD 57701 | 46-6000364 | GOVT | 87,947. | | | | RESEARCH |
| (12) STATE UNIVERSITY OF IOWA 201 S CLINTON STREET IOWA CITY IA 52242 | 42-6004813 | 501(C)(3) | 803,720. | | | | RESEARCH |

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**(Form 990)**

Department of the Treasury
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|---|---|---|---|---|---|---|---|
| (1) STEVENS INSTITUTE OF TECHNOLOGY<br>1 CASTLE POINT ON HUDSON HOBOKEN NJ 07030 | 22-1487354 | 501(C)(3) | 90,535. | | | | RESEARCH |
| (2) TEACHERS COLLEGE<br>525 WEST 120TH STREET NEW YORK NY 10027 | 13-1624202 | 501(C)(3) | 631,347. | | | | RESEARCH |
| (3) TEMPLE UNIVERSITY<br>PO BOX 22432 NEW YORK NY 10087-2432 | 23-1365971 | 501(C)(3) | 207,098. | | | | RESEARCH |
| (4) TEXAS A&M UNIVERSITY<br>400 HARVEYMITCHELLPKWY COLLEGE STN TX 77845 | 74-6000531 | 501(C)(3) | 256,229. | | | | RESEARCH |
| (5) TEXAS A&M UNIVERSITY AT GALVESTON<br>PO BOX 22432 COLLEGE STATION, TX 77845 | 74-2125225 | GOVT | 37,571. | | | | RESEARCH |
| (6) TEXAS BIOMEDICAL RESEARCH INSTITUTE<br>PO BOX 760549 SAN ANTONIO TX 78245 | 74-1109630 | 501(C)(3) | 77,116. | | | | RESEARCH |
| (7) TEXAS TECH UNIVERSITY<br>PO BOX 41105 LUBBOCK TX 79409 | 75-6002622 | 501(C)(3) | 116,981. | | | | RESEARCH |
| (8) THE ALEXANDRIA ARCHIVE INSTITUTE<br>125 EL VERANO WAY SAN FRANCISCO CA 94127 | 91-2146202 | 501(C)(3) | 11,475. | | | | RESEARCH |
| (9) THE BOARD OF REGENTS OF THE<br>201 STEPHENSON PARKWAY NORMAN OK 73019 | 73-1377584 | 501(C)(3) | 51,589. | | | | RESEARCH |
| (10) THE BRIGHAM AND WOMENS HOSPITAL INC<br>P.O. BOX 3887 BOSTON MA 02241-3887 | 04-2312909 | 501(C)(3) | 1,539,806. | | | | RESEARCH |
| (11) THE BROAD INSTITUTE INC<br>415 MAIN STREET CAMBRIDGE MA 02142 | 26-3428781 | 501(C)(3) | 24,423. | | | | RESEARCH |
| (12) THE BRONX VETERANS MEDICAL RESEARCH<br>130 WEST KINGSBRIDGE ROAD BRONX NY 10468 | 13-3699250 | 501(C)(3) | 136,551. | | | | RESEARCH |

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|---|---|---|---|---|---|---|---|
| (1) THE CHILDRENS HOSPITAL OF PHILADELPHIA PHILADELPHIA PA 19178-1457 | 23-1352166 | 501(C)(3) | 997,098. | | | | RESEARCH |
| (2) THE CLEVELAND CLINIC FOUNDATION P.O. BOX 931531 CLEVALAND OH 44193 | 34-0714585 | 501(C)(3) | 51,303. | | | | RESEARCH |
| (3) THE COLLEGE OF WILLIAM & MARY PO BOX 8795 WILLIAMSBURG VA 23187 | 54-6001718 | 501(C)(3) | 42,288. | | | | RESEARCH |
| (4) THE CORPORATION OF HAVERFORD COLLEGE 370 LANCASTER AVENUE HAVERFORD PA 19041 | 23-6002304 | 501(C)(3) | 26,903. | | | | RESEARCH |
| (5) THE JACKSON LABORATORY 610 MAIN STREET BAR HARBOR ME 04609 | 01-0211513 | 501(C)(3) | 367,264. | | | | RESEARCH |
| (6) THE RAND CORPORATION PO BOX 2138 SANTA MONICA CA 90407 | 95-1958142 | 501(C)(3) | 491,047. | | | | RESEARCH |
| (7) THE REGENTS OF UNIVERSITY OF CALIFORNIA UNIVERSITY & OXFORD ST BERKELEY, CA 94720 | 94-6036493 | 501(C)(3) | 2,270,500. | | | | RESEARCH |
| (8) THE SCRIPPS RESEARCH INSTITUTE PO BOX 741745 LOS ANGELES CA 90074-1745 | 33-0435954 | 501(C)(3) | 386,808. | | | | RESEARCH |
| (9) THE UNIVERSITY CORPORATION 18111 NORDHOFF ST NORTHRIDGE CA 91330-8309 | 95-1992732 | 501(C)(3) | 17,541. | | | | RESEARCH |
| (10) THE UNIVERSITY OF ALABAMA IN HUNTSVILLE 301 SPARKMAN DRIVE HUNTSVILLE AL 35899 | 63-0520830 | 501(C)(3) | 25,376. | | | | RESEARCH |
| (11) THE UNIVERSITY OF CENTRAL FLORIDA PO BOX 160118 ORLANDO FL 32816 | 59-2924021 | 501(C)(3) | 75,100. | | | | RESEARCH |
| (12) THE UNIVERSITY OF SOUTHERN MISSISSIPPI 118 COLLEGE DR #5157 HATTIESBURG MS 39406 | 64-6000818 | GOVT | 123,028. | | | | RESEARCH |

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**(Form 990)**

Department of the Treasury
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|---|---|---|---|---|---|---|---|
| (1) THOMAS JEFFERSON UNIVERSITY<br>833 CHESTNUT ST PHILADELPHIA PA 19107 | 23-1352651 | 501(C)(3) | 54,247. | | | | RESEARCH |
| (2) TOURO COLLEGE<br>500 SEVENTH AVE NEW YORK NY 10018 | 13-2676570 | 501(C)(3) | 20,970. | | | | RESEARCH |
| (3) TRUDEAU INSTITUTE, INC.<br>154 ALGONQUIN AVE SARANAC LAKE NY 12983 | 14-1401413 | 501(C)(3) | 18,467. | | | | RESEARCH |
| (4) TRUSTEES OF DARTMOUTH COLLEGE<br>11 ROPE FERRY RD, HANOVER NH 03755-1404 | 02-0222111 | 501(C)(3) | 245,617. | | | | RESEARCH |
| (5) TRUSTEES OF TUFTS COLLEGE<br>800 WASHINGTON STREET BOSTON MA 02111 | 04-2103634 | 501(C)(3) | 455,616. | | | | RESEARCH |
| (6) TUFTS MEDICAL CENTER INC<br>800 WASHINGTON STREET BOSTON MA 02111 | 04-3400617 | 501(C)(3) | 55,366. | | | | RESEARCH |
| (7) TULANE UNIVERSITY<br>1555 POYDRAS STREET NEW ORLEANS LA 70112 | 72-0423889 | 501(C)(3) | 52,891. | | | | RESEARCH |
| (8) UNIV OF NORTH CAROLINA AT CHAPEL HILL<br>PO BOX 402420 ATLANTA GA 30384-2420 | 56-6001393 | 501(C)(3) | 950,074. | | | | RESEARCH |
| (9) UNIV OF TEXAS AT ARLINGTON<br>PO BOX 19136 ARLINGTON TX 76019-0136 | 75-6000121 | 501(C)(3) | 155,350. | | | | RESEARCH |
| (10) UNIVERSITY CORPORATION FOR ATMOSPHERIC<br>P O BOX 3000 BOULDER CO 80307-3000 | 84-0412668 | 501(C)(3) | 92,189. | | | | RESEARCH |
| (11) UNIVERSITY OF ALABAMA AT BIRMINGHAM<br>1720 2ND AVE SOUTH BIRMINGHAM AL 35294-0109 | 63-6005396 | 501(C)(3) | 2,030,494. | | | | RESEARCH |
| (12) UNIVERSITY OF ALASKA<br>505 S CHANDALAR FAIRBANKS AK 99775 | 92-6000147 | 501(C)(3) | 124,184. | | | | RESEARCH |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ____

3 Enter total number of other organizations listed in the line 1 table . . . . . ____

**SCHEDULE I**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

**Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.**

**Attach to Form 990.**

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

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK

**Employer identification number** 13-5598093

## Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

## Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| (1) UNIVERSITY OF ARIZONA<br>PO BOX 757880 TUCSON AZ 85717 | 86-6004791 | 501(C)(3) | 529,900. | | | | RESEARCH |
| (2) UNIVERSITY OF ARKANSAS FOR MEDICAL<br>4301 W MARKHAM ST LITTLE ROCK AR 72205 | 71-6046242 | 501(C)(3) | 42,163. | | | | RESEARCH |
| (3) UNIVERSITY OF CALIFORNIA AT SANTA CRUZ<br>1156 HIGH STREET SANTA CRUZ CA 95064 | 94-1539563 | 501(C)(3) | 47,745. | | | | RESEARCH |
| (4) UNIVERSITY OF CALIFORNIA BERKELEY<br>UNIVERSITY & OXFORD ST BERKELEY, CA 94720 | 94-6002123 | 501(C)(3) | 2,742,465. | | | | RESEARCH |
| (5) UNIVERSITY OF CALIFORNIA DAVIS<br>P.O. BOX 741816 LOS ANGELES CA 90074-1816 | 95-6006143 | 501(C)(3) | 263,440. | | | | RESEARCH |
| (6) UNIVERSITY OF CALIFORNIA LOS ANGELES<br>PO BOX 957089, LOS ANGELES CA 90095-9000 | 95-6006143 | 501(C)(3) | 1,743,791. | | | | RESEARCH |
| (7) UNIVERSITY OF CALIFORNIA SAN DIEGO<br>PO BOX 741539 LOS ANGELES CA 90074-1539 | 95-6006144 | 501(C)(3) | 561,654. | | | | RESEARCH |
| (8) UNIVERSITY OF CALIFORNIA SANTA BARBARA<br>SAASB BLDG, RM 1212 SANTA BARBARA CA 93106 | 95-6006145 | 501(C)(3) | 119,637. | | | | RESEARCH |
| (9) UNIVERSITY OF CHICAGO<br>6054 SOUTH DREXEL AVENUE CHICAGO IL 60637 | 36-2177139 | 501(C)(3) | 2,454,554. | | | | RESEARCH |
| (10) UNIVERSITY OF CINCINNATI<br>PO BOX 932641 CLEVELAND OH 44193 | 31-6000989 | 501(C)(3) | 2,236,390. | | | | RESEARCH |
| (11) UNIVERSITY OF COLORADO<br>PO BOX 910238 DENVER CO 80291-0238 | 84-6000555 | 501(C)(3) | 2,802,088. | | | | RESEARCH |
| (12) UNIVERSITY OF DELAWARE<br>116 STUDENT SERVICES BLDG NEWARK DE 19716 | 51-6000297 | 501(C)(3) | 15,532. | | | | RESEARCH |

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**SCHEDULE I**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK

**Employer identification number** 13-5598093

## Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

## Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| (1) UNIVERSITY OF FLORIDA<br>PO BOX 113001 GAINESVILLE FL 32611-3001 | 59-6002052 | 501(C)(3) | 162,826. | | | | RESEARCH |
| (2) UNIVERSITY OF GEORGIA<br>310 EAST CAMPUS ROAD ATHENS GA 30602 | 58-1353149 | 501(C)(3) | 42,810. | | | | RESEARCH |
| (3) UNIVERSITY OF HAWAII<br>2440 CAMPUS ROAD HONOLULU HI 96822 | 99-6000354 | 501(C)(3) | 222,863. | | | | RESEARCH |
| (4) UNIVERSITY OF HEALTH AND PHARMACY<br>1 PHARMACY PLACE ST LOUIS MO 63110 | 43-0652675 | 501(C)(3) | 230,025. | | | | RESEARCH |
| (5) UNIVERSITY OF HOUSTON SYS<br>PO BOX 988 HOUSTON TX 77001-0988 | 74-6001399 | 501(C)(3) | 224,013. | | | | RESEARCH |
| (6) UNIVERSITY OF ILLINOIS<br>28395 NETWORK PLACE CHICAGO IL 60673-1283 | 37-6000511 | 501(C)(3) | 579,735. | | | | RESEARCH |
| (7) UNIVERSITY OF KANSAS<br>2385 IRVING HILL RD LAWRENCE KS 66044-7552 | 48-0680117 | 501(C)(3) | 84,257. | | | | RESEARCH |
| (8) UNIVERSITY OF KANSAS MEDICAL CENTER<br>3901 RAINBOW BLVD KANSAS CITY KS 66160-7702 | 48-1108830 | 501(C)(3) | 8,695. | | | | RESEARCH |
| (9) UNIVERSITY OF KENTUCKY RESEARCH<br>301 PETERSON SVC BLDG, LEXINGTON, KY 40506 | 61-6033693 | 501(C)(3) | 36,725. | | | | RESEARCH |
| (10) UNIVERSITY OF LOUISIANA AT LAFAYETTE<br>PO BOX 42570 LAFAYETTE LA 70504-2570 | 72-6000820 | GOVT | 66,924. | | | | RESEARCH |
| (11) UNIVERSITY OF LOUISVILLE<br>401 E CHESTNUT STREET LOUISVILLE KY 40202 | 61-1029626 | 501(C)(3) | 25,283. | | | | RESEARCH |
| (12) UNIVERSITY OF MASSACHUSETTS LOWELL<br>600 SUFFOLK STREET LOWELL MA 01854 | 04-3167352 | 501(C)(3) | 412,736. | | | | RESEARCH |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ____

3 Enter total number of other organizations listed in the line 1 table . . . . . ____

**SCHEDULE I**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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OMB No. 1545-0047

**2022**

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Name of the organization THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK

**Employer identification number** 13-5598093

## Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

## Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| (1) UNIVERSITY OF MIAMI<br>PO BOX 405803 ATLANTA GA 30384-5803 | 59-0624458 | 501(C)(3) | 1,652,292. | 7,889. | BOOK VALUE | EQUIPMENT | EDU/RESEARCH |
| (2) UNIVERSITY OF MISSOURI<br>PO BOX 807012 KANSAS CITY MO 64180-7012 | 43-6003859 | 501(C)(3) | 414,809. | | | | RESEARCH |
| (3) UNIVERSITY OF NEBRASKA MEDICAL CENTER<br>PO BOX 830861 LINCOLN NE 68583-0861 | 47-0049123 | 501(C)(3) | 39,703. | | | | RESEARCH |
| (4) UNIVERSITY OF NORTH TEXAS<br>3500 CAMP BOWIE BLVD FORT WORTH TX 76107 | 75-6002149 | 501(C)(3) | 16,545. | | | | RESEARCH |
| (5) UNIVERSITY OF NOTRE DAME<br>836A GRACE HALL NORTRE DAME IN 46556-5612 | 35-0868188 | 501(C)(3) | 28,672. | | | | RESEARCH |
| (6) UNIVERSITY OF OREGON<br>PO BOX 3237 EUGENE OR 97403-0237 | 46-4727800 | 501(C)(3) | 380,683. | | | | RESEARCH |
| (7) UNIVERSITY OF PENNSYLVANIA<br>PO BOX 785541 PHILADELPHIA PA 19178-5541 | 23-1352685 | 501(C)(3) | 2,195,921. | | | | RESEARCH |
| (8) UNIVERSITY OF PITTSBURGH<br>500 ROSS STREET PITTSBURGH PA 15262-0001 | 25-0965591 | 501(C)(3) | 1,155,056. | | | | RESEARCH |
| (9) UNIVERSITY OF PUERTO RICO<br>PO BOX 365067 SAN JUAN PR 00936-5067 | 66-0433762 | 501(C)(3) | 506,497. | | | | RESEARCH |
| (10) UNIVERSITY OF RHODE ISLAND<br>70 LOWER COLLEGE ROAD KINGSTON RI 02881 | 05-6000522 | 501(C)(3) | 139,322. | | | | RESEARCH |
| (11) UNIVERSITY OF ROCHESTER<br>910 GENESSE ST, STE 200 ROCHESTER NY 14611 | 16-0743209 | 501(C)(3) | 206,647. | | | | RESEARCH |
| (12) UNIVERSITY OF SOUTH FLORIDA<br>4202 E. FOWLER AVENUE TAMPA FL 33620 | 59-3102112 | 501(C)(3) | 109,985. | | | | RESEARCH |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ____

3 Enter total number of other organizations listed in the line 1 table . . . . . ____

**SCHEDULE I**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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OMB No. 1545-0047

**2022**

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Name of the organization THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK

**Employer identification number** 13-5598093

## Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

## Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| (1) UNIVERSITY OF SOUTHERN CALIFORNIA<br>3500 S FIGUEROA ST LOS ANGELES CA 90089 | 95-1642394 | 501(C)(3) | 274,003. | | | | RESEARCH |
| (2) UNIVERSITY OF TENNESSEE<br>210 STUDENT SVCS BLDG KNOXVILLE TN 37996 | 62-6001636 | 501(C)(3) | 81,539. | | | | RESEARCH |
| (3) UNIVERSITY OF TEXAS<br>PO BOX 660120 DALLAS TX 75266-0120 | 74-6000949 | 501(C)(3) | 164,828. | | | | RESEARCH |
| (4) UNIVERSITY OF TEXAS AT AUSTIN<br>PO BOX 7159 AUSTIN TX 78713-7159 | 74-6000203 | 501(C)(3) | 360,866. | | | | RESEARCH |
| (5) UNIVERSITY OF TEXAS HEALTH SCIENCE CNTR<br>PO BOX 1898 SAN ANTONIO TX 78297-1898 | 74-1586031 | 501(C)(3) | 271,669. | | | | RESEARCH |
| (6) UNIVERSITY OF TEXAS HSC HOUSTON<br>P.O. BOX 301418 DALLAS TX 75303-1418 | 74-1761309 | 501(C)(3) | 11,120. | | | | RESEARCH |
| (7) UNIVERSITY OF TEXAS MEDICAL<br>P.O.BOX 660120 DALLAS TX 75266 | 74-1761309 | 501(C)(3) | 33,246. | | | | RESEARCH |
| (8) UNIVERSITY OF TEXAS SOUTHWESTERN<br>PO BOX 841765 DALLAS TX 75284-1765 | 75-6002868 | 501(C)(3) | 678,128. | | | | RESEARCH |
| (9) UNIVERSITY OF UTAH<br>201 S PRESIDENTS CIR SALTLAKE CITY UT 84112 | 87-6000525 | 501(C)(3) | 906,414. | | | | RESEARCH |
| (10) UNIVERSITY OF VERMONT AND STATE<br>PO BOX 1389 WILLISTON VT 05495-1389 | 03-0179440 | 501(C)(3) | 696,189. | | | | RESEARCH |
| (11) UNIVERSITY OF VIRGINIA<br>PO BOX 400195 CHARLOTTESVILLE VA 22904-4195 | 54-6046419 | 501(C)(3) | 940,287. | | | | RESEARCH |
| (12) UNIVERSITY OF WASHINGTON<br>12455 COLLECTIONS DRIVE CHICAGO IL 60693 | 60-5799469 | 501(C)(3) | 1,912,169. | | | | RESEARCH |

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**SCHEDULE I**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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|---|---|---|---|---|---|---|---|
| (1) UNIVERSITY OF WISCONSIN MADISON<br>UW-MADISON GAR ACCOUNT MILWAUKEE WI 53278 | 39-6006492 | 501(C)(3) | 535,981. | | | | RESEARCH |
| (2) UNIVERSITY OF WISCONSIN SYSTEMS<br>800 ALGOMA BLVD OSHKOSH WI 54901 | 39-1805963 | GOVT | 36,431. | | | | RESEARCH |
| (3) UNIVERSITY SYSTEM OF NEW HAMPSHIRE<br>105 MAIN STREET DURHAM NH 03824 | 02-6000937 | 501(C)(3) | 68,661. | | | | RESEARCH |
| (4) UPPER ROOM AIDS MINISTRY INC<br>306 LENOX AVENUE NEW YORK NY 10027 | 13-3841701 | 501(C)(3) | 157,817. | | | | RESEARCH |
| (5) URBAN HEALTH PLAN INC<br>1065 SOUTHERN BOULEVARD BRONX NY 10459 | 23-7360305 | 501(C)(3) | 29,906. | | | | RESEARCH |
| (6) URBAN SUSTAINABILITY DIRECTORS NETWORK<br>500 WESTOVER DRIVE #14973 SANFORD NC 27330 | 82-5015863 | 501(C)(3) | 30,000. | | | | RESEARCH |
| (7) UTAH STATE UNIVERSITY<br>PO BOX 35146 SEATTLE WA 98124 | 87-6000528 | 501(C)(3) | 146,325. | | | | RESEARCH |
| (8) VANDERBILT UNIVERSITY<br>P.O. BOX 121236 DALLAS TX 75312-1236 | 62-0476822 | 501(C)(3) | 201,124. | | | | RESEARCH |
| (9) VANDERBILT UNIVERSITY MEDICAL CENTER<br>PO BOX 121236 DALLAS TX 75312-1236 | 35-2528741 | 501(C)(3) | 409,589. | | | | RESEARCH |
| (10) VASSAR COLLEGE<br>124 RAYMOND AVENUE POUGHKEEPSIE NY 12604 | 14-1338587 | 501(C)(3) | 27,336. | | | | RESEARCH |
| (11) VIRGINIA POLYTECHNICAL INSTITUTE AND<br>300 TURNER STREET BLACKSBURG VA 24061 | 54-6001805 | 501(C)(3) | 67,002. | | | | RESEARCH |
| (12) VISITING NURSE SERVICE OF NEW YORK<br>220 EAST 42ND STREET NEW YORK NY 10017 | 13-3189926 | 501(C)(3) | 345,753. | | | | RESEARCH |

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**SCHEDULE I**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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**Employer identification number** 13-5598093

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|---|---|---|---|---|---|---|---|
| (1) WAKE FOREST UNIVERSITY<br>1834 WAKE FOREST RD WINSTON SALEM NC 27157 | 56-0532138 | 501(C)(3) | 459,188. | | | | RESEARCH |
| (2) WASHINGTON STATE UNIVERSITY<br>PO BOX 641025, PULLMAN WA 99164 | 91-6001108 | 501(C)(3) | 16,679. | | | | RESEARCH |
| (3) WASHINGTON UNIVERSITY<br>240 FRENCH ADMIN BLDG ST LOUIS MO 63112 | 43-0653611 | 501(C)(3) | 1,198,759. | | | | RESEARCH |
| (4) WAYNE STATE UNIV<br>P.O. BOX 02788 DETROIT MI 48202 | 38-6028429 | 501(C)(3) | 28,743. | | | | RESEARCH |
| (5) WE THE PROTESTERS<br>30 E 125TH STREET NEW YORK NY 10035 | 81-3764408 | 501(C)(3) | 10,000. | | | | RESEARCH |
| (6) WEILL MEDICAL COLLEGE OF CORNELL UNIVERS<br>P.O. BOX 22371 NEW YORK NY 10087-2371 | 13-1623978 | 501(C)(3) | 7,858,784. | | | | RESEARCH |
| (7) WEST HARLEM ENVIRONMENTAL ACTION INC<br>1854 AMSTERDAM AVENUE NY NY 10031 | 13-3800068 | 501(C)(3) | 60,174. | | | | RESEARCH |
| (8) WEST VIRGINIA UNIVERSITY RESEARCH CORPOR<br>PO BOX 6002 MORGANTOWN WV 26506 | 55-0665758 | 501(C)(3) | 11,577. | | | | RESEARCH |
| (9) WESTERN MICHIGAN UNIVERSITY<br>1903 W. MICHIGAN AVE KALAMAZOO MI 49008 | 38-6007327 | 501(C)(3) | 5,013. | | | | RESEARCH |
| (10) WESTERN WASHINGTON UNIVERSITY<br>516 HIGH STREET BELLINGHAM WA 98225-9004 | 91-6000562 | GOVT | 30,710. | | | | RESEARCH |
| (11) WOODS HOLE OCEANOGRAPHIC INSTITUTION<br>569 WOODS HOLE ROAD WOODS HOLE MA 02543 | 04-2105850 | 501(C)(3) | 383,505. | 5,215. | BOOK VALUE | EQUIPMENT | EDU/RESEARCH |
| (12) YALE UNIVERSITY<br>PO BOX 1873 NEW HAVEN CT 06508-1873 | 06-0646973 | 501(C)(3) | 1,603,819. | | | | RESEARCH |

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Internal Revenue Service

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

**Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.**

**Attach to Form 990.**

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

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK

**Employer identification number** 13-5598093

## Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

## Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| (1) UNIVERSITY OF COLORADO HOSPITAL AUTHORITY<br>12401 E 17TH AVENUE AURORA CO 80045 | 84-1179794 | 501(C)(3) | 19,186. | | | | RESEARCH |
| (2) TRIBE MEDIA CORP (D/B/A JEWISH JOURNAL)<br>1880 CENTURY PARK E, LOS ANGELES CA 90067 | 95-4019743 | 501(C)(3) | 25,000. | | | | PROGRAM SERVICES |
| (3) COLUMBIA BARNARD HILLEL, INC.<br>606 W 115TH STREET NEW YORK NY 10025 | 23-7077182 | 501(C)(3) | 360,000. | | | | PROGRAM SERVICES |
| (4) CEGAANA<br>142 N MILPITAS BLVD #392 MILPITAS CA 95035 | 46-5178306 | 501(C)(3) | 20,000. | | | | PROGRAM SERVICES |
| (5) AATS FOUNDATION<br>800 CUMMINGS CENTER, BEVERLY MA 01915 | 23-7288866 | 501(C)(3) | 10,000. | | | | PROGRAM SERVICES |
| (6) ADDO FOUNDATION INC<br>503 ROGERS AVENUE BROOKLYN NY 11225 | 82-1469026 | 501(C)(3) | 25,789. | | | | PROGRAM SERVICES |
| (7) AMERICA SCORES NEW YORK<br>520 EIGHTH AVENUE NEW YORK NY 10018 | 13-4189653 | 501(C)(3) | 12,000. | | | | PROGRAM SERVICES |
| (8) AMERICAN ACADEMY OF NURSING<br>1000 VERMONT AVE NW WASHINGTON DC 20005 | 52-2213870 | 501(C)(3) | 19,000. | | | | PROGRAM SERVICES |
| (9) AMERICAN CIVIL LIBERTIES UNION FOUNDATION I<br>125 BROAD STREET NEW YORK NY 10004 | 13-6213516 | 501(C)(3) | 651,000. | | | | PROGRAM SERVICES |
| (10) AMERICAN HEART ASSOCIATION<br>P O BOX 4002012 DES MOINES IA 50340-2012 | 13-5613797 | 501(C)(3) | 10,000. | | | | PROGRAM SERVICES |
| (11) AMERICAN ISRAEL EDUCATION FOUNDATION<br>251 H STREET NW WASHINGTON DC 20001 | 52-1623781 | 501(C)(3) | 75,000. | | | | PROGRAM SERVICES |
| (12) ARC XVI FORT WASHINGTON CENTER AND ADULT DA<br>108 WEST 146TH STREET NEW YORK NY 10039 | 13-2745426 | 501(C)(3) | 11,000. | | | | PROGRAM SERVICES |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ____

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**SCHEDULE I**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

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|---|---|---|---|---|---|---|---|
| (1) ARNOLD P GOLD FOUND<br>619 PALISADE AVE ENGLEWOOD CLIFFS NJ 07632 | 22-3052098 | 501(C)(3) | 25,000. | | | | PROGRAM SERVICES |
| (2) ARTS AND MINDS INC<br>404 WEST 116TH STREET NEW YORK NY 10027 | 27-3733512 | 501(C)(3) | 6,000. | | | | PROGRAM SERVICES |
| (3) ASSOCIATED MEDICAL SCHOOLS OF NEW YORK<br>1270 AVE OF THE AMERICAS, NY NY 10020 | 13-6214887 | 501(C)(3) | 10,000. | | | | PROGRAM SERVICES |
| (4) BEHIND THE BOOK INC<br>216 WEST 135TH STREET NEW YORK NY 10030 | 32-0086097 | 501(C)(3) | 8,500. | | | | PROGRAM SERVICES |
| (5) BLOOMINGDALE FAMILY PROGRAM INC<br>987 COLUMBUS AVENUE NEW YORK NY 10025 | 13-2638566 | 501(C)(3) | 12,000. | | | | PROGRAM SERVICES |
| (6) BOOMER ESIASON FOUNDATION<br>PO BOX 28819 NEW YORK NY 10087-8819 | 11-3142753 | 501(C)(3) | 12,000. | | | | PROGRAM SERVICES |
| (7) BROADWAY COMMUNITY INC<br>601 W 114TH ST NEW YORK NY 10025 | 13-3652817 | 501(C)(3) | 10,000. | | | | PROGRAM SERVICES |
| (8) BROADWAY MALL ASSN<br>2095 BROADWAY NEW YORK NY 10023 | 13-3419786 | 501(C)(3) | 21,000. | | | | PROGRAM SERVICES |
| (9) CATHEDRAL CHURCH OF ST JOHN THE DIVINE<br>1047 AMSTERDAM AVENUE NEW YORK NY 10025 | 13-1623934 | 501(C)(3) | 18,000. | | | | PROGRAM SERVICES |
| (10) CEGAANA<br>142 N MILPITAS BOULEVARD MILPITAS CA 95035 | 46-5178306 | 501(C)(3) | 20,000. | | | | PROGRAM SERVICES |
| (11) CITYMEALS-ON-WHEELS<br>355 LEXINGTON AVENUE NEW YORK NY 10017 | 13-3634381 | 501(C)(3) | 651,000. | | | | PROGRAM SERVICES |
| (12) CLINICAL LEGAL EDUCATION ASSOCIATION<br>210 SCIENCE DRIVE DURHAM NC 27708 | 01-0670480 | 501(C)(3) | 10,000. | | | | PROGRAM SERVICES |

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|---|---|---|---|---|---|---|---|
| (1) COLORADO SCHOOL OF MINES FOUNDATION<br>1812 IL ST, PO BOX 4005 GOLDEN, CO 80402 | 84-0509064 | 501(C)(3) | 60,000. | | | | PROGRAM SERVICES |
| (2) COLUMBIA UNIV PRESS<br>61 WEST 62ND ST 3RD FL NEW YORK NY 10023 | 13-1623968 | 501(C)(3) | 30,457. | | | | PROGRAM SERVICES |
| (3) COMMUNITY LEAGUE OF THE HEIGHTS INC<br>500 W 159TH STREET NY NY 10032 | 13-2564241 | 501(C)(3) | 20,000. | | | | PROGRAM SERVICES |
| (4) COUNCIL ON FOREIGN RELATIONS<br>58 EAST 68TH STREET NEW YORK NY 10065 | 13-1628168 | 501(C)(3) | 50,000. | | | | PROGRAM SERVICES |
| (5) DANCE PROJECT OF WASHINGTON HEIGHTS INC<br>621 W 172ND ST NEW YORK NY 10032 | 47-1583227 | 501(C)(3) | 8,500. | | | | PROGRAM SERVICES |
| (6) DOMINICAN WOMENS DEVELOPMENT CENTER<br>519 WEST 189TH STREET NY NY 10040 | 13-3593885 | 501(C)(3) | 43,000. | | | | PROGRAM SERVICES |
| (7) DOMINICANOS PRO AYUDA A LA NINEZ INC<br>280 FT WASHINGTON AVE STE 45 NY NY 10032 | 13-3673457 | 501(C)(3) | 10,000. | | | | PROGRAM SERVICES |
| (8) DOROT INC<br>171 WEST 85TH ST. NEW YORK NY 10024 | 13-3264005 | 501(C)(3) | 8,500. | | | | PROGRAM SERVICES |
| (9) EASTERN NURSING RES SOCIE<br>673 POTOMAC STATION DRIVE LEESBURG VA 20176 | 02-0451691 | 501(C)(3) | 5,250. | | | | PROGRAM SERVICES |
| (10) FRACTURED ATLAS INC<br>PO BOX 55 HARTSDALE NY 10530 | 11-3451703 | 501(C)(3) | 7,512. | | | | PROGRAM SERVICES |
| (11) FRESH YOUTH INITIATIVES INC<br>505 WEST 171 STREET NEW YORK NY 10032 | 13-3723207 | 501(C)(3) | 9,000. | | | | PROGRAM SERVICES |
| (12) FRIENDS OF COLUMBIA SECONDARY SCHOOL FOR MA<br>603 WEST 115TH ST. NEW YORK NY 10025 | 26-1146491 | 501(C)(3) | 500,000. | | | | PROGRAM SERVICES |

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|---|---|---|---|---|---|---|---|
| (1) FRIENDS OF THE NATL INST<br>PO BOX 855 LEXINGTON KY 40588 | 52-1832014 | 501(C)(3) | 24,000. | | | | PROGRAM SERVICES |
| (2) FRIENDS OR RELATIVES WITH AUTISM & RELATED<br>PO BOX 1174 SOUTH DENNIS MA 02660 | 46-4669648 | 501(C)(3) | 25,000. | | | | PROGRAM SERVICES |
| (3) FUND FOR THE CITY OF NEW YORK<br>121 AVE OF THE AMERICAS NEW YORK NY 10013 | 13-2612524 | 501(C)(3) | 6,500. | | | | PROGRAM SERVICES |
| (4) HARLEM ACADEMY<br>655 ST. NICHOLAS AVENUE NEW YORK NY 10030 | 56-2454573 | 501(C)(3) | 11,000. | | | | PROGRAM SERVICES |
| (5) HARLEM CHAMBER PLAYERS INC<br>279 WEST 117TH STREET NEW YORK NY 10026 | 45-2160781 | 501(C)(3) | 12,000. | | | | PROGRAM SERVICES |
| (6) HARLEM CONGREGATIONS FOR COMMUNITY IMPROVEM<br>256 WEST 153RD STREET NEW YORK NY 10039 | 13-3516262 | 501(C)(3) | 13,645. | | | | PROGRAM SERVICES |
| (7) HIT THE BOOKS INC<br>145 EAST 57TH STREET NEW YORK NY 10022 | 84-2795993 | 501(C)(3) | 10,000. | | | | PROGRAM SERVICES |
| (8) HOLYROOD CHURCH IGLESIA SANTA CRUZ<br>715 W 179TH STREET NEW YORK NY 10033 | 13-1844844 | 501(C)(3) | 7,500. | | | | PROGRAM SERVICES |
| (9) I CHALLENGE MYSELF INC<br>712 W 184TH ST, NEW YORK NY 10033 | 56-2423423 | 501(C)(3) | 5,500. | | | | PROGRAM SERVICES |
| (10) INTERNATIONAL SOCIETY FOR DEVELOPMENT PSYCH<br>297 KINDERKAMACK ROAD ORADELL NJ 07649 | 64-0954919 | 501(C)(3) | 10,500. | | | | PROGRAM SERVICES |
| (11) INTERNATIONAL SOCIETY FOR EXPERIMENTAL HEMA<br>330 N WABASH AVENUE CHICAGO IL 60611 | 23-7282003 | 501(C)(3) | 10,000. | | | | PROGRAM SERVICES |
| (12) INWOOD ART WORKS INC<br>97 PARK TER W NEW YORK NY 10034 | 81-4379932 | 501(C)(3) | 27,500. | | | | PROGRAM SERVICES |

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|---|---|---|---|---|---|---|---|
| (1) JONAS PHILANTHROPIES INC<br>P.O. BOX 705 NEW YORK NY 10032 | 82-1843824 | 501(C)(3) | 10,000. | | | | PROGRAM SERVICES |
| (2) LEUKEMIA & LYMPHOMA SOCI<br>3 INTERNATIONAL DRIVE, RYE BROOK NY 10573 | 13-5644916 | 501(C)(3) | 12,500. | | | | PROGRAM SERVICES |
| (3) MOHONK PRESERVE INC<br>PO BOX 715 NEW PALTZ NY 12561 | 14-1609484 | 501(C)(3) | 100,000. | | | | PROGRAM SERVICES |
| (4) MOUNT SINAI MEDICAL CENTER FOUNDATION<br>4300 ALTON RD MIAMI BEACH FL 33140-2948 | 59-1711400 | 501(C)(3) | 15,000. | | | | PROGRAM SERVICES |
| (5) MOVING FOR LIFE<br>954 LEXINGTON AVENUE NEW YORK NY 10021 | 46-5251831 | 501(C)(3) | 29,900. | | | | PROGRAM SERVICES |
| (6) MUSEUM OF ARTS AND DESIGN<br>2 COLUMBUS CIRCLE NEW YORK NY 10019 | 13-3585408 | 501(C)(3) | 125,000. | | | | PROGRAM SERVICES |
| (7) NEW YORK COMMON PANTRY INC<br>8 EAST 109TH STREET NEW YORK NY 10029 | 13-3127972 | 501(C)(3) | 12,000. | | | | PROGRAM SERVICES |
| (8) NEW YORKERS TO CURE PARALYSIS INC<br>1280 FIFTH AVE, PH F NEW YORK NY 10029 | 46-4135776 | 501(C)(3) | 15,000. | | | | PROGRAM SERVICES |
| (9) NIDO DE ESPERANZA CHARITABLE SOCIETY<br>4111 BROADWAY NEW YORK NY 10033 | 82-5510616 | 501(C)(3) | 8,000. | | | | PROGRAM SERVICES |
| (10) NORTHERN MANHATTAN IMPROVEMENT CORP<br>76 WADSWORTH AVENUE NEW YORK NY 10033 | 13-4167218 | 501(C)(3) | 10,000. | | | | PROGRAM SERVICES |
| (11) NORTHERN MANHATTAN IMPROVEMENT CORPORATION<br>45 WADSWORTH AVENUE NEW YORK NY 10033 | 13-2972415 | 501(C)(3) | 35,000. | | | | PROGRAM SERVICES |
| (12) NORTHERN MANHATTAN PERINATAL PARTNERSHIP PA<br>127 W 127TH ST STE 305 NY NY 10027-3723 | 13-3782555 | 501(C)(3) | 25,000. | | | | PROGRAM SERVICES |

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|---|---|---|---|---|---|---|---|
| (1) OLIGO NATION<br>1325 SCHAEFFER RD SEBASTOPOL CA 95472-5540 | 46-3087590 | 501(C)(3) | 13,000. | | | | PROGRAM SERVICES |
| (2) ONE TO WORLD INC<br>307 SEVENTH AVENUE NEW YORK NY 10001 | 13-3179151 | 501(C)(3) | 10,000. | | | | PROGRAM SERVICES |
| (3) OPUS DANCE THEATRE & COMMUNITY SERVICES<br>152-11 89TH AVENUE JAMAICA QUEENS NY 11432 | 13-3548252 | 501(C)(3) | 8,000. | | | | PROGRAM SERVICES |
| (4) PALTREK INC<br>1549 BONAVENTURE DR NAPERVILLE IL 60563 | 83-1620495 | 501(C)(3) | 10,000. | | | | PROGRAM SERVICES |
| (5) PAROLE PREPARATION PROJECT<br>135 WEST 20TH STREET NEW YORK NY 10011 | 82-1096572 | 501(C)(3) | 15,000. | | | | PROGRAM SERVICES |
| (6) PEOPLES THEATRE PROJECT INC<br>3135 JOHNSON AVENUE, APT 7G BRONX NY 10463 | 26-4705999 | 501(C)(3) | 10,000. | | | | PROGRAM SERVICES |
| (7) PLANNED PARENTHOOD FED AM INC AMERICA INC<br>123 WILLIAM STREET NEW YORK NY 10038 | 13-1644147 | 501(C)(3) | 651,000. | | | | PROGRAM SERVICES |
| (8) PRATHAM USA<br>9703 RICHMOND AVE HOUSTON TX 77042 | 76-0620808 | 501(C)(3) | 10,000. | | | | PROGRAM SERVICES |
| (9) PROJECT ALS<br>4330 CAMP KAUFMANN RD HUNTINGTOWN MD 20639 | 13-4019464 | 501(C)(3) | 110,000. | | | | PROGRAM SERVICES |
| (10) QUAD PREPARATORY SCHOOL, THE<br>25 PINE ST FL 4 NEW YORK NY 10005-1001 | 46-5652622 | 501(C)(3) | 25,000. | | | | PROGRAM SERVICES |
| (11) RC CHURCH OF THE ASCENSION<br>221 WEST 107 STREET NEW YORK NY 10025 | 13-1628191 | 501(C)(3) | 10,000. | | | | PROGRAM SERVICES |
| (12) RIVERDALE COUNTRY SCHOOL<br>5250 FIELDSTON RD BRONX NY 10471-2935 | 13-1740483 | 501(C)(3) | 76,000. | | | | PROGRAM SERVICES |

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|---|---|---|---|---|---|---|---|
| (1) RIVERSIDE HAWKS HHH INC ATTN MARK JEROME<br>490 RIVERSIDE DRIVE NEW YORK NY 10027 | 06-1750000 | 501(C)(3) | 9,000. | | | | PROGRAM SERVICES |
| (2) RIVERSTONE SENIOR LIFE SERV<br>99 FT WASHINGTON AVE NY NY 10032 | 13-3355074 | 501(C)(3) | 6,500. | | | | PROGRAM SERVICES |
| (3) SMITH COLLEGE<br>76 ELM STREET NORTHAMPTON MA 01063 | 04-1843040 | 501(C)(3) | 200,000. | | | | PROGRAM SERVICES |
| (4) SNACK & FRIENDS INC<br>316 EAST 53RD STREET NEW YORK NY 10022 | 20-5934666 | 501(C)(3) | 7,000. | | | | PROGRAM SERVICES |
| (5) SOCIETY FOR CONSUMER PSYCHOLOGY<br>TCU BOX 298530 FORT WORTH TX 76129 | 36-3607499 | 501(C)(3) | 20,000. | | | | PROGRAM SERVICES |
| (6) SOUTHERN POVERTY LAW CENTER INC<br>400 WASHINGTON AVENUE MONTGOMERY AL 36104 | 63-0598743 | 501(C)(3) | 651,000. | | | | PROGRAM SERVICES |
| (7) TELECOMMUNICATIONS DEVELOPMENT FUND INC<br>2 WISCONSIN CIRCLE CHEVY CHASE MD 20815 | 52-2077863 | 501(C)(3) | 142,406. | | | | PROGRAM SERVICES |
| (8) THE ARMORY FOUNDATION<br>216 FORT WASHINGTON AVE NEW YORK NY 10032 | 13-3680286 | 501(C)(3) | 34,000. | | | | PROGRAM SERVICES |
| (9) THE BOARD OF TRUSTEES OF WHITMAN COLLEGE WH<br>345 BOYER AVENUE WALLA WALLA WA 99362 | 91-0567740 | 501(C)(3) | 10,000. | | | | PROGRAM SERVICES |
| (10) THE COMMUNITY INITIATIVES OF NC<br>2293 ADAM CLAYTON POWELL JR NY NY 10030 | 81-3983435 | 501(C)(3) | 8,000. | | | | PROGRAM SERVICES |
| (11) THE CORBIN HILL FOOD PROJECT INC<br>475 RIVERSIDE DRIVE NEW YORK NY 10115 | 46-1206478 | 501(C)(3) | 10,000. | | | | PROGRAM SERVICES |
| (12) THE GREATER HARLEM CHAMBER OF COMMERCE<br>200A WEST 136TH STREET NEW YORK NY 10030 | 13-3662434 | 501(C)(3) | 25,000. | | | | PROGRAM SERVICES |

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**(Form 990)**

Department of the Treasury
Internal Revenue Service

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

**Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.**

**Attach to Form 990.**

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

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK

**Employer identification number** 13-5598093

## Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

## Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| (1) THE METROPOLITAN MUSEUM OF ART<br>1000 FIFTH AVE NY NY 10028 | 13-1624086 | 501(C)(3) | 140,000. | | | | PROGRAM SERVICES |
| (2) THE PARRIS FOUNDATION INC<br>2237 ADAM CLAYTON POWELL JR NY, NY 10027 | 27-1408011 | 501(C)(3) | 7,000. | | | | PROGRAM SERVICES |
| (3) THE PINGRY CORPORATION THE PINGRY SCHOOL<br>131 MARTINSVILLE RD BASKING RIDGE NJ 07920 | 22-1493168 | 501(C)(3) | 35,000. | | | | PROGRAM SERVICES |
| (4) THE REV LINNETTE C WILLIAMSON MEMORIAL PARK<br>141 WEST 139TH STREET NEW YORK NY 10030 | 13-3861293 | 501(C)(3) | 6,000. | | | | PROGRAM SERVICES |
| (5) TOP HONORS INC<br>PO BOX 2009 NEW YORK NY 10163 | 75-3062601 | 501(C)(3) | 6,000. | | | | PROGRAM SERVICES |
| (6) TRIBE MEDIA CORP THE JEWISH JOURNAL<br>1880 CENTURY PARK E, LOS ANGELES CA 90067 | 95-4019743 | 501(C)(3) | 25,000. | | | | PROGRAM SERVICES |
| (7) TRINITY COMMUNITY CONNECTION<br>164 WEST 100TH ST NEW YORK NY 10025 | 94-3447082 | 501(C)(3) | 10,000. | | | | PROGRAM SERVICES |
| (8) UNITED HOSPITAL FUND OF NEW YORK INC<br>P.O. BOX 22501 NEW YORK NY 10087-5201 | 13-1562656 | 501(C)(3) | 15,000. | | | | PROGRAM SERVICES |
| (9) UNITED JEWISH APPEAL-FEDERATION OF JEWISH P<br>130 EAST 59TH STREET NEW YORK NY 10022 | 51-0172429 | 501(C)(3) | 272,800. | | | | PROGRAM SERVICES |
| (10) VIVIAN BEAUMONT THEATER, INC.<br>150 W 65TH ST NEW YORK NY 10023-6916 | 13-3004747 | 501(C)(3) | 150,000. | | | | PROGRAM SERVICES |
| (11) VOCATIONAL INSTRUCTION PROJECT COMMUNITY<br>770 EAST 176TH STREET BRONX NY 10460 | 13-3224700 | 501(C)(3) | 10,000. | | | | PROGRAM SERVICES |
| (12) VOLCANI INTERNATIONAL PARTNERSHIPS US INC<br>2000 PENNSYLVANIA, NW WASHINGTON DC 20006 | 85-3873125 | 501(C)(3) | 29,826. | | | | PROGRAM SERVICES |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ____

3 Enter total number of other organizations listed in the line 1 table . . . . . ____

**SCHEDULE I**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

**Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.**

**Attach to Form 990.**

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

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK

**Employer identification number** 13-5598093

## Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

## Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| (1) WASHINGTON HEIGHTS AND INWOOD DEVELOPMENT C<br>611 WEST 177TH STREET NEW YORK NY 10033 | 13-2950346 | 501(C)(3) | 8,370. | | | | PROGRAM SERVICES |
| (2) WE ARE NOT AFRAID COMMUNITY RESOURCE CTR<br>521 WEST 126TH STREET NEW YORK NY 10027 | 84-3462208 | 501(C)(3) | 6,000. | | | | PROGRAM SERVICES |
| (3) WEST SIDE CENTER FOR COMMUNITY LIFE<br>263 WEST 86TH STREET NEW YORK NY 10024 | 71-0908184 | 501(C)(3) | 12,000. | | | | PROGRAM SERVICES |
| (4) WGBH EDUCATIONAL FOUNDATION<br>ONE GUEST STREET BOSTON MA 02135 | 04-2104397 | 501(C)(3) | 42,500. | | | | PROGRAM SERVICES |
| (5) KNIGHT FIRST AMENDMENT INSTITUTE AT COLUMBI<br>615 W. 131ST ST. NEW YORK, NY 10027 | 81-4759386 | 501(C)(3) | 2,816,735. | | | | CAPITAL CONTRIBUTION |
| (6) REID HALL INC.<br>615 W. 131ST ST. NEW YORK, NY 10027 | 13-1611126 | 501(C)(3) | 1,370,816. | | | | CAPITAL CONTRIBUTION |
| (7) COLUMBIA UNIVERSITY HEALTH CARE INC.<br>615 W. 131ST ST. NEW YORK, NY 10027 | 13-3948652 | 501(C)(3) | 13,132,926. | | | | CAPITAL CONTRIBUTION |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ____

3 Enter total number of other organizations listed in the line 1 table . . . . . ____

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|---|---|---|---|---|---|
| 1 | STUDENT TUITION AND SCHOLARSHIPS | 15,470 | 681,977,173. | | N/A | N/A |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS

FORM 990, SCHEDULE I, PART I, LINE 2

THE UNIVERSITY MAINTAINS A WRITTEN POLICY THAT GOVERNS THE MONITORING OF THE USE OF SPONSORED PROJECT GRANT FUNDING BY SUBRECIPIENTS. THE POLICY MANDATES MONITORING IN TWO AREAS: (A) SUBRECIPIENT INSTITUTION COMPLIANCE WITH THE AUDITING REQUIREMENTS OF OMB CIRCULAR A-133, AND (B) SUBRECIPIENT INSTITUTION'S APPROPRIATE MANAGEMENT OF SUBAWARD. THE UNIVERSITY'S SPONSORED PROJECTS FINANCE GROUP COLLECTS A-133 REPORTS FROM SUBRECIPIENT INSTITUTIONS, AND THE PRINCIPAL INVESTIGATORS CARRY OUT THE SECOND TYPE

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|---|---|---|---|---|---|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

OF MONITORING, PRINCIPALLY BY:

- ROUTINELY GATHERING AND REVIEWING TECHNICAL PERFORMANCE REPORTS;

- ROUTINELY REVIEWING INVOICES AND EXPENSES RELATIVE TO BUDGET;

- CONDUCTING PERIODIC ON-SITE VISITS, WHEN NECESSARY; AND

- INITIATING AUDITS, WHEN NECESSARY.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

# Compensation Information

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
**Attach to Form 990.**
**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2022

**Open to Public Inspection**

Name of the organization THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK

Employer identification number 13-5598093

## Part I Questions Regarding Compensation

| | | Yes | No |
|---|---|---|---|
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | |
| | [X] First-class or charter travel | | |
| | [X] Travel for companions | | |
| | [ ] Tax indemnification and gross-up payments | | |
| | [ ] Discretionary spending account | | |
| | [X] Housing allowance or residence for personal use | | |
| | [ ] Payments for business use of personal residence | | |
| | [ ] Health or social club dues or initiation fees | | |
| | [ ] Personal services (such as maid, chauffeur, chef) | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . . 1b | X | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? . . . . . 2 | X | |
| 3 | Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. | | |
| | [X] Compensation committee | | |
| | [X] Independent compensation consultant | | |
| | [X] Form 990 of other organizations | | |
| | [ ] Written employment contract | | |
| | [X] Compensation survey or study | | |
| | [X] Approval by the board or compensation committee | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | |
| a | Receive a severance payment or change-of-control payment? . . . . . 4a | | X |
| b | Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . . 4b | | X |
| c | Participate in or receive payment from an equity-based compensation arrangement? . . . . . 4c | | X |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | |
| | **Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.** | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | |
| a | The organization? . . . . . 5a | X | |
| b | Any related organization? . . . . . 5b | | X |
| | If "Yes" on line 5a or 5b, describe in Part III. | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | |
| a | The organization? . . . . . 6a | | X |
| b | Any related organization? . . . . . 6b | | X |
| | If "Yes" on line 6a or 6b, describe in Part III. | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III . . . . . 7 | X | |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . . 8 | | X |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . . 9 | | |

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|---|---|---|---|---|---|---|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| LAWRENCE GERALD LENKE | (i) | 5,488,624. | NONE | NONE | 34,589. | 32,521. | 5,555,734. | NONE |
| 1 PROFESSOR OF SURGERY | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| LEE C. BOLLINGER | (i) | 1,704,568. | 700,000. | 2,044,768. | 40,500. | 504,979. | 4,994,815. | NONE |
| 2 PRESIDENT (THROUGH 6/30/23) | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| RONALD ARTHUR LEHMAN J | (i) | 3,486,493. | NONE | NONE | 35,600. | 39,549. | 3,561,642. | NONE |
| 3 PROFESSOR OF SURGERY | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| DAVID N. SILVERS | (i) | 1,322,929. | 1,976,763. | NONE | 40,500. | 24,447. | 3,364,639. | NONE |
| 4 CLINICAL PROFESSOR | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| EMILE BACHA | (i) | 3,185,826. | NONE | NONE | 35,904. | 71,322. | 3,293,052. | NONE |
| 5 PROFESSOR OF SURGERY | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| CRAIG SMITH | (i) | 3,138,478. | NONE | NONE | 40,500. | 25,141. | 3,204,119. | NONE |
| 6 PROFESSOR OF SURGERY | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| KIM LEW | (i) | 1,024,686. | 1,900,000. | NONE | 30,720. | 27,933. | 2,983,339. | NONE |
| 7 CEO OF IMC | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| AMELIA ALVERSON | (i) | 841,307. | 831,071. | NONE | 30,775. | 12,261. | 1,715,414. | NONE |
| 8 EXEC VP - UNIV DVLP&ALUM RLTS | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| ANIL RUSTGI | (i) | 876,031. | NONE | 801,918. | 30,720. | 3,833. | 1,712,502. | NONE |
| 9 INT EVP SCI (THROUGH 2/28/22) | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| KATRINA ARMSTRONG | (i) | 1,094,983. | 110,000. | 93,587. | 30,720. | 2,071. | 1,331,361. | NONE |
| 10 EVP HEALTH SCIENCES | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| LEE GOLDMAN | (i) | 917,868. | NONE | 114,376. | 46,025. | 15,500. | 1,093,769. | NONE |
| 11 EVP HEALTH SCIENCES (FORMER) | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| GERALD M. ROSBERG | (i) | 922,603. | 100,000. | NONE | 33,770. | 26,999. | 1,083,372. | NONE |
| 12 SENIOR EXEC VICE PRESIDENT | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| MARY BOYCE | (i) | 866,338. | 50,000. | 43,840. | 33,770. | 24,703. | 1,018,651. | NONE |
| 13 PROVOST (THROUGH 6/30/23) | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| JANE E. BOOTH | (i) | 857,108. | 100,000. | NONE | 44,068. | 12,715. | 1,013,891. | NONE |
| 14 CHF LEGAL OFF (AS OF 1/1/23) | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| ANNE R. SULLIVAN | (i) | 915,537. | NONE | 943. | 30,775. | 31,299. | 978,554. | NONE |
| 15 EXECUTIVE VP FOR FINANCE & IT | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| AMY HUNGERFORD | (i) | 553,712. | 100,000. | 240,414. | 30,720. | 39,195. | 964,041. | NONE |
| 16 EXEC VP-A&S | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|---|---|---|---|---|---|---|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| IRA KATZNELSON | (i) | 458,186. | NONE | 301,080. | 40,500. | 24,901. | 824,667. | NONE |
| 1 INT PROVOST (FORMER) | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| PETER HOLLAND | (i) | NONE | 763,422. | NONE | NONE | 24,086. | 787,508. | 625,000. |
| 2 CEO/EVP IMC (FORMER) | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| JOHN COATSWORTH | (i) | 621,060. | NONE | 52,774. | 46,025. | 24,901. | 744,760. | NONE |
| 3 PROVOST (FORMER) | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| DAVID GREENBERG | (i) | 577,437. | 50,000. | 3,540. | 30,775. | 31,956. | 693,708. | NONE |
| 4 EXEC VP FACILITIES | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| FELICE ROSAN | (i) | 492,152. | NONE | 20,000. | 45,825. | 57,273. | 615,250. | NONE |
| 5 GENERAL COUNSEL (AS OF 1/1/23) | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| JEROME DAVIS | (i) | 485,226. | NONE | NONE | 46,025. | 16,263. | 547,514. | NONE |
| 6 SECRETARY | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| | (i) | | | | | | | |
| 7 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 8 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 9 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 10 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 11 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 12 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 13 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 14 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 15 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 16 | (ii) | | | | | | | |

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SUPPLEMENTAL COMPENSATION INFORMATION

NOTES TO PART I, LINE 1A

FIRST CLASS OR CHARTER TRAVEL

IN LIMITED CIRCUMSTANCES, CERTAIN INDIVIDUALS MAY TRAVEL FIRST CLASS WHEN THE TRAVEL IS SUBSTANTIATED AS A REASONABLE EXPENSE TO SUPPORT THE MISSION OF THE UNIVERSITY. THIS IS NOT CONSIDERED TAXABLE INCOME TO ANY INDIVIDUAL. ANY EXCEPTIONS TO THE UNIVERSITY'S POLICY ARE SUBJECT TO REVIEW AND APPROVAL.

TRAVEL FOR COMPANIONS

IN CERTAIN CIRCUMSTANCES, THE SPOUSE OF THE PRESIDENT OR OF ANOTHER OFFICER OR KEY EMPLOYEE MAY TRAVEL FOR UNIVERSITY PURPOSES. EXAMPLES OF SUCH TRAVEL INCLUDE ATTENDANCE AT FUNDRAISING OR ALUMNI EVENTS, AS WELL AS REPRESENTING THE UNIVERSITY AT AWARDS PRESENTATIONS OR OTHER CEREMONIES OR EVENTS. IN ACCORDANCE WITH APPLICABLE LEGAL STANDARDS, THE

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

UNIVERSITY WILL PAY FOR SPOUSAL TRAVEL AS A REGULAR BUSINESS EXPENSE IF THE SPOUSAL TRAVEL SERVES A "BONA FIDE BUSINESS PURPOSE" OF THE UNIVERSITY.

HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE/PERSONAL SERVICES

AS A CONDITION OF EMPLOYMENT, THE PRESIDENT IS REQUIRED TO LIVE IN A HOME ON THE UNIVERSITY'S CAMPUS WHICH IS FURNISHED AND MAINTAINED AT THE UNIVERSITY'S EXPENSE. THE PRESIDENT'S HOUSING HAS BEEN VALUED AT $473,802 AND IS REPORTED AS A NON-TAXABLE BENEFIT. THE UNIVERSITY ALSO PROVIDES A CAR AND DRIVER TO BE USED BY THE PRESIDENT IN CONNECTION WITH HIS DUTIES. THE PRESIDENT IS RESPONSIBLE FOR ANY PERSONAL USE OF THE HOUSEHOLD STAFF OR CAR AND DRIVER AND OTHER PERSONAL EXPENSES.

NOTE TO PART I, LINE 5A

DR. DAVID SILVERS' COMPENSATION IS COMPRISED OF BASE COMPENSATION AND INCENTIVE COMPENSATION DETERMINED FROM HIS PERFORMANCE OF, AND REVENUES

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

FROM, CLINICAL DUTIES IN THE UNIVERSITY'S DERMATOPATHOLOGY PRACTICE WHERE HE IS THE DIRECTOR, AND IS SUBJECT TO A CAP FOR EACH ACADEMIC YEAR.

NOTE TO PART I, LINE 7

ALL AMOUNTS FOR OFFICERS AND KEY EMPLOYEES ARE REVIEWED AS DESCRIBED IN PART I, LINE 3, AND SCHEDULE O.

NOTE TO PETER HOLLAND'S COMPENSATION

THE ACTUAL AMOUNT EARNED DURING THE REPORTING PERIOD WAS $162,508 FOR MR. HOLLAND. THE LARGER COMPENSATION FIGURE SHOWN IN COLUMN (E) INCLUDES DOUBLE-REPORTING OF PREVIOUSLY REPORTED DEFERRED COMPENSATION WHICH VESTED AND WAS PAID DURING THE REPORTING PERIOD. THE ACTUAL AMOUNT EARNED BY MR. HOLLAND IS CALCULATED BY SUBTRACTING COLUMN (F) FROM COLUMN (E).

NOTE TO LEE BOLLINGER'S COMPENSATION

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

AMOUNTS FOR PRESIDENT BOLLINGER IN COLUMN (B)(II) REFLECT PAYMENTS UNDER A PERFORMANCE-BASED BONUS AWARD. THE AMOUNT SHOWN IN COLUMN (B)(III) AS "OTHER REPORTABLE COMPENSATION" REFLECTS PAYMENT OF ACCRUED BENEFITS.

NOTE TO DR. LENKE'S, DR. LEHMAN'S, DR. SMITH'S, AND DR. BACHA'S COMPENSATION

THE COMPENSATION OF DR. LENKE, DR. LEHMAN, DR. SMITH, AND DR. BACHA IS SUPPORTED BY THEIR CLINICAL ACTIVITIES, GRANTS, AND SUPPORT FROM THE UNIVERSITY'S HOSPITAL AFFILIATES.

**SCHEDULE K (Form 990)**

Department of the Treasury
Internal Revenue Service

# Supplemental Information on Tax-Exempt Bonds

**Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

**Attach to Form 990.**

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

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK

**Employer identification number** 13-5598093

## Part I Bond Issues

| | (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pooled financing | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Yes | No | Yes | No | Yes | No |
| A | DORMITORY AUTHORITY OF STATE OF NEW YORK 2003A&B | 14-6000293 | 649901R49 | 03/05/2003 | 122,696,491. | FUND NEW QUALIFIED PROJECTS | | X | | X | | X |
| B | DORMITORY AUTHORITY OF STATE OF NEW YORK 2009A | 14-6000293 | 649905DF0 | 05/14/2009 | 117,000,000. | FUND NEW QUALIFIED PROJECTS | | X | | X | | X |
| C | DORMITORY AUTHORITY OF STATE OF NEW YORK 2015A | 14-6000293 | 6499077D8 | 04/23/2015 | 125,006,199. | FUND NEW QUALIFIED PROJECTS | | X | | X | | X |
| D | DORMITORY AUTHORITY OF STATE OF NEW YORK 2015B | 14-6000293 | 64990BGH0 | 04/23/2015 | 56,240,112. | REFUND DASNY 2004B BONDS | | X | | X | | X |

## Part II Proceeds

| | | A | B | C | D |
|---|---|---|---|---|---|
| 1 | Amount of bonds retired | 87,775,000. | | | 38,570,000. |
| 2 | Amount of bonds legally defeased | | | | |
| 3 | Total proceeds of issue | 123,718,793. | 117,067,254. | 125,006,199. | 56,240,112. |
| 4 | Gross proceeds in reserve funds | | | | |
| 5 | Capitalized interest from proceeds | | | | |
| 6 | Proceeds in refunding escrows | | | | |
| 7 | Issuance costs from proceeds | 802,880. | 823,388. | 482,921. | 239,228. |
| 8 | Credit enhancement from proceeds | | | | |
| 9 | Working capital expenditures from proceeds | | | | |
| 10 | Capital expenditures from proceeds | 122,097,219. | 115,269,253. | 124,474,161. | |
| 11 | Other spent proceeds | 818,694. | 974,613. | 49,116. | 56,000,884. |
| 12 | Other unspent proceeds | | | | |
| 13 | Year of substantial completion | 2004 | 2009 | 2015 | 2015 |
| | | Yes / No | Yes / No | Yes / No | Yes / No |
| 14 | Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? | / X | / X | / X | X / |
| 15 | Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? | / X | / X | / X | / X |
| 16 | Has the final allocation of proceeds been made? | X / | X / | X / | X / |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X / | X / | X / | X / |

## Part III Private Business Use

DORMITORY AUTHORITY OF NEW YORK 2003A&B

| | | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|---|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | X | | X | | X | | X |
| 2 | Are there any lease arrangements that may result in private business use of bond-financed property? | X | | X | | X | | X | |
| 3a | Are there any management or service contracts that may result in private business use of bond-financed property? | X | | X | | X | | X | |
| b | If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | X | | X | | X | | X | |
| c | Are there any research agreements that may result in private business use of bond-financed property? | X | | X | | X | | X | |
| d | If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | X | | X | | X | | X | |
| 4 | Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | | NONE % | | NONE % | | NONE % | | NONE % |
| 5 | Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | | NONE % | | NONE % | | NONE % | | NONE % |
| 6 | Total of lines 4 and 5 | | NONE % | | NONE % | | NONE % | | NONE % |
| 7 | Does the bond issue meet the private security or payment test? | | X | | X | | X | | X |
| 8a | Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | X | | X | | X |
| b | If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | NONE % | | NONE % | | NONE % | | NONE % |
| c | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | X | | X | | X | | X |
| 9 | Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? | X | | X | | X | | X | |

## Part IV Arbitrage

| | | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|---|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | X | | X | | X | | X |
| 2 | If "No" to line 1, did the following apply? | | | | | | | | |
| a | Rebate not due yet? | | X | | X | | X | | X |
| b | Exception to rebate? | | X | | X | | X | | X |
| c | No rebate due? | X | | X | | X | | X | |
| | If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 | Is the bond issue a variable rate issue? | X | | X | | | X | | X |

**Part IV Arbitrage** *(continued)*

DORMITORY AUTHORITY OF NEW YORK 2003A&B

| | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | X | | X | | X |
| b Name of provider | | | | | | | | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintegrated? | | | | | | | | |
| e Was the hedge terminated? | | | | | | | | |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | X | | X | | X |
| b Name of provider | | | | | | | | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | X | | X | | X | | X |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | X | | X | | X | | X | |

**Part V Procedures To Undertake Corrective Action**

| | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? | X | | X | | X | | X | |

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions.

**Part VI** **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

SCHEDULE K, PART II, LINE 3

DIFFERENCES IN AMOUNTS ENTERED IN PART I, COLUMN (E) AND PART II, LINE 3 REPRESENT INVESTMENT EARNINGS.

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SCHEDULE K, PART II, LINE 11

OTHER SPENT PROCEEDS AMOUNTS REPORTED REPRESENT THE NEW YORK STATE BOND TAX ASSOCIATED WITH EACH ISSUE.

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SCHEDULE K, PART III, LINES 4-5

FOR ALL ISSUES, THE UNIVERSITY HAS ALLOCATED EQUITY INVESTED IN THE FINANCED PROPERTIES TO SOURCES OF PRIVATE BUSINESS USE, WITH THE EXCEPTION OF ISSUANCE COSTS, WITHIN THE REQUIRED TIME FRAME AND HAS CAREFULLY MANAGED THE TYPES OF ACTIVITIES CONDUCTED IN BOND-FINANCED FACILITIES. AS SUCH, THE UNIVERSITY HAS REPORTED 0% PRIVATE BUSINESS USE FOR THE SERIES 2003A&B, SERIES 2009A, SERIES 2015A, SERIES 2015B, SERIES 2016A&B, SERIES 2017A&B, SERIES 2018A&B, 2020A AND 2023A ISSUES ON SCHEDULE K.

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**Part VI** **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

SCHEDULE K, PART IV, LINE 2

FOR ALL SERIES EXCEPT THE 2015A AND 2015B THE BOND PROCEEDS ARE SLIGHTLY EXCEEDED BY THE TOTAL USES DUE TO EARNINGS IN THE CONSTRUCTION FUND HELD AT THE TRUSTEE. THE LATEST ARBITRAGE COMPUTATION FOR DASNY 2003A&B, 2009A, 2015A, 2015B, 2016A&B, 2017A&B, 2018A&B, 2020A, AND 2023A WAS DECEMBER 31, 2022.

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SCHEDULE K (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Information on Tax-Exempt Bonds

**Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

**Attach to Form 990.**

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK

**Employer identification number** 13-5598093

## Part I Bond Issues

| | (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pooled financing | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Yes | No | Yes | No | Yes | No |
| A | DORMITORY AUTHORITY OF STATE OF NEW YORK 2016A&B | 14-6000293 | 64990BZK2 | 04/27/2016 | 491,547,535. | REFUND 2006AB AND FUND NEW PROJECT | | X | | X | | X |
| B | DORMITORY AUTHORITY OF STATE OF NEW YORK 2017A&B | 14-6000293 | 64990CQE4 | 03/01/2017 | 240,921,142. | REFUND 2004C AND FUND NEW PROJECTS | | X | | X | | X |
| C | DORMITORY AUTHORITY OF STATE OF NEW YORK 2018A&B | 14-6000293 | 64990C6P1 | 05/16/2018 | 396,803,509. | REFUND 2008A AND FUND NEW PROJECTS | | X | | X | | X |
| D | DORMITORY AUTHORITY OF STATE OF NEW YORK 2020A | 14-6000293 | 64990GA85 | 03/19/2020 | 247,210,500. | FUND NEW PROJECTS | | X | | X | | X |

## Part II Proceeds

| | | A | B | C | D |
|---|---|---|---|---|---|
| 1 | Amount of bonds retired | 116,155,000. | | | |
| 2 | Amount of bonds legally defeased | | | | |
| 3 | Total proceeds of issue | 491,760,973. | 241,400,663. | 399,034,697. | 247,210,500. |
| 4 | Gross proceeds in reserve funds | | | | |
| 5 | Capitalized interest from proceeds | | | | |
| 6 | Proceeds in refunding escrows | | | | |
| 7 | Issuance costs from proceeds | 1,304,805. | 879,101. | 1,296,723. | 747,279. |
| 8 | Credit enhancement from proceeds | | | | |
| 9 | Working capital expenditures from proceeds | | | | |
| 10 | Capital expenditures from proceeds | 239,038,664. | 191,140,597. | 193,167,811. | 246,338,221. |
| 11 | Other spent proceeds | 251,417,504. | 49,380,966. | 204,570,163. | 125,000. |
| 12 | Other unspent proceeds | | | | |
| 13 | Year of substantial completion | 2017 | 2018 | 2019 | 2020 |

| | | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|---|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? | X | | X | | X | | | X |
| 15 | Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? | | X | | X | | X | | X |
| 16 | Has the final allocation of proceeds been made? | X | | X | | X | | X | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | | X | | X | |

## Part III Private Business Use

DORM AUTH OF THE STATE OF NY 2016A&B

| | | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|---|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | X | | X | | X | | X |
| 2 | Are there any lease arrangements that may result in private business use of bond-financed property? | X | | X | | X | | X | |
| 3a | Are there any management or service contracts that may result in private business use of bond-financed property? | X | | X | | X | | X | |
| b | If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | X | | X | | X | | X | |
| c | Are there any research agreements that may result in private business use of bond-financed property? | X | | X | | X | | X | |
| d | If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | X | | X | | X | | X | |
| 4 | Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | | NONE % | | NONE % | | NONE % | | NONE % |
| 5 | Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | | NONE % | | NONE % | | NONE % | | NONE % |
| 6 | Total of lines 4 and 5 | | NONE % | | NONE % | | NONE % | | NONE % |
| 7 | Does the bond issue meet the private security or payment test? | | X | | X | | X | | X |
| 8a | Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | X | | X | | X |
| b | If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | NONE % | | NONE % | | NONE % | | NONE % |
| c | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | X | | X | | X | | X |
| 9 | Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? | X | | X | | X | | X | |

## Part IV Arbitrage

| | | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|---|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | X | | X | | X | | X |
| 2 | If "No" to line 1, did the following apply? | | | | | | | | |
| a | Rebate not due yet? | | X | | X | | X | X | |
| b | Exception to rebate? | | X | | X | | X | | X |
| c | No rebate due? | X | | X | | X | | | X |
| | If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 | Is the bond issue a variable rate issue? | | X | | X | | X | | X |

**Part IV Arbitrage** *(continued)*

DORM AUTH OF THE STATE OF NY 2016A&B

| | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | X | | X | | X |
| b Name of provider | | | | | | | | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintegrated? | | | | | | | | |
| e Was the hedge terminated? | | | | | | | | |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | X | | X | | X |
| b Name of provider | | | | | | | | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | X | | X | | X | | X |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | X | | X | | X | | X | |

**Part V Procedures To Undertake Corrective Action**

| | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? | X | | X | | X | | X | |

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions.

**Part VI** **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

**SCHEDULE K (Form 990)**

Department of the Treasury
Internal Revenue Service

# Supplemental Information on Tax-Exempt Bonds

**Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

**Attach to Form 990.**

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

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK

**Employer identification number** 13-5598093

## Part I Bond Issues

| | (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pooled financing | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Yes | No | Yes | No | Yes | No |
| A | DORMITORY AUTHORITY OF STATE OF NEW YORK 2023A | 14-6000293 | 65000BE20 | 06/07/2023 | 331,835,000. | REFUND 2021CP AND FUND NEW PROJECT | | X | | X | | X |
| B | | | | | | | | | | | | |
| C | | | | | | | | | | | | |
| D | | | | | | | | | | | | |

## Part II Proceeds

| | | A | B | C | D |
|---|---|---|---|---|---|
| 1 | Amount of bonds retired | | | | |
| 2 | Amount of bonds legally defeased | | | | |
| 3 | Total proceeds of issue | 332,056,895. | | | |
| 4 | Gross proceeds in reserve funds | | | | |
| 5 | Capitalized interest from proceeds | | | | |
| 6 | Proceeds in refunding escrows | | | | |
| 7 | Issuance costs from proceeds | 1,048,039. | | | |
| 8 | Credit enhancement from proceeds | | | | |
| 9 | Working capital expenditures from proceeds | | | | |
| 10 | Capital expenditures from proceeds | 330,883,856. | | | |
| 11 | Other spent proceeds | 125,000. | | | |
| 12 | Other unspent proceeds | | | | |
| 13 | Year of substantial completion | 2023 | | | |

| | | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|---|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? | | X | | | | | | |
| 15 | Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? | X | | | | | | | |
| 16 | Has the final allocation of proceeds been made? | X | | | | | | | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | | | | | | |

## Part III Private Business Use

DORMITORY AUTHORITY OF NEW YORK 2023A

| | | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|---|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | X | | | | | | |
| 2 | Are there any lease arrangements that may result in private business use of bond-financed property? | X | | | | | | | |
| 3a | Are there any management or service contracts that may result in private business use of bond-financed property? | X | | | | | | | |
| b | If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | X | | | | | | | |
| c | Are there any research agreements that may result in private business use of bond-financed property? | X | | | | | | | |
| d | If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | X | | | | | | | |
| 4 | Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | | NONE % | | % | | % | | % |
| 5 | Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | | NONE % | | % | | % | | % |
| 6 | Total of lines 4 and 5 | | NONE % | | % | | % | | % |
| 7 | Does the bond issue meet the private security or payment test? | | X | | | | | | |
| 8a | Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | | | | | |
| b | If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | NONE % | | % | | % | | % |
| c | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | X | | | | | | |
| 9 | Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? | X | | | | | | | |

## Part IV Arbitrage

| | | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|---|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | X | | | | | | |
| 2 | If "No" to line 1, did the following apply? | | | | | | | | |
| a | Rebate not due yet? | X | | | | | | | |
| b | Exception to rebate? | | X | | | | | | |
| c | No rebate due? | | X | | | | | | |
| | If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 | Is the bond issue a variable rate issue? | | X | | | | | | |

**Part IV Arbitrage** *(continued)*

DORMITORY AUTHORITY OF NEW YORK 2023A

| | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | | | | | |
| b Name of provider | | | | | | | | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintegrated? | | | | | | | | |
| e Was the hedge terminated? | | | | | | | | |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | | | | | |
| b Name of provider | | | | | | | | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | X | | | | | | |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | X | | | | | | | |

**Part V Procedures To Undertake Corrective Action**

| | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? | X | | | | | | | |

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions.

**Part VI** **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

**SCHEDULE L**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

# Transactions With Interested Persons

**Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
**Attach to Form 990 or Form 990-EZ.**
**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

**2022**

**Open To Public Inspection**

Name of the organization THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK

**Employer identification number** 13-5598093

## Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1 | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? Yes | (d) Corrected? No |
|---|---|---|---|---|---|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . $

## Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? To | (d) Loan to or from the organization? From | (e) Original principal amount | (f) Balance due | (g) In default? Yes | (g) In default? No | (h) Approved by board or committee? Yes | (h) Approved by board or committee? No | (i) Written agreement? Yes | (i) Written agreement? No |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (1) JOHN COATSWORTH | FRMR OFFICER | HOUSING | | X | 1,475,000. | 2,184,781. | | X | X | | X | |
| (2) JOHN COATSWORTH | FRMR OFFICER | HOUSING | | X | 525,000. | 624,669. | | X | X | | X | |
| (3) AMY HUNGERFORD | KEY EMP | HOUSING | | X | 171,710. | 68,684. | | X | X | | X | |
| (4) LEE GOLDMAN | FRMR KEY EMP | HOUSING | | X | 500,000. | 400,000. | | X | X | | X | |
| (5) LEE BOLLINGER | OFFICER | HOUSING | | X | 6,000,000. | 6,000,000. | | X | X | | X | |
| (6) | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | |
| Total | | | | | | $ 9,278,134. | | | | | | |

## Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|---|---|---|---|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |

**Part IV Business Transactions Involving Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| | (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? Yes | (e) Sharing of organization's revenues? No |
|---|---|---|---|---|---|---|
| (1) | JILL S. GOLDMAN | SPOUSE OF KEY EMPLOYEE | 140,360. | EMPLOYMENT | | X |
| (2) | VALERIE J. PURDIE-GREENAWAY | SPOUSE OF TRUSTEE | 412,263. | EMPLOYMENT | | X |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |
| (7) | | | | | | |
| (8) | | | | | | |
| (9) | | | | | | |
| (10) | | | | | | |

**Part V Supplemental Information**
Provide additional information for responses to questions on Schedule L (see instructions).

NOTES TO SCHEDULE L

AMOUNTS SHOWN ON SCHEDULE L PART IV REPRESENT PAYMENTS BY THE UNIVERSITY TO THE LISTED INTERESTED PERSONS. SPOUSES OF A FORMER KEY EMPLOYEE AND OF A TRUSTEE WERE EMPLOYEES OF THE UNIVERSITY DURING THE REPORTING PERIOD. AMOUNTS REPORTED ON SCHEDULE L REPRESENT WAGES AND BENEFITS AND WERE DETERMINED IN ACCORDANCE WITH THE UNIVERSITY'S REGULAR COMPENSATION PRACTICES APPLICABLE TO SIMILARLY SITUATED EMPLOYEES. THE UNIVERSITY OFFICIALS TO WHOM THESE INDIVIDUALS ARE RELATED DID NOT PARTICIPATE IN OR INFLUENCE THE UNIVERSITY'S DECISION ABOUT THESE TRANSACTIONS.

SCHEDULE L, PART II

THE LOANS REPORTED FOR JOHN COATSWORTH AND LEE BOLLINGER IN PART II ARE INTEREST BEARING AND SECURED BY AN INTEREST IN A PRIMARY RESIDENCE.

THE LOANS REPORTED FOR AMY HUNGERFORD AND LEE GOLDMAN IN PART II ARE INTEREST BEARING AND WERE MADE IN CONNECTION WITH A PRIMARY RESIDENCE.

**SCHEDULE M (Form 990)**

Department of the Treasury
Internal Revenue Service

# Noncash Contributions

**Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
**Attach to Form 990.**
**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization: THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK

Employer identification number: 13-5598093

## Part I Types of Property

| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|---|---|---|---|---|---|
| 1 | Art - Works of art | X | 3 | NONE | |
| 2 | Art - Historical treasures | | | | |
| 3 | Art - Fractional interests | | | | |
| 4 | Books and publications | X | | NONE | |
| 5 | Clothing and household goods | | | | |
| 6 | Cars and other vehicles | | | | |
| 7 | Boats and planes | | | | |
| 8 | Intellectual property | | | | |
| 9 | Securities - Publicly traded | X | 492 | 58,376,251. | COST/SALES PRICE |
| 10 | Securities - Closely held stock | | | | |
| 11 | Securities - Partnership, LLC, or trust interests | X | 2 | 547,902. | COST/SALES PRICE |
| 12 | Securities - Miscellaneous | | | | |
| 13 | Qualified conservation contribution - Historic structures | | | | |
| 14 | Qualified conservation contribution - Other | | | | |
| 15 | Real estate - Residential | | | | |
| 16 | Real estate - Commercial | | | | |
| 17 | Real estate - Other | | | | |
| 18 | Collectibles | | | | |
| 19 | Food inventory | | | | |
| 20 | Drugs and medical supplies | | | | |
| 21 | Taxidermy | | | | |
| 22 | Historical artifacts | | | | |
| 23 | Scientific specimens | | | | |
| 24 | Archeological artifacts | | | | |
| 25 | Other ▶( EQUIPMENT ) | X | 1 | NONE | |
| 26 | Other ▶( ) | | | | |
| 27 | Other ▶( ) | | | | |
| 28 | Other ▶( ) | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement . . . . . **29** 5

| | | | Yes | No |
|---|---|---|---|---|
| 30a | During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | 30a | | X |
| b | If "Yes," describe the arrangement in Part II. | | | |
| 31 | Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | 31 | X | |
| 32a | Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | 32a | X | |
| b | If "Yes," describe in Part II. | | | |
| 33 | If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | | |

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

USE OF THIRD PARTIES TO SOLICIT, PROCESS, OR SELL NONCASH CONTRIBUTIONS

SCHEDULE M, PART I, LINE 32B

THE UNIVERSITY USES THIRD PARTY INVESTMENT BROKERS TO SELL NONCASH CONTRIBUTED SECURITIES. THIRD PARTIES ARE NOT USED TO SOLICIT OR PROCESS NONCASH CONTRIBUTIONS.

DESCRIPTION OF CONTRIBUTED PROPERTY FOR WHICH REVENUES ARE NOT REPORTED

SCHEDULE M, PART I, LINE 33

UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, CONTRIBUTIONS OF WORKS OF ART, HISTORICAL TREASURES, AND SIMILAR ASSETS NEED NOT BE RECOGNIZED AS REVENUES AND CAPITALIZED IF THE DONATED ITEMS ARE ADDED TO COLLECTIONS HELD FOR PUBLIC EXHIBITION, EDUCATION, OR RESEARCH IN FURTHERANCE OF PUBLIC SERVICE RATHER THAN FINANCIAL GAIN. BECAUSE THE UNIVERSITY UTILIZES CONTRIBUTIONS OF ART AND HISTORICAL TREASURES IN FURTHERANCE OF PUBLIC SERVICE, THESE CONTRIBUTIONS ARE NOT RECOGNIZED AS REVENUE FOR FINANCIAL STATEMENT PURPOSES. IN ADDITION, MINOR GIFTS, SUCH AS FOOD OR SUPPLIES, ARE CONSIDERED DE MINIMIS.

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

NUMBER OF CONTRIBUTIONS

SCHEDULE M, PART I, COLUMN (B)

THE FIGURES IN COLUMN (B) REPRESENT THE NUMBER OF CONTRIBUTIONS RECEIVED.

| SCHEDULE O (Form 990 or 990-EZ) | Supplemental Information to Form 990 or 990-EZ | OMB No. 1545-0047 |
|---|---|---|
| Department of the Treasury Internal Revenue Service | 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 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.* | 2022 Open to Public Inspection |

| Name of the organization | Employer identification number |
|---|---|
| THE TRUSTEES OF COLUMBIA UNIVERSITY | 13-5598093 |

**SUPPLEMENTAL DISCLOSURES**

FORM 990, PART I, LINE 4 AND PART VI, LINE 1B

DETAIL REGARDING THE NUMBER OF INDEPENDENT VOTING MEMBERS

UNDER THE INSTRUCTIONS FOR THIS FILING, TWO TRUSTEES ARE NOT CLASSIFIED AS INDEPENDENT. ONE BY VIRTUE OF THEIR EMPLOYMENT AS PRESIDENT, AND ONE BY VIRTUE OF THE EMPLOYMENT OF THEIR SPOUSE.

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FORM 990, PART I, LINE 6

DETAIL REGARDING THE NUMBER OF VOLUNTEERS

THE NUMBER SHOWN IS AN ESTIMATE OF ALUMNI VOLUNTEERS WHO WORK WITH THE UNIVERSITY'S CENTRAL ALUMNI OFFICE. ADDITIONAL VOLUNTEERS WORK IN MANY OF THE UNIVERSITY'S SCHOOLS, CENTERS AND OTHER PROGRAMS.

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FORM 990, PART V, LINE 4B

FOREIGN COUNTRY LIST

ANGOLA

BANGLADESH

BRAZIL

BURUNDI

CAMEROON

CHILE

CHINA

DEMOCRATIC REPUBLIC OF THE CONGO

ETHIOPIA

FRANCE

GERMANY

GUATEMALA

INDIA

ITALY

COTE D'IVOIRE (IVORY COAST)

JAPAN

JORDAN

KAZAKHSTAN

KENYA

KYRGYZSTAN

LESOTHO

MALAWI

MOZAMBIQUE

MYANMAR

NIGERIA

PHILIPPINES

RWANDA

SIERRA LEONE

SOUTH AFRICA

SOUTH SUDAN

SWAZILAND

TAJIKISTAN

TANZANIA

TUNISIA

TURKEY

UGANDA

UNITED KINGDOM (ENGLAND, NORTHERN IRELAND, SCOTLAND, AND WALES)

ZAMBIA

ZIMBABWE

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FORM 990, PART V, LINES 7G AND 7H

CONTRIBUTIONS OF CERTAIN TYPES OF PROPERTY

DURING THE YEAR ENDED JUNE 30, 2023, THE UNIVERSITY DID NOT RECEIVE ANY CONTRIBUTIONS OF QUALIFIED INTELLECTUAL PROPERTY, CARS, BOATS, AIRPLANES, OR OTHER VEHICLES. AS A RESULT, THE UNIVERSITY WAS NOT REQUIRED TO FILE FORMS 8899 OR 1098-C TO REPORT SUCH CONTRIBUTIONS.

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FORM 990, PART V, LINES 15 & 16

EXCISE TAXES

PER SECTION 4960 OF THE IRC AND IRS FINAL REGULATIONS (TD 9938), EXCESS REMUNERATION IS CALCULATED BASED ON THE AMOUNTS PAID DURING THE CALENDAR YEAR ENDING WITH OR WITHIN THE TAXABLE YEAR OF THE EMPLOYER. DURING THE 2022 CALENDAR YEAR, SIX EMPLOYEES RECEIVED COMPENSATION OVER $1 MILLION THAT IS SUBJECT TO THE EXCISE TAX ON EXCESS REMUNERATION. THE UNIVERSITY HAS ANSWERED THIS QUESTION "YES" AND HAS COMPLETED AND FILED FORM 4720 IN

ACCORDANCE WITH IRS INSTRUCTIONS.

THE UNIVERSITY HAS REVIEWED SECTION 4968 OF THE IRC AND IRS FINAL REGULATIONS (TD 9917) TO DETERMINE IF IT IS SUBJECT TO THE EXCISE TAX ON NET INVESTMENT INCOME. BASED ON THIS GUIDANCE, THE UNIVERSITY DETERMINED IT DOES NOT HAVE APPLICABLE ASSETS IN EXCESS OF $500,000 PER STUDENT (ON A FULL-TIME EQUIVALENT BASIS). THEREFORE, THE UNIVERSITY HAS ANSWERED "NO" AS IT IS NOT SUBJECT TO THIS TAX.

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FORM 990, PART VI, LINE 11B

PROCESS USED BY MANAGEMENT AND/OR GOVERNING BODY TO REVIEW 990

MEMBERS OF THE TRUSTEES' AUDIT COMMITTEE REVIEWED THE FORM 990. FOLLOWING THAT REVIEW, THE FORM 990 WAS MADE AVAILABLE TO ALL TRUSTEES VIA A SECURE WEBSITE AND THEN PRESENTED TO THE FULL BOARD OF TRUSTEES AT A MEETING ON MAY 8, 2024. THE FINAL FORM WAS POSTED ON THE SECURE WEBSITE PRIOR TO FILING.

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FORM 990, PART VI, LINE 12C

DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST

ALL TRUSTEES ARE SUBJECT TO THE "STATEMENT OF CONFLICT OF INTEREST POLICY FOR THE TRUSTEES OF COLUMBIA UNIVERSITY." WHEN A TRUSTEE BECOMES AWARE OF AN EXISTING OR POTENTIAL CONFLICT OF INTEREST, HE OR SHE HAS A DUTY TO:

(A) DISCLOSE THE CIRCUMSTANCES TO THE BOARD CHAIR OR OTHERS, AS

APPROPRIATE, (B) REFRAIN FROM ACTING TO INFLUENCE ANY DECISION WHICH MIGHT IMPROPERLY BENEFIT THE TRUSTEE OR A FAMILY MEMBER; AND (C) RECUSE HIMSELF OR HERSELF FROM PARTICIPATION IN ANY DISCUSSIONS OR DECISIONS ABOUT THE POTENTIAL TRANSACTION OR ACTIVITY. IN ADDITION, ALL TRUSTEES ARE REQUIRED TO DISCLOSE ANNUALLY INTERESTS THAT COULD GIVE RISE TO CONFLICTS. THE DISCLOSURES ARE REVIEWED FOR APPROPRIATE ACTION.

ALL OFFICERS AND KEY EMPLOYEES ARE SUBJECT TO THE "STATEMENT OF UNIVERSITY POLICY ON CONFLICTS OF INTEREST." WHEN AN OFFICER OR KEY EMPLOYEE BECOMES AWARE OF AN EXISTING OR POTENTIAL CONFLICT OF INTEREST, HE OR SHE HAS A DUTY TO: (A) DISCLOSE THE CIRCUMSTANCE TO HIS OR HER SUPERVISOR, THE TRUSTEES OR OTHERS, AS APPROPRIATE; (B) REFRAIN FROM ACTING TO INFLUENCE ANY DECISION WHICH MIGHT IMPROPERLY BENEFIT THE OFFICER OR EMPLOYEE OR A FAMILY MEMBER; AND (C) RECUSE HIMSELF OR HERSELF FROM PARTICIPATION IN ANY DISCUSSION OR DECISIONS ABOUT THE POTENTIAL TRANSACTION OR ACTIVITY. IN ADDITION, ALL OFFICERS AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANNUALLY INTERESTS THAT COULD GIVE RISE TO CONFLICTS. THESE DISCLOSURES ARE REVIEWED AND ANY DISCLOSURES THAT COULD GIVE RISE TO CONFLICTS AS IDENTIFIED THROUGH SUCH REVIEW ARE REPORTED TO AN APPROPRIATE SENIOR OFFICER. ANY SUBSTANTIVE CONCERNS ARE ALSO REPORTED TO THE CHAIR OF THE BOARD OF TRUSTEES.

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**FORM 990, PART VI, LINES 15A AND 15B**

COMPENSATION PROCESS

**SCHEDULE O**
**(Form 990 or 990-EZ)**

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 990-EZ.**

▶ **Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.***

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| THE TRUSTEES OF COLUMBIA UNIVERSITY | 13-5598093 |

THE UNIVERSITY FOLLOWS THE REVIEW PROCESS DESCRIBED BELOW FOR ALL OFFICERS AND KEY EMPLOYEES. THIS PROCESS HAS BEEN IN PLACE SINCE AT LEAST 2000. THE COMPENSATION FOR THE ORGANIZATION'S PRESIDENT IS REVIEWED BY A COMPENSATION COMMITTEE OF INDEPENDENT TRUSTEES AND APPROVED BY THE INDEPENDENT TRUSTEES ON THE FULL BOARD. THE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES IS REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE OF INDEPENDENT TRUSTEES. IN CONNECTION WITH THE PRESIDENT'S COMPENSATION, THE COMPENSATION COMMITTEE AND THE BOARD REVIEW COMPARABILITY DATA AND MINUTES OF DELIBERATIONS ARE RECORDED CONTEMPORANEOUSLY WITH ANY ACTION. WITH RESPECT TO OTHER OFFICERS AND KEY EMPLOYEES, THE COMMITTEE FOLLOWS THE SAME PROCESS FOR REVIEW OF COMPARABILITY DATA AND CONTEMPORANEOUS DOCUMENTATION OF ITS ACTIONS. IN THE CASE OF THE ORGANIZATION'S PRESIDENT AND CERTAIN OTHER OFFICERS AND KEY EMPLOYEES, THE COMPENSATION COMMITTEE HAS ALSO CONSULTED WITH INDEPENDENT COMPENSATION CONSULTANTS IN DETERMINING COMPENSATION. THE COMPENSATION OF THE PRESIDENT AND THE CHIEF EXECUTIVE OFFICER OF THE INVESTMENT MANAGEMENT COMPANY IS REVIEWED AND APPROVED BY A COMPENSATION COMMITTEE OF THE INVESTMENT MANAGEMENT COMPANY'S BOARD OF MANAGERS. SUCH COMPENSATION COMMITTEE IS COMPRISED OF INDEPENDENT MEMBERS OF THE BOARD MANAGERS. "INDEPENDENT TRUSTEE" OR "INDEPENDENT MEMBER" AS USED IN THIS FOOTNOTE MEANS WITHOUT A CONFLICT OF INTEREST WITHIN THE MEANING OF PARAGRAPH (C)(1)(III) OF REGULATION §53.4958-6 OF THE INTERNAL REVENUE CODE. IN ACCORDANCE WITH THE FORM 990 INSTRUCTIONS, PART VI, LINE 1B ABOVE USES A DIFFERENT DEFINITION.

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| SCHEDULE O (Form 990 or 990-EZ) | Supplemental Information to Form 990 or 990-EZ | OMB No. 1545-0047 |
|---|---|---|
| Department of the Treasury Internal Revenue Service | 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 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. | 2022 Open to Public Inspection |

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| THE TRUSTEES OF COLUMBIA UNIVERSITY | 13-5598093 |

FORM 990, PART VI, LINE 19

DOCUMENTS AVAILABILITY TO PUBLIC

THE ORGANIZATION'S CHARTER AND STATUTES, FINANCIAL STATEMENTS AND THE "STATEMENT OF UNIVERSITY POLICY ON CONFLICTS OF INTEREST" ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AT WWW.COLUMBIA.EDU.

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FORM 990, PART VII, SECTION A

NOTE ON TRUSTEES

TRUSTEES' TIME DEVOTED TO POSITION (4 HOURS PER WEEK) REPRESENTS AN AVERAGE FOR ALL TRUSTEES BASED ON ATTENDANCE AT QUARTERLY MEETINGS AND REGULARLY SCHEDULED TELEPHONIC CONFERENCES THROUGHOUT THE YEAR. BOARD OFFICERS, COMMITTEE CHAIRS AND OTHER TRUSTEES OFTEN DEVOTE SIGNIFICANTLY MORE TIME TO THE POSITION.

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FORM 990, PART VII, SECTION A

NOTE ON RELATED HOURS

INDIVIDUALS WITH LISTED HOURS FOR A RELATED ORGANIZATION SIT ON THE BOARD OF COLUMBIA CONTROLLED AFFILIATES AS PART OF THEIR OVERALL COLUMBIA DUTIES, WHEN AND AS NEEDED BY THE AFFILIATES AND THAT MAY NOT BE ON A REGULAR OR WEEKLY BASIS.

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FORM 990, PART VIII

DETAIL REGARDING ROYALTY INCOME/EXPENSE

THE UNIVERSITY PERIODICALLY FUNDS AND DEVELOPS PATENTS FOR CERTAIN TECHNOLOGIES, THEN LICENSES THE USAGE OF THESE PATENTS TO COMPANIES. THE REVENUE, NET OF PAYMENTS DUE TO THIRD PARTIES, IS RECORDED IN REVENUE FROM OTHER EDUCATIONAL AND RESEARCH ACTIVITIES" IN THE CONSOLIDATED STATEMENT OF ACTIVITIES. COSTS INCURRED WITH DEVELOPING AND MAINTAINING THESE PATENTS ARE EXPENSED AS INCURRED SO THAT WHILE ROYALTIES ARE PAID TO FACULTY AND OTHERS IN CERTAIN CIRCUMSTANCES THESE AMOUNTS ARE NOT REFLECTED IN THE STATEMENT OF FUNCTIONAL EXPENSES.

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FORM 990, PART VIII, LINE 8 AND SCHEDULE G, PART II
DESCRIPTION OF ACCOUNTING FOR FUNDRAISING EVENTS

AMOUNTS REPORTED FOR FUNDRAISING EVENTS REPRESENT REVENUE AND EXPENSES THAT ARE SEPARATELY TRACKED. THE REVENUE AND EXPENSES FROM ADDITIONAL FUNDRAISING ACTIVITIES ARE NOT SEPARATELY TRACKED AND ARE INCLUDED WITHIN CONTRIBUTION REVENUE AND FUNDRAISING EXPENSES.

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FORM 990, PART IX, LINE 5
COMPENSATION PAID TO CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

COMPENSATION AMOUNTS PRESENTED AS MANAGEMENT AND GENERAL EXPENSES ARE FOR CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES WHO ARE PART OF

CENTRAL ADMINISTRATION. WHILE THESE OFFICERS AND KEY EMPLOYEES SPEND A PORTION OF THEIR TIME ON PROGRAM SERVICES AND/OR FUNDRAISING ACTIVITIES IN ADDITION TO THEIR MANAGEMENT RESPONSIBILITIES, THE UNIVERSITY HAS CHOSEN NOT TO ALLOCATE THE EXPENSES BETWEEN CATEGORIES.

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FORM 990, PART IX, LINE 11F

INVESTMENT MANAGEMENT FEES

THE INVESTMENT MANAGEMENT FEES REPORTED ON THE STATEMENT OF FUNCTIONAL EXPENSES REPRESENT FEES TO THIRD PARTY INVESTMENT MANAGERS AND INCLUDE MANAGEMENT FEE AND PERFORMANCE FEE EXPENSES ASSOCIATED WITH SEPARATELY MANAGED ACCOUNTS. INVESTMENT MANAGEMENT FEES ASSOCIATED WITH FUND INVESTMENTS ARE REPORTED NET AGAINST INVESTMENT INCOME AND THEREFORE ARE NOT INCLUDED IN THE STATEMENT OF FUNCTIONAL EXPENSES.

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**FORM 990, PART X, LINE 7**

LOAN INFORMATION

LOANS RECEIVABLE FROM STUDENTS TOTAL $45,850,000.

LOANS RECEIVABLE FROM NON-KEY EMPLOYEES TOTAL $36,376,550.

THE LOANS FROM NON-KEY EMPLOYEES HAVE VARIOUS INTEREST RATES RANGING FROM 0.380% TO 4.79%, WITH MATURITY DATES RANGING FROM 2024 THROUGH 2053. THE OUTSTANDING BALANCES RANGE FROM $18,000 TO $6,000,000, AND A PORTION OF WHICH ARE SECURED BY A PRINCIPAL RESIDENCE.

| SCHEDULE O (Form 990 or 990-EZ) | Supplemental Information to Form 990 or 990-EZ | OMB No. 1545-0047 |
|---|---|---|
| Department of the Treasury Internal Revenue Service | 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 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.* | 2022 Open to Public Inspection |

| Name of the organization | Employer identification number |
|---|---|
| THE TRUSTEES OF COLUMBIA UNIVERSITY | 13-5598093 |

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FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCE

CHANGE IN FUNDS HELD BY OTHER IN PERPETUITY 11,641,691

PRESENT VALUE ADJUSTMENT TO SPLIT INTEREST AGREEMENTS 14,523,918

NET PERIOD BENEFIT COST 14,468,708

CHANGES IN PENSION AND POST-RETIREMENT OBLIGATIONS 12,041,074

OTHER NON-OPERATING ADJUSTMENTS -134,437,719

TOTAL OTHER CHANGES IN NET ASSETS -81,762,328

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FORM 990, PART XII, LINE 2

AUDIT OF THE UNIVERSITY'S FINANCIAL STATEMENTS

THE CONSOLIDATED FINANCIAL STATEMENTS OF THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK ARE AUDITED BY PRICEWATERHOUSECOOPERS, AN INDEPENDENT AUDITOR. THE UNCONSOLIDATED FINANCIAL STATEMENTS REFLECTED IN THIS RETURN REPRESENT APPROXIMATELY 99% OF THE NET ASSETS OF THE CONSOLIDATED GROUP. THE UNIVERSITY'S BOARD OF TRUSTEES HAS AN AUDIT COMMITTEE, COMPRISED OF INDEPENDENT TRUSTEES, WHICH IS RESPONSIBLE FOR OVERSIGHT OF THE AUDIT, REVIEW, AND COMPILATION OF THE FINANCIAL STATEMENTS AND SELECTION OF THE INDEPENDENT AUDITOR.

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Name of the organization: THE TRUSTEES OF COLUMBIA UNIVERSITY

Employer identification number: 13-5598093

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

COLUMBIA UNIVERSITY IS ONE OF THE WORLD'S MOST IMPORTANT CENTERS OF RESEARCH AND AT THE SAME TIME A DISTINCTIVE AND DISTINGUISHED LEARNING ENVIRONMENT FOR UNDERGRADUATES AND GRADUATE STUDENTS IN MANY SCHOLARLY AND PROFESSIONAL FIELDS. THE UNIVERSITY RECOGNIZES THE IMPORTANCE OF ITS LOCATION IN NEW YORK CITY AND SEEKS TO LINK ITS RESEARCH AND TEACHING TO THE VAST RESOURCES OF A GREAT METROPOLIS. IT SEEKS TO ATTRACT A DIVERSE AND INTERNATIONAL FACULTY AND STUDENT BODY, TO SUPPORT RESEARCH AND TEACHING ON GLOBAL ISSUES, AND TO CREATE ACADEMIC RELATIONSHIPS WITH MANY COUNTRIES AND REGIONS. IT EXPECTS ALL AREAS OF THE UNIVERSITY TO ADVANCE KNOWLEDGE AND LEARNING AT THE HIGHEST LEVEL AND TO CONVEY THE PRODUCTS OF ITS EFFORTS TO THE WORLD.

Name of the organization: THE TRUSTEES OF COLUMBIA UNIVERSITY

Employer identification number: 13-5598093

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

| DESCRIPTION | GRANTS | EXPENSES | REVENUE |
|---|---|---|---|
| CAMPUS OPERATIONS | | 351,777,398. | |
| INSTITUTIONAL SUPPORT | | 337,618,007. | |
| AUXILIARY ENTERPRISES | | 216,409,795. | 236,523,386. |
| OTHER SOURCES | 8,549,623. | 376,856,441. | 1,533,607. |
| TOTALS | 8,549,623. | 1,282,661,641. | 238,056,993. |

Name of the organization: THE TRUSTEES OF COLUMBIA UNIVERSITY

Employer identification number: 13-5598093

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

| NAME AND ADDRESS | DESCRIPTION OF SERVICES | COMPENSATION |
|---|---|---|
| PAVARINI MCGOVERN LLC<br>330 WEST 34TH STREET<br>NEW YORK, NY 10001 | CONSTRUCTION SRVCS | 36,302,090. |
| TURNER CONSTRUCTION CO<br>375 HUDSON STREET, 6TH FLOOR<br>NEW YORK, NY 10014 | CONSTRUCTION SRVCS | 34,754,467. |
| UNIVERSAL PROTECTION SERVICE LP<br>EIGHT TOWER BRIDGE, 161 WASHINGTON ST<br>CONSHOHOCKEN, PA 19103 | SECURITY SERVICES | 17,028,435. |
| DEBEVOISE & PLIMPTON LLP<br>66 HUDSON BLVD E<br>NEW YORK, NY 10001 | LEGAL SERVICES | 13,821,928. |
| HUDSON HEART MANAGEMENT LLC<br>26 INDIAN ROCK<br>SUFFERN, NY 10901 | MEDICAL SERVICES | 6,867,598. |

Name of the organization: THE TRUSTEES OF COLUMBIA UNIVERSITY

Employer identification number: 13-5598093

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

| DESCRIPTION | BEGINNING BOOK VALUE | ENDING BOOK VALUE | COST OR FMV |
|---|---|---|---|
| PUBLICLY TRADED SECURITIES | 784,331,933. | 1,966,970,437. | FMV |
| TOTALS | 784,331,933. | 1,966,970,437. | |

Space Coast
FLORIDA

**Tourism Development Office**
**FY 2024-2025 Marketing Support Program**
**checklist**

Applicant Organization Name: Eastern Surfing Association

Applicant Event Name: ESA Southeast Regional Surfing Championships - INV - S6 - E

| | Yes | No | Comment |
|---|---|---|---|
| Completed questionnaire | x | | |
| Copy of 990 form (if applicable) | x | | |
| Copy of IRS Articles of Incorporation – (if applicable) | | x | NA |
| Copy of IRS Determination letter – (if applicable) | x | | |
| Copy of SunBiz.org (if applicable) | x | | |
| Copy of this MSP checklist | x | | |

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

Cranis, Peter Digitally signed by Cranis, Peter
Date: 2024.10.18 13:55:00 -04'00'

Peter Cranis, Executive Director

# FY 2024-2025 Marketing Support Program application

Response ID:48 Data

## 2. (untitled)

**1. I have read and understand the policies/procedures within the FY 2024-2025 Marketing Support Program Criteria.**

Signature of: Michelle Sommers - ESA executive director

## 3. (untitled)

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

Sports

## 4. (untitled)

**3. ORGANIZATION INFORMATION**

**Name of organization hosting event/year-round programming**

Eastern Surfing Association

**Organization address**

PO Box 4736

**State**

MD

**City**

Ocean City

**Zip**

21843

**Primary contact name**

Michelle Sommers

**Primary contact phone number**

410-251-8583

**Primary contact email**

centralhq@surfesa.org

**Secondary contact name**

Pam Hill

**Secondary contact phone number**

386-295-2242

**Secondary contact email**

surfkittypam@msn.com

**Organization website address**

www.surfesa.org

5. (untitled)

4. **Which best describes your organization?**

501(C)(3)

6. (untitled)

5. **What is your Federal Employee ID number?**

05-0392315

7. (untitled)

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

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

8. (untitled)

7. **EVENT INFORMATION**

**Name of event**

ESA 2025 Southeast Regional Surfing Championship

**Event website address (if different from organization website)**

www.surfesa.org

**Event location**

Paradise Beach Park, Indian Harbor Beach

9. (untitled)

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

04/11/2025

10. (untitled)

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

3

11. (untitled)

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

Social hashtags
Social media (Facebook, Instagram, YouTube, etc.)
TV/Video
Other - Please be specific.....: Live webcast, recap videos, social media, email marketing,

12. (untitled)

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

13. (untitled)

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

Facebook : Eastern Surfing Association, ESA All-Stars
Instagram : @surfesa @esa_allstars
YouTube : SurfESA

14. (untitled)

**12. What hashtags do you use?**

#surfesa #ESAregionals

15. (untitled)

**As a cultural organization how would you like us to spend your support?**

16. (untitled)

**13. If you were asked to include the Space Coast Office of Tourism in your marketing materials, what elements could you include us in?**

Apparel/promotion items (event t-shirts, giveaways, etc.)
Event banners/signage
Email blast (e-newsletter, promotional, etc.)
Social media post
TV/Video
Website/blog
Other - Please be specific.....: Live webcast, recap videos, contest jerseys

17. (untitled)

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

501(c)3_Status_Letter.pdf

18. (untitled)

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

ESA_2022_Form_990.pdf

19. (untitled)

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

20. (untitled)

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

ESA_Sunbiz_2024.pdf

21. (untitled)

17. **Upload your completed Checklist.**

MSP_applicant_checklist_9-27-2024_(signed)_(edited).pdf

22. (untitled)

18. **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: Michelle Sommers - ESA executive director

## 23. Thank You!

**New Send Email**

Oct 08, 2024 01:33:10 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

Form **990**

Department of the Treasury
Internal Revenue Service

# 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

**2022**

**Open to Public Inspection**

**A** For the 2022 calendar year, or tax year beginning , 2022, and ending , 20

**B** Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

**C** Name of organization EASTERN SURFING ASSOCIATION INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): P O BOX 4736

Room/suite

City or town, state or province, country, and ZIP or foreign postal code: OCEAN CITY, MD 21843

**D** Employer identification number: 05-0392315

**E** Telephone number: (410)251-8583

**G** Gross receipts $ 423,218.

**F** Name and address of principal officer: MICHELLE SOMMERS, 37573 JANICE CIRCLE, SELBYVILLE, DE 19975

**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No

**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions.

**H(c)** Group exemption number

**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

**J** Website: N/A

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

**L** Year of formation: 1967

**M** State of legal domicile: MD

## Part I Summary

**Activities & Governance**

1 Briefly describe the organization's mission or most significant activities: TO PROMOTE AMATEUR SURFING COMPETITIONS

2 Check this box ☐ 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 | 30 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 30 |
| 5 | Total number of individuals employed in calendar year 2022 (Part V, line 2a) | 5 | 2 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 30 |
| 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**

| | | Prior Year | Current Year |
|---|---|---|---|
| 8 | Contributions and grants (Part VIII, line 1h) | 133,827. | 171,609. |
| 9 | Program service revenue (Part VIII, line 2g) | 203,674. | 251,029. |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 2. | |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 1,630. | 580. |
| 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 339,133. | 423,218. |

**Expenses**

| | | | |
|---|---|---|---|
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | | |
| 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 7,000. | 11,000. |
| 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 53,946. | 50,444. |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | |
| b | Total fundraising expenses (Part IX, column (D), line 25) 0. | | |
| 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 234,952. | 289,505. |
| 18 | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 295,898. | 350,949. |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | 43,235. | 72,269. |

**Net Assets or Fund Balances**

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| 20 | Total assets (Part X, line 16) | 559,197. | 543,500. |
| 21 | Total liabilities (Part X, line 26) | 41,494. | |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 517,703. | 543,500. |

## 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 — Date: 11/14/2023

MICHELLE SOMMERS, EXECUTIVE DIRECTOR

Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| Edward Gibbons CPA | Edward Gibbons CPA | 11/15/2023 | | P00111936 |

Firm's name: Gibbons & O'Neill CPA's — Firm's EIN: 22-2947725

Firm's address: 1008 Pittsburgh Ave, Cape May, NJ 08204 — Phone no. (609) 884-3530

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

**Internal Revenue Service**

Department of the Treasury

P.O. Box 1680, GPO Brooklyn, N.Y. 11202

District
Director

Date: MAY 29 1984

Eastern Surfing Association, Inc.
11 Adams Point Road
Barrington, R.I. 02806

Person to Contact:
E. Birnbaum
Contact Telephone Number:
(212) 330-7129

Gentlemen:

Based on the information you recently submitted, we have classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Internal Revenue Code because you are an organization described in section 509(a)(1) and 170(b)(1)(A)(vi).

Your exempt status under section 501(c)(3) of the Code is still in effect.

This classification is based on the assumption that your operations will continue as you have stated. 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.

Because this letter could help resolve any questions about your foundation status, you should 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,

District Director

cc:

Letter 1078(DO)(6-77)

**2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000002396

**Entity Name:** EASTERN SURFING ASSOCIATION, INC.

**FILED**
**Apr 27, 2024**
**Secretary of State**
**4710927036CC**

**Current Principal Place of Business:**

37573 JANICE CIRCLE
SELBYVILLE, DE 19975

**Current Mailing Address:**

PO BOX 4376
OCEAN CITY, MD 21843 US

**FEI Number: 05-0392315**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HILL, PAMELA
40 OCEAN BREEZE CIR
ORMOND BEACH, FL 32176 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: PAMELA HILL 04/27/2024

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | D |
| Name | PURKEY, HARRY |
| Address | 736 SURFSIDE AVE. |
| City-State-Zip: | VIRGINIA BEACH VA 23451 |

| | |
|---|---|
| Title | P |
| Name | SOMMERS, MICHELLE |
| Address | 37573 JANICE CIRCLE |
| City-State-Zip: | SELBYVILLE MD 19975 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | MARTINEZ, PAUL |
| Address | 2505 VIA DEL RAY RD |
| City-State-Zip: | FERNANDINA BEACH FL 32034 |

| | |
|---|---|
| Title | D |
| Name | EASTWOOD, JASON |
| Address | 6 HILLSIDE DRIVE |
| City-State-Zip: | NEW SMYRNA BEACH FL 32169 |

| | |
|---|---|
| Title | D |
| Name | TORELLI, KRISSY |
| Address | 1016 14TH STREET |
| City-State-Zip: | NORTH JACKSONVILLE BEACH FL 32250 |

| | |
|---|---|
| Title | D |
| Name | REMKE, JULIE |
| Address | 1415 EAST MALLORY STREET |
| City-State-Zip: | PENSACOLA FL 32503 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | DELUCA, MARIO |
| Address | PO BOX 320031 |
| City-State-Zip: | COCOA BEACH FL 32931 |

| | |
|---|---|
| Title | D |
| Name | LOPES , DARLAN |
| Address | 2555 NE 11TH STREET 802 |
| City-State-Zip: | FT LAUDERDALE FL 33304 |

**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: MICHELLE SOMMERS ESA EXECUTIVE DIRECTOR 04/27/2024

Electronic Signature of Signing Officer/Director Detail — Date

**Officer/Director Detail Continued :**

| | |
|---|---|
| Title | DIRECTOR |
| Name | MCGRAW, RONNIE A JR. |
| Address | 4255 A1A SOUTH<br>SUITE 3 |
| City-State-Zip: | ST. AUGUSTINE FL 32080 |

| | |
|---|---|
| Title | CHAIRMAN |
| Name | WHITT, OLIVER WES |
| Address | 1400 OLDE FARM RD |
| City-State-Zip: | MOREHEAD CITY NC 28557 |

| | |
|---|---|
| Title | OTHER |
| Name | MARTIN, MIKE |
| Address | 220 BIG MAGNOLIA COURT |
| City-State-Zip: | ST. AUGUSTINE FL 32080 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | HILL, PAMELA |
| Address | 40 OCEAN BREEZE CIR |
| City-State-Zip: | ORMOND BEACH FL 32176 |

| | |
|---|---|
| Title | OTHER |
| Name | PHILLIPS, KATHY |
| Address | 12316 W. TORQUAY RD |
| City-State-Zip: | OCEAN CITY MD 21842 |

For TDO use: **PROJECT #-**

**Tourism Development Office**
**FY 2024-2025 Marketing Support Program**
**checklist**

Applicant Organization Name: University of Louisville Athletic Association - Women's Golf

Applicant Event Name: Moon Golf Invitational - INV - S19

| | Yes | No | Comment |
|---|---|---|---|
| Completed questionnaire | x | | |
| Copy of 990 form (if applicable) | x | | |
| Copy of IRS Articles of Incorporation – (if applicable) | | x | NA |
| Copy of IRS Determination letter – (if applicable) | x | | |
| Copy of SunBiz.org (if applicable) | | x | NA |
| Copy of this MSP checklist | x | | |

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

Cranis, Peter Digitally signed by Cranis, Peter Date: 2024.10.18 13:55:38 -04'00'

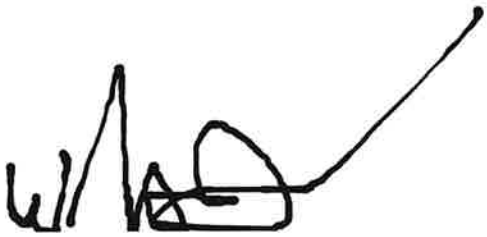
Peter Cranis, Executive Director

# FY 2024-2025 Marketing Support Program application

Response ID:69 Data

## 2. (untitled)

**1. I have read and understand the policies/procedures within the FY 2024-2025 Marketing Support Program Criteria.**



Signature of: Whitney Young

## 3. (untitled)

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

Sports

## 4. (untitled)

## 3. ORGANIZATION INFORMATION

**Name of organization hosting event/year-round programming**

University of Louisville Athletic Association--Women's Golf

**Organization address**

1670 S. Floyd St.

**State**

KY

**City**

Louisville

**Zip**

KY

**Primary contact name**

Whitney Young

**Primary contact phone number**

270-779-7367

**Primary contact email**

whitney@gocards.com

**Secondary contact name**

Addie Baggarly

**Secondary contact phone number**

502-974-7883

**Secondary contact email**

addison@gocards.com

**Organization website address**

www.gocards.com

5. (untitled)

4. **Which best describes your organization?**

501(C)(3)

6. (untitled)

5. **What is your Federal Employee ID number?**

31-1106941

7. (untitled)

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

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

8. (untitled)

7. **EVENT INFORMATION**

**Name of event**

Moon Golf Invitational

**Event website address (if different from organization website)**

www.gocards.com

**Event location**

Suntree Country Club--- Melbourne, Florida

9. (untitled)

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

02/16/2025

10. (untitled)

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

3

11. (untitled)

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

Digital advertising (banner ads, etc.)
Social hashtags
Social media (Facebook, Instagram, YouTube, etc.)
TV/Video
Other - Please be specific.....: programs on site

12. (untitled)

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

13. (untitled)

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

Facebook : louisville women's golf
Instagram : louisvillewgolf
YouTube : n/a

14. (untitled)

**12. What hashtags do you use?**

#MoonGolfInvitational

15. (untitled)

**As a cultural organization how would you like us to spend your support?**

16. (untitled)

**13. If you were asked to include the Space Coast Office of Tourism in your marketing**

**materials, what elements could you include us in?**

Event banners/signage
Event brochures/program (Playbill, etc.)
Social media post

17. (untitled)

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

ULAA_Articles_of_Incorporation.pdf

18. (untitled)

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

ULAA_990_Form_.pdf

19. (untitled)

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

20. (untitled)

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

21. (untitled)

**17. Upload your completed Checklist.**

MSP_applicant_checklist_.pdf

22. (untitled)

18. **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: Whitney Young

## 23. Thank You!

**New Send Email**

Oct 10, 2024 22:31:53 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

Form **990**

Department of the Treasury
Internal Revenue Service

# 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

**2022**

**Open to Public Inspection**

**A For the 2022 calendar year, or tax year beginning 07-01-2022 , and ending 06-30-2023**

**B** Check if applicable:
- ☐ Address change
- ☐ Name change
- ☑ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

**C** Name of organization
University of Louisville Athletic Association

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 2215 S Brook Street

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
Louisville, KY 402082772

**D Employer identification number**
31-1106941

**E** Telephone number
(502) 852-7072

**G** Gross receipts $ 137,009,046

**F** Name and address of principal officer:
Kim E Schatzel PhD
2215 S Brook Street
Louisville, KY 402082772

**H(a)** Is this a group return for subordinates? ☐ Yes ☑ No

**H(b)** Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

**H(c)** Group exemption number ▶

**I** Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

**J Website:** ▶ http://www.gocards.com/

**K** Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation: 1984

**M** State of legal domicile: KY

## Part I Summary

**Activities & Governance**

1 Briefly describe the organization's mission or most significant activities:
The University of Louisville Athletic Association is organized to develop intercollegiate athletic teams composed of students of the University of Louisville and to schedule and manage intercollegiate athletic contests, all in the harmony with and in subjection to the general education policy of the University of Louisville.

2 Check this box ▶ ☐ 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 | 29 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 11 |
| 5 | Total number of individuals employed in calendar year 2022 (Part V, line 2a) | 5 | 624 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 121 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 391,889 |
| b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 391,889 |

| | | Prior Year | Current Year |
|---|---|---|---|
| **Revenue** | | | |
| 8 | Contributions and grants (Part VIII, line 1h) | 36,767,130 | 38,545,944 |
| 9 | Program service revenue (Part VIII, line 2g) | 46,932,228 | 47,440,204 |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 24,434 | 24,702 |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 54,133,035 | 50,954,406 |
| 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 137,856,827 | 136,965,256 |
| **Expenses** | | | |
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 17,670,370 | 19,916,667 |
| 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) | 53,583,004 | 51,523,589 |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| b | Total fundraising expenses (Part IX, column (D), line 25) ▶2,494,395 | | |
| 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 75,231,128 | 69,587,686 |
| 18 | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 146,484,502 | 141,027,942 |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | -8,627,675 | -4,062,686 |

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| **Net Assets or Fund Balances** | | | |
| 20 | Total assets (Part X, line 16) | 329,843,287 | 352,949,635 |
| 21 | Total liabilities (Part X, line 26) | 221,785,725 | 249,575,937 |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 108,057,562 | 103,373,698 |

## 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 — 2024-05-15 Date

▶ NICK BOWES DEPUTY ATHLETIC DIRECTOR
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| | | | | P00520729 |

Firm's name ▶ CROWE LLP — Firm's EIN ▶ 35-0921680

Firm's address ▶ 9600 Brownsboro Road Suite 400
Louisville, KY 402413902 — Phone no. (502) 326-3996

May the IRS discuss this return with the preparer shown above? See Instructions. ☑ Yes ☐ No

**For Paperwork Reduction Act Notice, see the separate instructions.** Cat. No. 11282Y Form **990** (2022)

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## 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 University of Louisville Athletic Association is organized to develop intercollegiate athletic teams composed of students of the University of Louisville and to schedule and manage intercollegiate athletic contests, all in the harmony with and in subjection to the general education policy of the University of Louisville.

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 $ 135,468,504 including grants of $ 19,916,667 ) (Revenue $ 49,042,579 )

The University of Louisville Athletic Association (ULAA) continued to further and enhance its mission during fiscal year 2023, providing invaluable support for both the student athletes and the University which it serves. During the year, ULAA awarded over $16.1 million in scholarships to nearly 800 students. The graduation success rate for ULAA student athletes during the year was 92% -- a rate which ties for the highest in program history. Overall student grade point average (GPA) of 3.28 was the highest in the program's history, with fiscal year 2023 also containing the 25th consecutive semester where students earned a department grade point average (GPA) of 3.0 or higher. ULAA's student athletes completed more than 4,000 hours of community service through the Cards Care program, and the organization expanded its ELEVATE NIL program with the creation of the CARDS NIL Exchange to help student athletes and businesses/individuals connect easier than ever before. The organization completed its first year of a transformational partnership with UofL Health. The partnership has yielded numerous gains for its students, but none more notable than the unprecedented growth of ULAA's mental health and performance department, which now includes 10 professionals - the most in the Atlantic Coast Conference (ACC). ULAA also upgraded or added a number of facilities in support of its mission. In partnership with the University of Louisville, ULAA opened Denny Crum Hall. The state-of-the-art, $23.5 million residence hall is home to men's basketball, women's basketball and lacrosse student-athletes, as well as the University's general student population. The organization also upgraded wi-fi access for its football stadium and unveiled a new turf. A $1 million project was also completed to update the entrance and concourse of the baseball program's Jim Patterson Stadium. In terms of achievements in competitive sports, ULAA finished the year's campaign with 13 different sport programs ranked in the top 25 at one point during their seasons, with seven programs ranking in the top 10 at some of its respective seasons. The Cardinals recorded 50 All-Americans during the 2022-23 athletic seasons, most notably, 35 coming from the women's swimming and diving program. Volleyball also registered four All-Americans in its run to the national title game. Louisville finished 32nd in the nation in the Learfield Directors' Cup standings, the 13th consecutive season that the Cardinals have finished among the top 40 teams in the country. The Cardinals' women's sports programs ranked 12th in the nation in the Capital One Cup standings.

4b (Code: ) (Expenses $ including grants of $ ) (Revenue $ )

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

4d Other program services (Describe in Schedule O.)
(Expenses $ including grants of $ ) (Revenue $ )

4e **Total program service expenses ▶** 135,468,504

## Part IV Checklist of Required Schedules

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | Yes | |
| 2 | Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions. | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | No |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II* | 4 | | No |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III* | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I | 6 | | No |
| 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* | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III | 8 | | No |
| 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* | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V* | 10 | Yes | |
| 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. | 11a | Yes | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII* | 11b | | No |
| 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* | 11c | | No |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX* | 11d | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* | 11e | Yes | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X* | 11f | | No |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII* | 12a | Yes | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional* | 12b | Yes | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV* | 14b | Yes | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV* | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV* | 16 | | No |
| 17 | Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions. | 17 | | No |
| 18 | Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II* | 18 | | No |
| 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* | 19 | | No |
| 20a | Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 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* | 21 | Yes | |

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**Part IV Checklist of Required Schedules** *(continued)*

| | | | Yes | No |
|---|---|---|---|---|
| 22 | Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III* | 22 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a* | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| 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? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 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? *If "Yes," complete Schedule L,* Part I | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I | 25b | | No |
| 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? *If "Yes," complete Schedule L, Part II* | 26 | | No |
| 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? *If "Yes," complete Schedule L,* Part III | 27 | | No |
| 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? *If "Yes," complete Schedule L, Part IV* | 28a | | No |
| b | A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV* | 28b | | No |
| c | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV* | 28c | | No |
| 29 | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | 29 | Yes | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | 32 | | No |
| 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? *If "Yes," complete Schedule R, Part I* | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1* | 34 | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No |
| 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)? *If "Yes," complete Schedule R, Part V, line 2* | 35b | | |
| 36 | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI* | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O. | 38 | Yes | |

**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 | 1a | 258 | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 1b | 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | | Yes | |

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**Part V Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

| | | | | | |
|---|---|---|---|---|---|
| 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 | 624 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | | 2b | Yes |
| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year? | | | 3a | Yes |
| b | If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* | | | 3b | Yes |
| 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 | No |
| 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 | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | 5b | No |
| 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 | No |
| 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 | No |
| 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 | No |
| 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 | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | 7f | No |
| 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 | No |
| b | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in 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? | | | 15 | Yes |
| 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 | No |
| 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 | |

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**Part VI** **Governance, Management, and Disclosure.** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in 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 in Schedule O. | 1a 29 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b 11 | | |
| 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? | 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | | No |
| 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? | 7a | | No |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| a | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 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 in Schedule O* | 9 | | No |

## 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? | 10a | | No |
| 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? | 11a | Yes | |
| 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* | 12a | Yes | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done* | 12c | Yes | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes | |
| 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 | 15a | Yes | |
| b | Other officers or key employees of the organization | 15b | Yes | |
| | 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? | 16a | | No |
| 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 ▶ KY

18 Section 6104 requires an organization to make its Form 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 in Schedule O)

19 Describe in 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: ▶Michelle Comer Service Complex-Univ of Louisville Louisville, KY 40292 (502) 852-6164

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## 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, or 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) Daniel A Durbin<br>Asst. Treasurer | 0.5<br>49.5 | X | | X | | | | 0 | 433,919 | 52,259 |
| (2) Dorain Brown<br>Secretary | 0.5<br>10.5 | X | | X | | | | 0 | 1,900 | 0 |
| (3) Dr Kim Schatzel<br>Pres/Chair from 2/1/23 | 0.5<br>49.5 | X | | X | | | | 0 | 0 | 0 |
| (4) Kevin Ledford<br>Treasurer | 0.5<br>49.5 | X | | X | | | | 0 | 61,285 | 20,440 |
| (5) Lori Gonzalez PhD<br>Pres/Chair to 1/31/23 | 0.5<br>49.5 | X | | X | | | | 0 | 834,244 | 48,556 |
| (6) Robert K Detmering<br>Vice Chair | 0.5<br>49.5 | X | | X | | | | 0 | 70,688 | 26,651 |
| (7) Amy S Lingo<br>Director | 0.5<br>49.5 | X | | | | | | 0 | 271,764 | 44,552 |
| (8) Carolyn Klinge PhD<br>Director | 0.5<br>49.5 | X | | | | | | 0 | 149,294 | 33,993 |
| (9) Claudia Angeli PhD<br>Director | 0.5<br>49.5 | X | | | | | | 0 | 147,335 | 29,872 |
| (10) Dennis P Heishman<br>Director | 0.5<br>0 | X | | | | | | 0 | 0 | 0 |
| (11) Douglas Craddock<br>Director | 0.5<br>49.5 | X | | | | | | 0 | 170,821 | 41,093 |
| (12) Dr Krista B Wallace-Boaz<br>Director | 0.5<br>49.5 | X | | | | | | 0 | 128,231 | 33,390 |
| (13) Dr Thomas Gerard Bradley<br>Director | 0.5<br>49.5 | X | | | | | | 0 | 583,531 | 52,303 |
| (14) Gayle Saunders<br>Director | 0.5<br>0 | X | | | | | | 0 | 0 | 0 |
| (15) James M Rogers<br>Director | 0.5<br>0.5 | X | | | | | | 0 | 0 | 0 |
| (16) Jeremy D Clark<br>Director | 0.5<br>49.5 | X | | | | | | 0 | 122,683 | 23,172 |
| (17) Laurence Benz<br>Director | 0.5<br>0.5 | 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 | | | |
| (18) Lee A Gill JD<br>Director | 0.5<br>49.5 | x | | | | | | 0 | 184,555 | 19,341 |
| (19) Margaret Hancock PhD<br>Director | 0.5<br>49.5 | x | | | | | | 0 | 102,983 | 26,015 |
| (20) Michael Brandon McCormack<br>Director | 0.5<br>49.5 | x | | | | | | 0 | 96,468 | 21,719 |
| (21) Prof Lars S Smith<br>Director | 0.5<br>49.5 | x | | | | | | 0 | 256,748 | 47,987 |
| (22) Prof Sharon Moore<br>Director | 0.5<br>49.5 | x | | | | | | 0 | 111,740 | 27,334 |
| (23) Robert Kohn<br>Director | 0.5<br>0 | x | | | | | | 0 | 0 | 0 |
| (24) Ronald L Wright<br>Director | 0.5<br>0 | x | | | | | | 0 | 0 | 0 |
| (25) Ryan Bridgeman<br>Director | 0.5<br>0 | x | | | | | | 0 | 0 | 0 |
| (26) Sam Rechler<br>Director | 0.5<br>0 | x | | | | | | 0 | 0 | 0 |
| (27) Shannon I Rickett<br>Director | 0.5<br>49.5 | x | | | | | | 0 | 158,968 | 31,028 |
| (28) Sherrill Zimmerman<br>Director | 0.5<br>0.5 | x | | | | | | 0 | 0 | 0 |
| (29) Steve Jones<br>Director | 0.5<br>0 | x | | | | | | 0 | 0 | 0 |
| (30) Taylar Hart-Nolden<br>Director | 0.5<br>0 | x | | | | | | 0 | 0 | 0 |
| (31) Joshua Heird<br>Athletic Director | 50.0<br>0 | | | x | | | | 844,410 | 0 | 159,705 |
| (32) Kyle J Beamer<br>Assistant Secretary | 0.5<br>49.5 | | | x | | | | 0 | 84,346 | 22,736 |
| (33) Amy M Calabrese<br>Deputy Athletic Director | 50.0<br>0 | | | | x | | | 181,726 | 0 | 38,268 |
| (34) Marvin Mitchell<br>Deputy Athletic Director | 50.0<br>0 | | | | x | | | 234,270 | 0 | 37,314 |
| (35) Daniel S McDonnell<br>Men's Baseball Coach | 50.0<br>0 | | | | | x | | 1,618,421 | 0 | 150,076 |
| (36) Fredric Scott Satterfield<br>Head Football Coach | 50.0<br>0 | | | | | x | | 3,241,608 | 0 | 50,328 |
| (37) Jeff Walz<br>Women's Basketball Coach | 50.0<br>0 | | | | | x | | 1,952,678 | 0 | 45,478 |
| (38) Kenneth Payne<br>Men's BB Coach from 3/18/22 | 50.0<br>0 | | | | | x | | 2,750,009 | 0 | 217,059 |
| (39) Christopher L Mack<br>FORMER HCE AS Men's BB Coach to 1/31/22 | 50.0<br>0 | | | | | | x | 5,105,691 | 0 | 1,774 |
| (40) Dr Neeli Bendapudi<br>Former Pres/Chair | 50.0 | | | | | | x | 0 | 318,001 | 20,898 |
| (41) Eugene G Mueller<br>Former Vice Chair | 50.0 | | | | | | x | 0 | 134,441 | 28,102 |
| **1b Sub-Total** ▶ | | | | | | | | | | |
| **c Total from continuation sheets to Part VII, Section A** ▶ | | | | | | | | | | |
| **d Total (add lines 1b and 1c)** ▶ | | | | | | | | 15,928,809 | 4,423,947 | 1,151,443 |

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 ▶ 79

| | | Yes | No |
|---|---|---|---|
| 3 | Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* | Yes | |
| 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* | Yes | |
| 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* | | No |

## 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 |
|---|---|---|
| AT&T Corp<br>360 Gees Mill Pkwy<br>Conyers, GA 30013 | Upgrade stadium wifi | 4,997,411 |
| Buffalo Construction Inc<br>12700 Otto Knop Dr<br>Louisville, KY 40299 | Construction services | 4,853,620 |
| Service America Corporation<br>300 First Stamford Pl<br>Stamford, CT 069042203 | Concession services | 1,890,199 |
| Shorts Travel Management Inc<br>1203 West Ridgeway Ave<br>Waterloo, IA 50701 | Travel services | 1,270,755 |
| ANC Sports Enterprises LLC<br>2 Manhattanville Rd<br>Purchase, NY 10577 | Media services | 1,113,603 |

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 ▶ 46



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## 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 OtherAmt Similar Amounts | 1a Federated campaigns . . | 1a | | | |
| | b Membership dues . . | 1b | | | |
| | c Fundraising events . . | 1c | | | |
| | d Related organizations | 1d | | | |
| | e Government grants (contributions) | 1e | 991,300 | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 37,554,644 | | |
| | g Noncash contributions included in lines 1a - 1f: $ | 1g | 178,000 | | |
| | h **Total.** Add lines 1a-1f . . . . . ▶ | | 38,545,944 | | |
| Program Service Revenue | | Business Code | | | |
| | 2a Total Sports Revenue | 711210 | 46,540,204 | 46,148,315 | 391,889 | |
| | b Student Athletic Fees and Related | 713940 | 900,000 | 900,000 | | |
| | c | | | | | |
| | d | | | | | |
| | e | | | | | |
| | f All other program service revenue. | | 0 | 0 | 0 | 0 |
| | g **Total.** Add lines 2a-2f. . . . . ▶ | | 47,440,204 | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 68,492 | | | 68,492 |
| | 4 Income from investment of tax-exempt bond proceeds ▶ | | | | | |
| | 5 Royalties . . . . . ▶ | | 48,960,142 | | | 48,960,142 |
| | | (i) Real | (ii) Personal | | | |
| | 6a Gross rents 6a | | | | | |
| | b Less: rental expenses 6b | | | | | |
| | c Rental income or (loss) 6c | 0 | 0 | | | |
| | d Net rental income or (loss) . . . . . ▶ | | | | | |
| | | (i) Securities | (ii) Other | | | |
| | 7a Gross amount from sales of assets other than inventory 7a | | | | | |
| | b Less: cost or other basis and sales expenses 7b | 43,790 | | | | |
| | c Gain or (loss) 7c | -43,790 | 0 | | | |
| | d Net gain or (loss) . . . . . ▶ | | -43,790 | | | -43,790 |
| | 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 . . ▶ | | | | | |
| OtherRevenueMiscAmt | | Business Code | | | | |
| | 11a Administrative Support Services | 561990 | 1,850,801 | 1,850,801 | | |
| | b Marketing and Development Revenue | 711320 | 143,463 | 143,463 | | |
| | c | | | | | |
| | d All other revenue . . . . | | 0 | 0 | 0 | 0 |
| | e **Total.** Add lines 11a-11d . . . . . ▶ | | 1,994,264 | | | |
| | 12 **Total revenue.** See instructions . . . . ▶ | | 136,965,256 | 49,042,579 | 391,889 | 48,984,844 |



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## 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 | 3,731,006 | 3,731,006 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 16,185,661 | 16,185,661 | | |
| 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 | 1,273,913 | | 1,273,913 | |
| 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 | 40,725,429 | 38,814,553 | 961,100 | 949,776 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 5,839,963 | 5,325,950 | 285,344 | 228,669 |
| 10 Payroll taxes | 3,684,284 | 3,522,527 | 93,688 | 68,069 |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 240,925 | 240,925 | | |
| c Accounting | 44,522 | 10,787 | 26,800 | 6,935 |
| 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) | 6,959,769 | 6,601,723 | 273,148 | 84,898 |
| 12 Advertising and promotion | 642,792 | 609,717 | 5,300 | 27,775 |
| 13 Office expenses | 238,153 | 226,886 | 5,294 | 5,973 |
| 14 Information technology | 1,332,227 | 1,275,497 | 12,416 | 44,314 |
| 15 Royalties | | | | |
| 16 Occupancy | 3,601,992 | 3,508,983 | | 93,009 |
| 17 Travel | 17,058,742 | 16,436,733 | 19,700 | 602,309 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 18,749 | 18,749 | | |
| 20 Interest | 2,543,125 | 2,543,125 | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 12,381,428 | 12,381,428 | | |
| 23 Insurance | 1,645,889 | 1,645,889 | | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a Athletic event fees and expenses | 3,348,237 | 3,330,049 | 8,824 | 9,364 |
| b Repairs and maintenance | 3,737,004 | 3,630,924 | | 106,080 |
| c Small equipment purchases and rentals | 3,229,064 | 3,017,251 | 2,316 | 209,497 |
| d Other licenses and fees | 2,079,294 | 2,054,950 | 24,344 | |
| e All other expenses | 10,485,774 | 10,355,191 | 72,856 | 57,727 |
| 25 **Total functional expenses.** Add lines 1 through 24e | 141,027,942 | 135,468,504 | 3,065,043 | 2,494,395 |
| 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 ▶ ☐ if following SOP 98-2 (ASC 958-720). | | | | |

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## Part X Balance Sheet

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

| | | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|---|
| Assets | 1 | Cash–non-interest-bearing | | 51,500 | 1 | 51,500 |
| | 2 | Savings and temporary cash investments | | 24,272,306 | 2 | 11,043,895 |
| | 3 | Pledges and grants receivable, net | | 9,279,214 | 3 | 8,948,229 |
| | 4 | Accounts receivable, net | | 34,604,358 | 4 | 70,241,413 |
| | 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 | | 0 | 5 | 0 |
| | 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) | | 0 | 6 | 0 |
| | 7 | Notes and loans receivable, net | | | 7 | |
| | 8 | Inventories for sale or use | | 4,838,215 | 8 | 5,400,451 |
| | 9 | Prepaid expenses and deferred charges | | 821,499 | 9 | 1,543,051 |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 361,591,073 | | | |
| | b | Less: accumulated depreciation | 10b 111,296,767 | 250,451,565 | 10c | 250,294,306 |
| | 11 | Investments—publicly traded securities | | 3,961,002 | 11 | 3,907,852 |
| | 12 | Investments—other securities. See Part IV, line 11 | | 0 | 12 | |
| | 13 | Investments—program-related. See Part IV, line 11 | | 0 | 13 | |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 1,563,628 | 15 | 1,518,938 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 33) | | 329,843,287 | 16 | 352,949,635 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 25,619,562 | 17 | 21,836,554 |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | 31,111,297 | 19 | 70,378,248 |
| | 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 | | 0 | 22 | 0 |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 34,777,313 | 23 | 32,348,965 |
| | 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 | | 130,277,553 | 25 | 125,012,170 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 221,785,725 | 26 | 249,575,937 |
| Net Assets or Fund Balances | | **Organizations that follow FASB ASC 958, check here ▶ ☐ 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 ▶ ☑ 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 | | 108,057,562 | 31 | 103,373,698 |
| | 32 | Total net assets or fund balances | | 108,057,562 | 32 | 103,373,698 |
| | 33 | Total liabilities and net assets/fund balances | | 329,843,287 | 33 | 352,949,635 |

## Part XI Reconcilliation 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 | 136,965,256 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 141,027,942 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -4,062,686 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 108,057,562 |
| 5 | Net unrealized gains (losses) on investments | 5 | 821,175 |
| 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 in Schedule O) | 9 | -1,442,353 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column | 10 | 103,373,698 |

## 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: ☐ Cash ☑ Accrual ☐ 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? | 2a | | No |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Yes | |
| | 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: ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis | | | |
| 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? | 2c | Yes | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in 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? | 3a | | No |
| 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 in Schedule O and describe any steps taken to undergo such audits. | 3b | | |

## Additional Data

Return to Form

**Software ID:** 22016089

**Software Version:** 2022v5.0

**Form 990, Special Condition Description:**

| Special Condition Description |
|---|

# 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

**2022**

**Open to Public Inspection**

**Name of the organization**
University of Louisville Athletic Association

**Employer identification number**
31-1106941

**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 **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 . . . . . 1

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? Yes | (iv) No | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| (A) UNIVERSITY OF LOUISVILLE | 611014882 | 6 | Yes | | 0 | 0 |
| | | | | | | |
| **Total** 1 | | | | | 0 | 0 |

**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 failed 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 grant.") . . | 41,938,861 | 39,240,784 | 35,399,937 | 36,767,130 | 38,545,944 | 191,892,656 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . | | | | | | 0 |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge.. | | | | | | 0 |
| 4 **Total.** Add lines 1 through 3 | 41,938,861 | 39,240,784 | 35,399,937 | 36,767,130 | 38,545,944 | 191,892,656 |
| 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) . . | | | | | | 0 |
| 6 **Public support.** Subtract line 5 from line 4. | | | | | | 191,892,656 |

## 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. . | 41,938,861 | 39,240,784 | 35,399,937 | 36,767,130 | 38,545,944 | 191,892,656 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . | 40,095,908 | 42,326,450 | 44,629,525 | 50,047,757 | 49,028,634 | 226,128,274 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on. . | 196,695 | 83,512 | 32,704 | 76,186 | 391,889 | 780,986 |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 **Total support.** Add lines 7 through 10 | | | | | | 418,801,916 |

12 Gross receipts from related activities, etc. (see instructions) . . . . . **12** 210,875,819

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 2022 (line 6, column (f) divided by line 11, column (f)) . . . . . **14** 45.82 %

15 Public support percentage for 2020 Schedule A, Part II, line 14 . . . . . **15** 46.82 %

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 . . . . . ▶ ☑

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 . . . . . ▶ ☐

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 . . . . . ▶ ☐

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 . . . . . ▶ ☐

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) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . . | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 **Total.** Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year. | | | | | | |
| 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) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6. . . | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . | | | | | | |
| b Unrelated business taxable income (less 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 2022 (line 8, column (f) divided by line 13, column (f)) . . . . . | 15 | |
| 16 | Public support percentage from 2021 Schedule A, Part III, line 15 . . . . . | 16 | |

### Section D. Computation of Investment Income Percentage

| | | | |
|---|---|---|---|
| 17 | Investment income percentage for **2022** (line 10c, column (f) divided by line 13, column (f)) . . . . . | 17 | |
| 18 | Investment income percentage from **2021** Schedule A, Part III, line 17 . . . . . | 18 | |

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 . . . . ▶☐

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## Part IV Supporting Organizations

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

## 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 | | No |
| b | A family member of a person described on 11a above? | 11b | | No |
| c | A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.* | 11c | | No |

## Section B. Type I Supporting Organizations

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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 | Yes | |
| 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 | | No |

## 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 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? *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** ☐ 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 government entity (see instructions)

| | | | Yes | No |
|---|---|---|---|---|
| 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): | 1 | | |
| 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 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 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 e | | | |
| **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. If the amount is greater than zero, *explain in* ***Part VI***. See instructions. | | | |
| **6** Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is 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. . . . . | | | |

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**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).

| Facts And Circumstances Test |
| --- |
| |

| Return Reference | Explanation |
| --- | --- |
| Schedule A, Part IV, Section A, Line 2 Supported Org. Without IRS Status 509(a)1 or (2) | The University of Louisville Athletics Association supports the University of Louisville, a State university exempt under IRC Sec 115. |

## Additional Data

Return to Form

**Software ID:** 22016089

**Software Version:** 2022v5.0

| 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 2022 |
|---|---|---|

Name of the organization
University of Louisville Athletic Association

**Employer identification number**
31-1106941

**Organization type** (check one):

| **Filers of:** | **Section:** |
|---|---|
| Form 990 or 990-EZ | ☐ 501(c)( ) (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 other 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 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
University of Louisville Athletic Association

**Employer identification number**
31-1106941

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

**Contributors**

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---|---|---|---|
| RESTRICTED | | $ RESTRICTED | ☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | $ | ☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | $ | ☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | $ | ☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | $ | ☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | $ | ☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.) |

Name of organization
University of Louisville Athletic Association

**Employer identification number**
31-1106941

**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 |
|---|---|---|---|
| | | $ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | $ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | $ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | $ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | $ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | $ | |

Name of organization
University of Louisville Athletic Association

**Employer identification number**
31-1106941

**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 information once. See instructions.) ▶ $** _____

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 | |
| | | | |

| (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 | |
| | | | |

| (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 | |
| | | | |

| (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 | |
| | | | |

## Additional Data

Return to Form

**Software ID:** 22016089

**Software Version:** 2022v5.0

**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

**2022**

**Open to Public Inspection**

**Name of the organization**
University of Louisville Athletic Association

**Employer identification number**
31-1106941

## 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? ☐ 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.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | | Held at the End of the 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 in (a) | 2c |
| d | Number of conservation easements included in (c) acquired after 7/25/06, 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 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense 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 ▶ $ _____

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## 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 are a 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 programs
- 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 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 | 3,399,568 | 3,468,200 | 5,459,918 | 11,148,321 | 12,229,757 |
| b Contributions | 20,878 | 0 | 339,000 | 15,091 | 21,334 |
| c Net investment earnings, gains, and losses | 163,638 | 25,325 | 740,747 | 420,662 | 2,802,971 |
| d Grants or scholarships | 20,878 | 60,000 | 1,492,944 | 476,275 | 1,061,273 |
| e Other expenditures for facilities and programs | 0 | 0 | 1,528,552 | 5,544,637 | 2,575,413 |
| f Administrative expenses | 26,013 | 33,957 | 49,969 | 103,244 | 269,055 |
| g End of year balance | 3,537,193 | 3,399,568 | 3,468,200 | 5,459,918 | 11,148,321 |

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

- a Board designated or quasi-endowment ▶ 39.1 %
- b Permanent endowment ▶ 60.9 %
- c Term endowment ▶ 0 %

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 |
|---|---|---|
| 3a(i) (i) Unrelated organizations | Yes | |
| 3a(ii) (ii) Related organizations | | No |
| 3b b If "Yes" on 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 | | 5,150,911 | | 5,150,911 |
| b Buildings | | 286,646,320 | 93,850,793 | 192,795,527 |
| c Leasehold improvements | | 799,301 | 675,600 | 123,701 |
| d Equipment | | 14,154,976 | 8,182,121 | 5,972,855 |
| e Other | | 54,839,565 | 8,588,253 | 46,251,312 |
| **Total.** Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶ | | | | 250,294,306 |

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**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, 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.** *(Column (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 | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| **Total.** *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶ | 125,012,170 |

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

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## 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.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 135,939,446 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| a | Net unrealized gains (losses) on investments | 2a | 821,175 | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | 0 | | |
| e | Add lines **2a** through **2d** | | | 2e | 821,175 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 135,118,271 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line **1**: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | 1,846,985 | | |
| c | Add lines **4a** and **4b** | | | 4c | 1,846,985 |
| 5 | Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.) | | | 5 | 136,965,256 |

## 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.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 139,180,957 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| a | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | -1,846,985 | | |
| e | Add lines **2a** through **2d** | | | 2e | -1,846,985 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 141,027,942 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line **1:** | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | 0 | | |
| c | Add lines **4a** and **4b** | | | 4c | 0 |
| 5 | Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.) | | | 5 | 141,027,942 |

## 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.

| Return Reference | Explanation |
|---|---|
| Schedule D, Part V, Line 4 Intended uses of endowment funds | The University of Louisville Athletic Association's main endowment investments are intended for athletic scholarships. |
| Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements | RECLASS REVENUE NETTED WITH OTHER NONOPERATING EXPENSES ON FINANCIAL STATEMENTS - 1891300 RECLASS LOSS ON ASSET DISPOSAL TO PART VIII - -44315 |
| Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990 | RECLASS REVENUE NETTED WITH OTHER NONOPERATING EXPENSES ON FINANCIAL STATEMENTS - -1891300 RECLASS LOSS ON ASSET DISPOSAL TO PART VIII - 44315 |

## Additional Data

Return to Form

**Software ID:** 22016089
**Software Version:** 2022v5.0

**SCHEDULE F (Form 990)**

Department of the Treasury
Internal Revenue Service

# Statement of Activities Outside the United States

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization
University of Louisville Athletic Association

**Employer identification number**
31-1106941

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ **Yes** ☐ **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|---|---|---|---|---|
| (1) South America | 0 | 0 | Program Services | Student Athlete Recruiting | 5,099 |
| (2) Europe (Including Iceland and Greenland) | 0 | 0 | Program Services | Student Athlete Recruiting | 57,222 |
| (3) Sub-Saharan Africa | 0 | 0 | Program Services | Student Athlete Recruiting | 11,276 |
| (4) Middle East and North Africa | 0 | 0 | Program Services | Student Athlete Recruiting | 4,721 |
| (5) East Asia and the Pacific | 0 | 0 | Program Services | STUDENT ATHLETE RECRUITING | 3,030 |
| (6) North America (Canada & Mexico only) | 0 | 0 | Program Services | STUDENT ATHLETE RECRUITING | 5,641 |
| (7) Central America and the Caribbean | 0 | 0 | Program Services | TEAM TRAVEL | 6,578 |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| (11) | | | | | |
| (12) | | | | | |
| (13) | | | | | |
| (14) | | | | | |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| 3a Sub-total | 0 | 0 | | | 93,567 |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0 |
| c **Totals** (add lines 3a and 3b) | 0 | 0 | | | 93,567 |

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|---|---|---|---|---|---|---|---|
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| (6) | | | | | | | | |
| (7) | | | | | | | | |
| (8) | | | | | | | | |
| (9) | | | | | | | | |
| (10) | | | | | | | | |
| (11) | | | | | | | | |
| (12) | | | | | | | | |
| (13) | | | | | | | | |
| (14) | | | | | | | | |
| (15) | | | | | | | | |
| (16) | | | | | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---|---|---|---|---|---|---|---|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

## Part IV Foreign Forms

| | | | |
|---|---|---|---|
| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . . | ☐ Yes | ☑ No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . . | ☐ Yes | ☑ No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . . | ☐ Yes | ☑ No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . | ☐ Yes | ☑ No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . . | ☐ Yes | ☑ No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* . . . . . | ☐ Yes | ☑ No |

**Part V** **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

| ReturnReference | Explanation |
|---|---|
| Schedule F, Part I, Line 3 Method used to account for expenditures on org's financial statements | CENTRAL AMERICA AND THE CARIBBEAN-Accrual; EAST ASIA AND THE PACIFIC-Accrual; EUROPE (INCLUDING ICELAND AND GREENLAND)-Accrual; MIDDLE EAST AND NORTH AFRICA-Accrual; NORTH AMERICA (CANADA & MEXICO ONLY)-Accrual; SOUTH AMERICA-Accrual; SUB-SAHARAN AFRICA-Accrual |

## Additional Data

**Software ID:** 22016089
**Software Version:** 2022v5.0

**Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.**

**Schedule I (Form 990)**

Department of the Treasury
Internal Revenue Service

# Grants and Other Assistance to Organizations, Governments and Individuals in the United States

**Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.**
**▶ Attach to Form 990.**
**▶ Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization
University of Louisville Athletic Association

**Employer identification number**
31-1106941

## Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

## Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| (1) UNIVERSITY OF LOUISVILLE<br>2215 S BROOK ST<br>LOUISVILLE,KY 40208 | 61-1014882 | 115 | 3,731,006 | | | | STUDENT RETENTION AND GENERAL OPERATIONS SUPPORT |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 1

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|---|---|---|---|---|
| (1) SCHOLARSHIPS | 778 | 16,185,661 | | | |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

| Return Reference | Explanation |
|---|---|
| Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds. | Students are selected and continue to receive assistance based on their ability to contribute to the athletic program of the University of Louisville. All financial aid both athletic and non-athletic is under the control of the university Office of Financial Aid. The Office of Athletic Compliance employs a full-time Compliance Coordinator who works as a liaison with the University Financial Aid Office to monitor all athletic and non-athletic financial aid provided to our student-athletes. This includes monitoring all individual and team NCAA limits, renewals, non-renewal and cancellation of athletic scholarships, the awarding of summer financial aid, and oversees the disbursement of the Student-Assistance fund for eligible student-athletes. |

## Additional Data

Return to Form

**Software ID:** 22016089
**Software Version:** 2022v5.0

**Schedule J** (Form 990)

Department of the Treasury
Internal Revenue Service

# Compensation Information

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization
University of Louisville Athletic Association

**Employer identification number**
31-1106941

## Part I Questions Regarding Compensation

| | | | Yes | No |
|---|---|---|---|---|
| 1a | Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | ☑ First-class or charter travel | ☐ Housing allowance or residence for personal use | | |
| | ☑ Travel for companions | ☐ Payments for business use of personal residence | | |
| | ☐ Tax idemnification and gross-up payments | ☑ Health or social club dues or initiation fees | | |
| | ☐ Discretionary spending account | ☐ Personal services (e.g., maid, chauffeur, chef) | | |
| b | If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | Yes | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? | 2 | Yes | |
| 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | ☑ Compensation committee | ☑ Written employment contract | | |
| | ☑ Independent compensation consultant | ☑ Compensation survey or study | | |
| | ☐ Form 990 of other organizations | ☑ Approval by the board or compensation committee | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | | |
| a | Receive a severance payment or change-of-control payment? | 4a | | No |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | No |
| c | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | No |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | **Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.** | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | | |
| a | The organization? | 5a | | No |
| b | Any related organization? | 5b | | No |
| | If "Yes," on line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | | |
| a | The organization? | 6a | | No |
| b | Any related organization? | 6b | | No |
| | If "Yes," on line 6a or 6b, describe in Part III. | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III | 7 | | No |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | No |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | | |

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|---|---|---|---|---|---|---|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1Dr Neeli Bendapudi | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Former Pres/Chair | (ii) | 311,614 | 0 | 6,387 | 16,023 | 4,875 | 338,899 | 0 |
| 2Eugene G Mueller | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Former Vice Chair | (ii) | 133,667 | 0 | 774 | 12,809 | 15,293 | 162,543 | 0 |
| 3Daniel A Durbin | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Asst. Treasurer | (ii) | 432,731 | 0 | 1,188 | 30,500 | 21,759 | 486,178 | 0 |
| 4Lori Gonzalez PhD | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Pres/Chair to 1/31/23 | (ii) | 831,958 | 0 | 2,286 | 30,500 | 18,056 | 882,800 | 0 |
| 5Dr Krista B Wallace-Boaz | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Director | (ii) | 127,817 | 0 | 414 | 13,258 | 20,132 | 161,621 | 0 |
| 6Dr Thomas Gerard Bradley | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Director | (ii) | 582,757 | 0 | 774 | 29,000 | 23,303 | 635,834 | 0 |
| 7Shannon I Rickett | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Director | (ii) | 158,788 | 0 | 180 | 16,086 | 14,942 | 189,996 | 0 |
| 8Claudia Angeli PhD | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Director | (ii) | 146,921 | 0 | 414 | 14,902 | 14,970 | 177,207 | 0 |
| 9Carolyn Klinge PhD | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Director | (ii) | 147,008 | 0 | 2,286 | 15,285 | 18,708 | 183,287 | 0 |
| 10Amy S Lingo | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Director | (ii) | 271,350 | 0 | 414 | 27,545 | 17,007 | 316,316 | 0 |
| 11Lee A Gill JD | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Director | (ii) | 183,113 | 0 | 1,442 | 10,938 | 8,403 | 203,896 | 0 |
| 12Prof Lars S Smith | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Director | (ii) | 255,974 | 0 | 774 | 26,436 | 21,551 | 304,735 | 0 |
| 13Douglas Craddock | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Director | (ii) | 170,659 | 0 | 162 | 18,077 | 23,016 | 211,914 | 0 |
| 14Joshua Heird | (i) | 825,436 | 0 | 18,974 | 141,829 | 17,876 | 1,004,115 | 0 |
| Athletic Director | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15Amy M Calabrese | (i) | 175,204 | 0 | 6,522 | 17,740 | 20,528 | 219,994 | 0 |
| Deputy Athletic Director | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16Marvin Mitchell | (i) | 231,656 | 0 | 2,614 | 22,692 | 14,622 | 271,584 | 0 |
| Deputy Athletic Director | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17Christopher L Mack | (i) | 353,420 | 0 | 4,752,271 | 0 | 1,774 | 5,107,465 | 0 |
| FORMER HCE AS Men's BB Coach to 1/31/22 | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18Jeff Walz | (i) | 1,647,879 | 250,000 | 54,799 | 24,240 | 21,238 | 1,998,156 | 0 |
| Women's Basketball Coach | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19Daniel S McDonnell | (i) | 1,267,894 | 331,000 | 19,527 | 130,103 | 19,973 | 1,768,497 | 180,357 |
| Men's Baseball Coach | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 20Fredric Scott Satterfield | (i) | 3,008,066 | 199,000 | 34,542 | 29,646 | 20,682 | 3,291,936 | 0 |
| Head Football Coach | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 21Kenneth Payne | (i) | 2,726,644 | 0 | 23,361 | 200,000 | 17,059 | 2,967,064 | 0 |
| Men's BB Coach from 3/18/22 | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

## Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| Return Reference | Explanation |
|---|---|
| Schedule J, Part I, Line 1a First-class or charter travel | Both men's and women's basketball teams, volleyball teams, and our football team all travel to away competitions on charter planes. Charter service is submitted for competitive bids for both teams to obtain the price/service. This process is per industry standard for the majority of Division I schools. Per the organization's policies, first class airfare cannot be expensed back to the organization. |
| Schedule J, Part I, Line 1a Travel for companions | The organization obtains approval from the President's Office for all travel of athletic staff family members to special events such as post-season competitions, holiday tournaments, and other events where spouses are expected to attend for bona fide business purposes. Expenses are covered from unrestricted monies and not part of the Athletic Association's operating budget. All spousal or family member travel is taxed as applicable according to IRS rules and regulations. |
| Schedule J, Part I, Line 1a Health or social club dues or initiation fees | The organization is authorized to provide country club memberships for the athletic director and some of its coaching staff as part of their respective employment contracts. These benefits are taxed accordingly where provided. |

## Additional Data

Return to Form

**Software ID:** 22016089
**Software Version:** 2022v5.0

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

# Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
University of Louisville Athletic Association

Employer identification number
31-1106941

## Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|---|---|---|---|---|
| 1 Art—Works of art | | | | |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | | | | |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ► (MATERIALS & SUPPLIES) | X | 2 | 178,000 | Cost |
| 26 Other ► ( ) | | | | |
| 27 Other ► ( ) | | | | |
| 28 Other ► ( ) | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29: 0

| | | Yes | No |
|---|---|---|---|
| 30a | During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | | No |
| b | If "Yes," describe the arrangement in Part II. | | |
| 31 | Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | Yes | |
| 32a | Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | No |
| b | If "Yes," describe in Part II. | | |
| 33 | If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

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**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

| Return Reference | Explanation |
|---|---|
| Schedule M, Part I Explanations of reporting method for number of contributions | Other - MATERIALS & SUPPLIES MULTIPLE CONTRIBUTIONS OF MATERIALS AND SUPPLIES USED IN CONSTRUCTION PROJECT |

## Additional Data

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**Software ID:** 22016089
**Software Version:** 2022v5.0

**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 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
University of Louisville Athletic Association

**Employer identification number**
31-1106941

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 18 TAX RETURN DISCLOSURE | COPIES OF THE ORGANIZATION'S MOST RECENT FORMS 990 AND 990-T ARE AVAILABLE UPON REQUEST. |
| Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders | The organization's bylaws provide for an executive committee. The executive committee includes the following members: (1) Chair of the board or the chair's designee; (2) Faculty Athletics Representative to the NCAA (FAR); (3) One vice president; (4) One administrator; (5) One faculty member; (6) One trustee; (7) One at-large member; and (8) the Responsible Officer (VP for Athletics) as non-voting, ex officio. The executive committee acts for the board in the interim between regular meetings in actions such as hiring of coaches and to elect, appoint, or remove other members of the board. Any majority vote for an action must include the President voting in the affirmative. |
| Form 990, Part VI, Line 11b Review of form 990 by governing body | University of Louisville finance personnel and an outside firm prepared the return and a copy of the return was provided to all board members for review prior to filing. |
| Form 990, Part VI, Line 12c Conflict of interest policy | If an item is presented to the Board of Directors (or any other policy board) for action, e.g., purchase of property, merging with another entity, buying services, etc., the Board member will disclose his or her possible conflict of interest and must recuse himself or herself from voting. The Board member also avoids participating in any decision or advocating for any decision of the Board. In some circumstances, e.g., when the conflict of the Board member places the Board member in competition with the University, the Board member will leave the board meeting during discussion or update on the action. Before any meeting of the various boards, an agenda is circulated to each member or director with descriptions of the action items. This allows sufficient time for any board member or director to alert the board about a potential conflict of interest. Past practice includes written disclosure by the board member outlining: (1) that a conflict of interest may exist; (2) the nature and extent of the conflict; and (3) the description and potential benefit, direct or indirect, to the member of the board. This information will be supplied to legal counsel and the entire board ahead of the meeting, and a copy of the information will be maintained in the board member's file. |
| Form 990, Part VI, Line 15a Process to establish compensation of top management official | The process for determining compensation of the organization's Athletic Director, the top management official, involved all of the following elements: - Data gathering and analysis of compensation at comparably sized organizations by an independent third-party consulting firm along with benchmarking against other qualified officials in similarly situated positions; - Review and approval of the third-party firm's analysis by the organization's independent personnel committee; - Review and approval by the organization's board of directors pursuant to feedback from the personnel and the third-party consulting firm; and - Contemporaneous documentation of the compensation determination process by the third-party consulting firm and by both the personnel committee and the board of directors in each body's respective minutes. |
| Form 990, Part VI, Line 15b Process to establish compensation of other employees | THE PROCESS FOR DETERMINING COMPENSATION OF THE DEPUTY ATHLETIC DIRECTOR INVOLVED ALL OF THE FOLLOWING ELEMENTS: - Data gathering by the board's independent personnel committee and analysis of compensation at comparably sized organizations along with benchmarking against other qualified officials in similarly situated positions; - Review and approval by the organization's board of directors; and - Contemporaneous documentation of the compensation determination process by the organization's administration and by the personnel committee and the board of directors in each body's respective minutes. |
| Form 990, Part VI, Line 19 Required documents available to the public | Copies of the organization's financial statements, articles of incorporation, and conflict of interest policy are available at www.louisville.edu or upon request. |
| Form 990, Part XI, Line 8 PRIOR PERIOD ADJUSTMENTS | Net prior period adjustments pertain to (1) $5.3 million reduction in loss relating to understated balance due to the University for debt service, and (2) $600 thousand reduction in net invested in capital assets due to implementation of GASB Statement No. 87, Leases. |
| Form 990, Part XI, Line 9 Other changes in net assets or fund balances | Adjust for GASB Statement No. 94 (P3 arrangements) change in accounting - -1332403; Adjust for GASB Statement No. 96 (subscription-based arrangments) change in accounting - -109950; |



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

## Additional Data

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**Software ID:** 22016089
**Software Version:** 2022v5.0

# SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

## Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization
University of Louisville Athletic Association

**Employer identification number**
31-1106941

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? Yes | (g) No |
|---|---|---|---|---|---|---|---|
| **(1)**UNIVERSITY OF LOUISVILLE<br>UNIVERSITY OF LOUISVILLE<br><br>LOUISVILLE, KY 40292<br>61-1014882 | EDUCATION | KY | | | NA | | No |
| **(2)**UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION INC<br>UNIVERSITY OF LOUISVILLE<br><br>LOUISVILLE, KY 40292<br>61-1029626 | RESEARCH | KY | 501(c)(3) | 5 | UNIVERSITY OF LOUISVILLE | | No |
| **(3)**UNIVERSITY OF LOUISVILLE MEDICAL SCHOOL PRACTICE ASSOC<br>550 SOUTH JACKSON STREET<br><br>LOUISVILLE, KY 40202<br>61-1250153 | MEDICAL CARE | KY | 501(c)(3) | 7 | UNIVERSITY OF LOUISVILLE | | No |
| **(4)**UNIVERSITY PHYSICIANS GROUP INC<br>323 EAST CHESTNUT STREET<br><br>LOUISVILLE, KY 402021823<br>61-1346817 | MEDICAL CARE | KY | 501(c)(3) | 3 | UNIVERSITY OF LOUISVILLE | | No |
| **(5)**UNIVERSITY MEDICAL CENTER INC<br>250 E LIBERTY ST<br><br>LOUISVILLE, KY 40202<br>61-1293786 | MEDICAL CARE | KY | 501(c)(3) | 3 | UNIVERSITY OF LOUISVILLE | | No |
| | | | | | | | |
| | | | | | | | |

1157

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate allocations? Yes | (h) No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
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**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? Yes | (i) No |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
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**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

| | | | Yes | No |
|---|---|---|---|---|
| 1 | During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a | Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity | 1a | | No |
| b | Gift, grant, or capital contribution to related organization(s) | 1b | Yes | |
| c | Gift, grant, or capital contribution from related organization(s) | 1c | Yes | |
| d | Loans or loan guarantees to or for related organization(s) | 1d | | No |
| e | Loans or loan guarantees by related organization(s) | 1e | Yes | |
| f | Dividends from related organization(s) | 1f | | No |
| g | Sale of assets to related organization(s) | 1g | | No |
| h | Purchase of assets from related organization(s) | 1h | | No |
| i | Exchange of assets with related organization(s) | 1i | | No |
| j | Lease of facilities, equipment, or other assets to related organization(s) | 1j | | No |
| k | Lease of facilities, equipment, or other assets from related organization(s) | 1k | | No |
| l | Performance of services or membership or fundraising solicitations for related organization(s) | 1l | | No |
| m | Performance of services or membership or fundraising solicitations by related organization(s) | 1m | Yes | |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | Yes | |
| o | Sharing of paid employees with related organization(s) | 1o | Yes | |
| p | Reimbursement paid to related organization(s) for expenses | 1p | Yes | |
| q | Reimbursement paid by related organization(s) for expenses | 1q | Yes | |
| r | Other transfer of cash or property to related organization(s) | 1r | | No |
| s | Other transfer of cash or property from related organization(s) | 1s | | No |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|
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**Part VI** **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
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**Part VII** **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

| Return Reference | Explanation |
|---|---|

Schedule R (Form 990) 2021

**Additional Data**

Return to Form

**Software ID:** 22016089
**Software Version:** 2022v5.0

ARTICLES OF AMENDMENT
TO THE ARTICLES OF INCORPORATION
OF THE
UNIVERSITY OF LOUISVILLE ATHLETIC ASSOCIATION, INC.

Pursuant to the provisions of KRS 273.263 and KRS 273.267, the University of Louisville Athletic Association, Inc., a Kentucky non-stock, not for profit corporation (the "Corporation") hereby adopts the following Articles of Amendment to its Articles of Incorporation:

RECEIVED AND FILED
MAR 27 1989
TIME 10:20 AM
AMOUNT $10.00
BREMER CHANDLER
SECRETARY OF STATE
COMMONWEALTH OF KENTUCKY
BY

FIRST: The name of the Corporation is University of Louisville Athletic Association, Inc.

SECOND: The Corporation's Articles of Incorporation were amended by the addition of Article XII by the affirmative vote of more than two-thirds of the members of the Corporation on February 27, 1989, at a meeting held pursuant to the By-laws of the Corporation as provided in the Kentucky Nonprofit Corporation Act.

THIRD: Article XII of the Corporation's Articles of Incorporation shall read as follows:

ARTICLE XII

Indemnification of directors, officers, members and agents of the Corporation may be as provided for in the By-Laws effective upon filing of this Article with the Secretary of State; provided, however, such indemnification is not otherwise in conflict with the provisions of Article III of these Articles of Incorporation, and shall not limit liability for (a) any transaction in which a director's personal financial interest is in conflict with the financial interest of the Corporation; (b) for acts or omissions not in good faith or which involve intentional misconduct, or are known to the director to be a violation of law; or (c) or for any transaction from which the director derives an improper personal benefit.

Donald C. Swain
Donald C. Swain, Chairman
Board of Directors
University of Louisville
Athletic Association,
Inc.

Karen R. Howe
Karen R. Howe
Assistant Secretary
Board of Directors
University of Louisville Athletic Association, Inc.

2/28/84

# ARTICLES OF INCORPORATION
# OF
# UNIVERSITY OF LOUISVILLE ATHLETIC ASSOCIATION, INC.

I, the undersigned incorporator of University of Louisville Athletic Association, Inc., of Jefferson County, Kentucky, do hereby incorporate a non-profit corporation without capital stock or shareholders, under the provisions of KRS 273.161 to 273.390, and for that purpose adopt the following Articles of Incorporation.

## ARTICLE I

The name of the corporation is University of Louisville Athletic Association, Inc.

## ARTICLE II

The period of duration of the Corporation is perpetual.

## ARTICLE III

Any provision of these Articles to the contrary notwithstanding, the Corporation shall not have any purpose or object, nor have or exercise any power, nor engage in any activity which in any way contravenes or is in conflict with the provisions of Section 1 of this Article III of these Articles of Incorporation.

1. The Corporation shall conduct and carry on its work, not for profit, but exclusively for charitable, educational and scientific purposes including but not limited to, in such manner that no part of its income or property shall inure to the private benefit of any donor, director or individual having a personal or private interest in the activities of the Corporation and in such a manner that it shall not directly or indirectly engage in carrying on propaganda or otherwise attempting to influence legislation.

2. The Corporation shall qualify as and remain classified as an affiliated corporation of the University of Louisville pursuant to the provisions of KRS 164A.610 and exercise all rights and perform the duties as such.

3. The Corporation shall engage in any other activities as, in the opinion of the Board of Directors, may be incidental to, in furtherance of, or appropriate to effectuate the purposes hereinbefore expressed.

4. Subject to the limitations above stated in this Article III, the purposes for which the corporation is organized and its objects are:

(a) To develop intercollegiate athletic teams composed of students of the University of Louisville and to schedule and manage intercollegiate athletic contests, all in harmony with and in subjection to the general educational policy of the University of Louisville.

(b) To collect and own the receipts from subcontracts and such other moneys and goods as may be given or granted to the Corporation.

(c) To expend and disburse such receipts, gifts, and grants in the interest of the intercollegiate athletic program at the University of Louisville.

(d) To have authority to make contracts of employment, fix salaries, and establish personnel policies with respect to the Intercollegiate Athletics Program at the University of Louisville.

5. The Corporation shall engage in any and all lawful activities or pursuits for which a corporation may be incorporated under Chapter 273 of the Kentucky Revised Statutes dealing with non-stock, non-profit corporations and to exercise any and all powers that such corporations may now or hereafter exercise, whether or not specifically set forth herein, and insofar as such may not be inconsistent with Section 1 hereof.

ARTICLE IV

Notwithstanding any provision heretofore stated herein, if at any time the Corporation is determined to be a private foundation or private operating foundation as defined in Section 509 or Section 4942 of the Internal Revenue Code of 1954, or corresponding provisions of any subsequent Federal tax laws, then:

1. The Corporation shall distribute its income for each taxable year at such time and in such manner as not to become subject to the tax on undistributed income imposed by Section 4942 of the Internal Revenue Code of 1954, or by corresponding provisions of any subsequent Federal tax laws.

2. The Corporation shall not engage in any act of self-dealing as defined in Section 4941(d) of the Internal Revenue Code of 1954, or in corresponding provisions of any subsequent Federal tax laws.

3. The Corporation shall not retain any excess business holdings as defined in Section 4943(c) of the Internal Revenue Code of 1954, or in corresponding provisions of any subsequent Federal tax laws.

4. The Corporation shall not make any investments in such manner as to subject it to tax under Section 4944 of the Internal Revenue Code of 1954, or under corresponding provisions of any subsequent Federal tax laws.

5. The Corporation shall not make any taxable expenditures as defined in Section 4945(d) of the Internal Revenue Code of 1954, or in corresponding provisions of any subsequent Federal tax laws.

ARTICLE V

In the event of a dissolution and liquidation the assets of the Corporation shall be applied and distributed as follows:

1. All liabilities and obligations of the Corporation shall be paid and discharged, or adequate provisions shall be made therefor;

2. Assets held by the Corporation upon condition requiring return, transfer or conveyance, which condition occurs by reason of the dissolution, shall be returned, transferred or conveyed in accordance with such requirements;

3. All other assets which are not held upon a condition requiring return, transfer or conveyance by reason of dissolution, shall be transferred or conveyed to the University of Louisville Foundation, Inc., if that organization at the time of transfer or conveyance is

described in Section 170(b)(1)(A) (other than in clauses (vii) and (viii)) and in Section 501(c)(3) of the Internal Revenue Code of 1954, or in corresponding provisions of any subsequent Federal tax laws or, if that organization is not (a) in existence, or (b) so described, then to the University of Louisville, if that organization is described in Section 170(b)(1)(A) (other than in clauses (vii) and (viii)) and Section 501(c)(3) of the Internal Revenue Code of 1954, or in corresponding provisions of any subsequent Federal tax laws or, if that organization is not (a) in existence, or (b) so described, then to the Commonwealth of Kentucky, for charitable purposes, pursuant to a plan of distribution adopted as provided by law.

ARTICLE VI

The Corporation shall have members, who shall be the individuals who are members of the Board of Trustees of the University of Louisville. Membership in the Corporation shall be co-terminous with membership on the Board of Trustees of the University of Louisville. The members shall be entitled only to vote to amend the Articles of Incorporation of the Corporation and/or to amend the By-Laws of the Corporation. The members shall amend the Articles or alter, amend or repeal the By-Laws of the Corporation at a special meeting called by the Chair of the Corporation by a vote of a two-thirds majority of all of the members. Ten days' notice in writing shall be given by the Chair to each member.

ARTICLE VII

Until otherwise changed, the registered office of the Corporation shall be located at the University of Louisville, Office of University Counsel, Louisville, Kentucky 40292, and the name of its registered agent at such address is David L. Baker, University Counsel.

ARTICLE VIII

The business and affairs of the Corporation shall be under the supervision, management and control of a Board of Directors, which shall exercise the Corporation's power and authority. The Board of Directors shall consist of not less than three (3) persons and of such members in addition as may be provided in the Corporation's By-Laws.

The number of directors constituting the initial Board of Directors shall be three and the names and addresses of the persons who are to serve as initial directors are as follows:

| | |
|---|---|
| Dr. Donald C. Swain | President<br>University of Louisville<br>Louisville, Kentucky 40292 |
| Mr. Steven B. Bing | Vice President for University Relations<br>University of Louisville<br>Louisville, Kentucky 40292 |
| Dr. Burt L. Monroe | Chairman and Professor<br>Department of Political Science<br>University of Louisville<br>Louisville, Kentucky 40292 |

The members of the Board of Directors may be removed from office as provided in the Corporation's By-Laws.

ARTICLE IX

Indemnification of directors, officers, employees and agents of the Corporation may be as provided for in the By-Laws; provided, however, such indemnification is not otherwise in conflict with the provisions of Article III of these Articles of Incorporation.

ARTICLE X

1. The Corporation's Articles of Incorporation may be amended in the manner provided by law and in Article VI.

2. The Board of Directors may adopt By-laws for the Corporation, and may amend such By-Laws subject to the action of the Members as provided in Article VI.

ARTICLE XI

The name and address of the sole incorporator is as follows:

| | |
|---|---|
| Donald C. Swain | Office of the President<br>University of Louisville<br>Louisville, Kentucky 40292 |

2/28/84

IN TESTIMONY WHEREOF, Witness the signature of the party hereto on this 27th day of February, 1984.

Donald C. Swain
Donald C. Swain

COMMONWEALTH OF KENTUCKY)
) ss:
COUNTY OF JEFFERSON )

Before me, the undersigned, a Notary Public within and for the State and County aforesaid, on this day appeared Donald C. Swain and he acknowledged and delivered the foregoing instrument to writing to be the Articles of Incorporation of said Corporation and to be his act and deed as incorporator thereof.

My notarial commission will expire January 15, 1986.

IN TESTIMONY WHEREOF, witness my signature and notarial seal hereunto affixed in the State and County aforesaid this 27th day of February, 1984.

Notary Public

I certify that I prepared the foregoing instrument.

Thomas H Lyons
Thomas H. Lyons
Assistant University Counsel
University of Louisville
Louisville, Kentucky 40292
(502)588-6981

Space Coast
FLORIDA

**Tourism Development Office**
**FY 2024-2025 Marketing Support Program**
**checklist**

Applicant Organization Name: Brevard Softball Magazine

Applicant Event Name: Softball Magazine's Adult Senior Softball Camp - OPEN - S4 - E

| | Yes | No | Comment |
|---|---|---|---|
| Completed questionnaire | x | | |
| Copy of 990 form (if applicable) | | x | NA |
| Copy of IRS Articles of Incorporation – (if applicable) | x | | |
| Copy of IRS Determination letter – (if applicable) | | x | NA |
| Copy of SunBiz.org (if applicable) | x | | |
| Copy of this MSP checklist | x | | |

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

Cranis, Peter Digitally signed by Cranis, Peter
Date: 2024.10.18 13:56:16 -04'00'

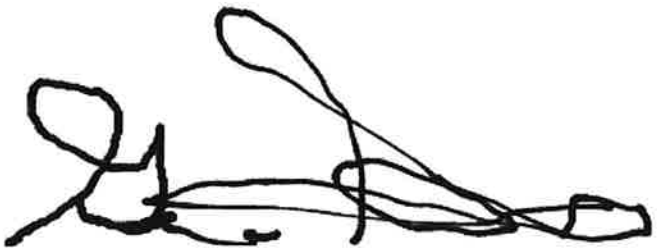
Peter Cranis, Executive Director

# FY 2024-2025 Marketing Support Program application

Response ID:38 Data

## 2. (untitled)

**1. I have read and understand the policies/procedures within the FY 2024-2025 Marketing Support Program Criteria.**



Signature of: Gene Smith

## 3. (untitled)

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

Sports

## 4. (untitled)

## 3. ORGANIZATION INFORMATION

**Name of organization hosting event/year-round programming**

Brevard Softball Magazine

**Organization address**

398 Barton Blvd.

**State**

FL

**City**

Rockledge

**Zip**

32955

**Primary contact name**

Gene Smith

**Primary contact phone number**

321-432-4444

**Primary contact email**

gene.smith@softballmag.com

**Secondary contact name**

Luann Madison

**Secondary contact phone number**

321-453-3711

**Secondary contact email**

luann.madison@softballmag.com

**Organization website address**

www.softballmag.com

5. (untitled)

4. **Which best describes your organization?**

For profit, LLC, Inc., etc.

6. (untitled)

5. **What is your Federal Employee ID number?**

59-3413766

7. (untitled)

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

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

8. (untitled)

7. **EVENT INFORMATION**

**Name of event**

Softball Magazine's Adult Senior Softball Camp

**Event website address (if different from organization website)**

https://www.seniorsoftballcamp.com/

**Event location**

Space Coast Stadium - 5800 Stadium Parkway - Melbourne, FL 32940

9. (untitled)

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

11/12/2024

10. (untitled)

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

3

11. (untitled)

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

Digital advertising (banner ads, etc.)
Social media (Facebook, Instagram, YouTube, etc.)
Other - Please be specific.....: Email blast sends that go directly to a email base that is twenty (20) years strong in building. List has real and active emails of current participants, past participants along with a list of potential attendees that we market to for six (6) prior to hosting the event here in Brevard County. Note: We have three (3) websites that all promote each other. Our main site "Softballmag.com" promotes the camps, while the specific camp websites promote each other and the main site. We have included TDC Logos along the Florida Sports Foundation Logos on all of websites year round for over twenty years.

12. (untitled)

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

13. (untitled)

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

Facebook : https://www.facebook.com/SoftballMagazine/about/
YouTube : https://www.youtube.com/user/SoftballMagazineInc

14. (untitled)

12. **What hashtags do you use?**

na

15. (untitled)

**As a cultural organization how would you like us to spend your support?**

16. (untitled)

13. **If you were asked to include the Space Coast Office of Tourism in your marketing materials, what elements could you include us in?**

Event banners/signage
Email blast (e-newsletter, promotional, etc.)
Event brochures/program (Playbill, etc.)
Social media post
Website/blog
Other - Please be specific.....: We have included TDC Logos along the Florida Sports Foundation Logos on all of websites year round for over twenty years. We also include the TDC logo on all of our email correspondences with the registered camper attending the events.

17. (untitled)

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

18. (untitled)

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

19. (untitled)

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

brevardsoftballmagazine_state_articles.pdf

20. (untitled)

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

21. (untitled)

16. **Upload your completed Checklist.**

MSP_applicant_checklist_9-27-2024_Senior_Signed.pdf

22. (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: Gene Smith

## 23. Thank You!

**New Send Email**

Oct 06, 2024 15:07:36 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

# State of Florida

## Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of BREVARD SOFTBALL MAGAZINE, INC., a Florida corporation, filed on November 7, 1996, as shown by the records of this office.

The document number of this corporation is P96000091866.

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capitol, this the
Eighth day of November, 1996

Sandra B. Mortham

Sandra B. Mortham
Secretary of State

CR2EO22 (2-95)

FILED
95 NOV -7 AM 10:22

# ARTICLES OF INCORPORATION

# OF

# BREVARD SOFTBALL MAGAZINE, INC.

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

## ARTICLE I. NAME

The name of the corporation shall be:

BREVARD SOFTBALL MAGAZINE, INC.

The address of the principal office of this corporation shall be P.O. Box 320877, Cocoa Beach, Florida 32932-0877, and the mailing address of the corporation shall be the same.

## ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

## ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 10,000 shares of common stock having $1.00 par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 1201 Hays Street, Tallahassee, Florida 32301, and the name of the initial registered agent of the corporation at that address is Corporation Service Company.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. DIRECTORS

All corporate powers shall be exercised by or under the authority of, and the business and affairs of the corporation managed under the direction of its Board of Directors, subject to any limitation set forth in these Articles of Incorporation. This corporation shall have two Directors, initially. The names and addresses of the initial members of the Board of Directors are:

| | |
|---|---|
| Gene Smith<br>Dir. | 400 Nora Avenue,<br>Merritt Island, Florida 32952 |
| David M. Brubaker<br>Dir. | 7570 Patti Drive,<br>Merritt Island, Florida 32952 |

ARTICLE VII. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation:

Corporate Agents, Inc.
1201 Hays Street
Tallahassee, Florida 32301

The undersigned incorporator has executed these Articles of Incorporation on November 7, 1996.

Its Agent, Karen B. Rozar
Incorporator

ACCEPTANCE OF REGISTERED AGENT DESIGNATED IN ARTICLES OF INCORPORATION

Corporation Service Company, a Delaware corporation authorized to transact business in this State, having a business office identical with the registered office of the corporation named above, and having been designated as the Registered Agent in the above and foregoing Articles, is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

By:
Its Agent, Karen B. Rozar
Authorized Service Representative
Corporation Service Company

LH/THW

FILED
96 NOV -7 AM 10:28

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Jan 28, 2024**
**Secretary of State**
**9535675685CC**

DOCUMENT# P96000091866

**Entity Name:** BREVARD SOFTBALL MAGAZINE, INC.

**Current Principal Place of Business:**

400 NORA AVENUE
MERRITT ISLAND, FL 32952

**Current Mailing Address:**

400 NORA AVENUE
MERRITT ISLAND, FL 32952 US

**FEI Number: 59-3413766**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SMITH, EUGENE W.
400 NORA AVENUE
MERRITT ISLAND, FL 32952 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: EUGENE SMITH 01/28/2024
Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | DPVST |
| Name | SMITH, EUGENE W. |
| Address | 400 NORA AVENUE |
| City-State-Zip: | MERRITT ISLAND FL 32952 |

*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: EUGENE W SMITH PRESIDENT 01/28/2024
Electronic Signature of Signing Officer/Director Detail — Date

For TDO use: **PROJECT #-**

**Tourism Development Office**
**FY 2024-2025 Marketing Support Program**
**checklist**

Applicant Organization Name: Smooth Running

Applicant Event Name: USA Beach Running Championships - OPEN - S13

| | Yes | No | Comment |
|---|---|---|---|
| Completed questionnaire | x | | |
| Copy of 990 form (if applicable) | | x | NA |
| Copy of IRS Articles of Incorporation – (if applicable) | x | | |
| Copy of IRS Determination letter – (if applicable) | | x | NA |
| Copy of SunBiz.org (if applicable) | x | | |
| Copy of this MSP checklist | x | | |

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

Cranis, Peter Digitally signed by Cranis, Peter
Date: 2024.10.18 13:56:36 -04'00'

Peter Cranis, Executive Director

# FY 2024-2025 Marketing Support Program application

Response ID:61 Data

## 2. (untitled)

**1. I have read and understand the policies/procedures within the FY 2024-2025 Marketing Support Program Criteria.**

Signature of: Mitchell Varnes

## 3. (untitled)

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

Sports

## 4. (untitled)

### 3. ORGANIZATION INFORMATION

**Name of organization hosting event/year-round programming**

Smooth Running

**Organization address**

660 Cinnamon Court

**State**

Florida

**City**

Satellite Beach

**Zip**

32937

**Primary contact name**

Mitch Varnes

**Primary contact phone number**

3217597200

**Primary contact email**

mitchvarnes@gmail.com

**Secondary contact name**

Hannah McClatchey

**Secondary contact phone number**

3213617748

**Secondary contact email**

info@thefloridamarathon.com

**Organization website address**

https://www.runonthebeach.com

5. (untitled)

4. **Which best describes your organization?**

For profit, LLC, Inc., etc.

6. (untitled)

5. **What is your Federal Employee ID number?**

26-3025672

7. (untitled)

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

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

8. (untitled)

7. **EVENT INFORMATION**

**Name of event**

USA Beach Running Championships

**Event website address (if different from organization website)**

https://www.runonthebeach.com

**Event location**

Potentially Lori Wilson Park / Historically Shepard Park

9. (untitled)

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

05/03/2025

10. (untitled)

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

1

11. (untitled)

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

Digital advertising (banner ads, etc.)
Direct mail
Social media (Facebook, Instagram, YouTube, etc.)
Other - Please be specific.....: Expos, marketing at other races

12. (untitled)

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

13. (untitled)

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

Facebook : #beachrun
Instagram : #beachrun
YouTube : n/a

14. (untitled)

12. **What hashtags do you use?**

#beachrun

15. (untitled)

**As a cultural organization how would you like us to spend your support?**

16. (untitled)

13. **If you were asked to include the Space Coast Office of Tourism in your marketing materials, what elements could you include us in?**

Apparel/promotion items (event t-shirts, giveaways, etc.)
Billboards
Direct mail
Email blast (e-newsletter, promotional, etc.)
Event brochures/program (Playbill, etc.)
Social media post
Other - Please be specific.....: TDC is already included in these items

17. (untitled)

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

18. (untitled)

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

19. (untitled)

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

Smooth_Running_Articles_of_Incorporation.pdf

20. (untitled)

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

smooth_running_sun_biz.pdf

21. (untitled)

16. **Upload your completed Checklist.**

Beach_Run_TDC_checklist_2025.pdf

22. (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: Mitchell Varnes

## 23. Thank You!

**New Send Email**

Oct 08, 2024 15:56:27 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

# ARTICLES OF ORGANIZATION

# OF

# SMOOTH RUNNING, LLC

The undersigned desiring to form a limited liability company pursuant to Chapter 608, *Florida Statutes*, hereby states as follows.

## ARTICLE I - NAME

The name of this limited liability company (the "Company") is SMOOTH RUNNING, LLC.

## ARTICLE II - PRINCIPAL OFFICE

The street address of the principal office of the Company is 503 Peragrine Drive, Indialantic, FL 32903 and mailing address of the Company is PO Box 33100, Indialantic, FL 32903.

## ARTICLE III - REGISTERED AGENT AND OFFICE

The name and street address of the initial registered agent for service of process in the state for this Company is JACK A. KIRSCHENBAUM, 1795 W. Nasa Blvd., Melbourne, FL 32901.

## ARTICLE IV – MANAGER

The initial manager of the Company is G. MITCHELL VARNES, (MGR.)

**IN WITNESS WHEREOF,** the undersigned executed these Articles of Organization this 8th day of July, 2008.

**JACK A. KIRSCHENBAUM,** a person authorized by a member to sign these Articles of Organization

FILED
08 JUL -9 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H08000169408 3)))

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

Pursuant to Section 608.415, *Florida Statutes,* the following is submitted in compliance with said Act:

FIRST, that SMOOTH RUNNING, LLC, desiring to organize under the laws of the State of Florida, with its principal office as indicated by the Articles of Organization in the City of Indialantic, County of Brevard, State of Florida, has named JACK A. KIRSCHENBAUM, 1795 W. Nasa Blvd., Melbourne, FL 32901, as its agent to accept service of process within this State.

**ACKNOWLEDGMENT**:

Having been named to accept service of process for the above stated limited liability company at the place designated in this certificate, I am familiar with the obligations of a registered agent under Chapter 608, *Florida Statutes,* and I hereby accept to act in this capacity and agree to comply with the provisions of said Chapter relative to keeping open said office.

JACK A. KIRSCHENBAUM

FILED
08 JUL -9 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DIVISION OF CORPORATIONS

# Detail by Entity Name

Florida Limited Liability Company
SMOOTH RUNNING, LLC

**Filing Information**

| | |
|---|---|
| **Document Number** | L08000066265 |
| **FEI/EIN Number** | 26-3025672 |
| **Date Filed** | 07/09/2008 |
| **State** | FL |
| **Status** | ACTIVE |

**Principal Address**

660 Cinnamon Ct.
Satellite Beach, FL 32937

Changed: 07/10/2017

**Mailing Address**

P O BOX 33100
INDIALANTIC, FL 32903

**Registered Agent Name & Address**

VARNES, GARRY MJR
660 Cinnamon Ct.
Satellite Beach, FL 32937

Name Changed: 02/17/2011

Address Changed: 07/10/2017

**Authorized Person(s) Detail**

**Name & Address**

Title MGR

VARNES, G. MITCHELL
660 Cinnamon Ct.
Satellite Beach, FL 32937

**Annual Reports**

| Report Year | Filed Date |
|---|---|
| 2022 | 04/06/2022 |

| | |
|---|---|
| 2023 | 02/17/2023 |
| 2024 | 02/09/2024 |

**Document Images**

| | |
|---|---|
| 02/09/2024 -- ANNUAL REPORT | View image in PDF format |
| 02/17/2023 -- ANNUAL REPORT | View image in PDF format |
| 04/06/2022 -- ANNUAL REPORT | View image in PDF format |
| 02/14/2021 -- ANNUAL REPORT | View image in PDF format |
| 03/30/2020 -- ANNUAL REPORT | View image in PDF format |
| 04/22/2019 -- ANNUAL REPORT | View image in PDF format |
| 06/10/2018 -- ANNUAL REPORT | View image in PDF format |
| 07/10/2017 -- ANNUAL REPORT | View image in PDF format |
| 07/10/2016 -- ANNUAL REPORT | View image in PDF format |
| 04/30/2015 -- ANNUAL REPORT | View image in PDF format |
| 04/30/2014 -- ANNUAL REPORT | View image in PDF format |
| 01/24/2013 -- ANNUAL REPORT | View image in PDF format |
| 01/11/2012 -- ANNUAL REPORT | View image in PDF format |
| 02/17/2011 -- ANNUAL REPORT | View image in PDF format |
| 04/21/2010 -- ANNUAL REPORT | View image in PDF format |
| 04/30/2009 -- ANNUAL REPORT | View image in PDF format |
| 07/09/2008 -- Florida Limited Liability | View image in PDF format |

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Feb 09, 2024**
**Secretary of State**
**4699778325CC**

DOCUMENT# L08000066265

**Entity Name:** SMOOTH RUNNING, LLC

**Current Principal Place of Business:**

660 CINNAMON CT.
SATELLITE BEACH, FL 32937

**Current Mailing Address:**

P O BOX 33100
INDIALANTIC, FL 32903

**FEI Number: 26-3025672**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

VARNES, GARRY MJR
660 CINNAMON CT.
SATELLITE BEACH, FL 32937 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

**Authorized Person(s) Detail :**

| | |
|---|---|
| Title | MGR |
| Name | VARNES, G. MITCHELL |
| Address | 660 CINNAMON CT. |
| City-State-Zip: | SATELLITE BEACH FL 32937 |

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: VARNES , G. MITCHELL PRINCIPAL 02/09/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date

For TDO use: **PROJECT #-**

**Tourism Development Office**
**FY 2024-2025 Marketing Support Program**
**checklist**

Applicant Organization Name: American Junior Golf Association

Applicant Event Name: AJGA Junior Championship - INV - S1 - E

| | Yes | No | Comment |
|---|---|---|---|
| Completed questionnaire | x | | |
| Copy of 990 form (if applicable) | x | | |
| Copy of IRS Articles of Incorporation – (if applicable) | | x | NA |
| Copy of IRS Determination letter – (if applicable) | x | | |
| Copy of SunBiz.org (if applicable) | | x | NA |
| Copy of this MSP checklist | x | | |

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

Cranis, Peter Digitally signed by Cranis, Peter Date: 2024.10.18 13:56:58 -04'00'

Peter Cranis, Executive Director

# FY 2024-2025 Marketing Support Program application

Response ID:21 Data

## 2. (untitled)

**1. I have read and understand the policies/procedures within the FY 2024-2025 Marketing Support Program Criteria.**

Signature of: Matt Emmi

## 3. (untitled)

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

Sports

## 4. (untitled)

### 3. ORGANIZATION INFORMATION

**Name of organization hosting event/year-round programming**

American Junior Golf Association

**Organization address**

1980 Sports Club Drive

**State**

GA

**City**

Braselton

**Zip**

30517

**Primary contact name**

Matt Emmi

**Primary contact phone number**

7708684200

**Primary contact email**

memmi@ajga.org

**Secondary contact name**

Patrick Cansfield

**Secondary contact phone number**

7708684200

**Secondary contact email**

pcansfield@ajga.org

**Organization website address**

https://www.ajga.org/

5. (untitled)

## 4. Which best describes your organization?

501(C)(3)

6. (untitled)

## 5. What is your Federal Employee ID number?

581433914

7. (untitled)

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

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

8. (untitled)

## 7. EVENT INFORMATION

**Name of event**

AJGA Junior Championship

**Event website address (if different from organization website)**

https://www.ajga.org/

**Event location**

Viera East Golf Club

9. (untitled)

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

05/23/2025

10. (untitled)

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

4

11. (untitled)

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

Digital advertising (banner ads, etc.)
Social hashtags
Social media (Facebook, Instagram, YouTube, etc.)
Other - Please be specific.....: bid fee

12. (untitled)

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

13. (untitled)

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

Facebook : https://www.facebook.com/AJGAGolf
Instagram : ajgagolf
YouTube : AJGAvideos

14. (untitled)

12. **What hashtags do you use?**

#MoonGolfJAS

15. (untitled)

**As a cultural organization how would you like us to spend your support?**

16. (untitled)

13. **If you were asked to include the Space Coast Office of Tourism in your marketing materials, what elements could you include us in?**

Apparel/promotion items (event t-shirts, giveaways, etc.)
Event banners/signage
Email blast (e-newsletter, promotional, etc.)
Event brochures/program (Playbill, etc.)
Social media post
Website/blog

17. (untitled)

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

2023_AJGA_W9.pdf

18. (untitled)

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

AJGA_990.pdf

19. (untitled)

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

20. (untitled)

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

21. (untitled)

17. **Upload your completed Checklist.**

AJGA_Checklist.pdf

22. (untitled)

18. **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: Matt Emmi

## 23. Thank You!

**New Send Email**

Oct 01, 2024 09:18:30 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

Form **990**

Department of the Treasury
Internal Revenue Service

# 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

**2022**

**Open to Public Inspection**

**A For the 2022 calendar year, or tax year beginning 01-01-2022 , and ending 12-31-2022**

**B** Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

**C** Name of organization
American Junior Golf Association Inc
% JASON MILLER CFO
Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
1980 SPORTS CLUB DRIVE

City or town, state or province, country, and ZIP or foreign postal code
BRASELTON, GA 30517

**D Employer identification number**
58-1433914

**E** Telephone number
(770) 868-4200

**G** Gross receipts $ 17,904,574

**F** Name and address of principal officer:
STEPHEN HAMBLIN
1980 SPORTS CLUB DRIVE
BRASELTON,GA 30517

**H(a)** Is this a group return for subordinates? ☐ Yes ☑ No

**H(b)** Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

**H(c)** Group exemption number ▶

**I** Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

**J Website:** ▶ WWW.AJGA.ORG

**K** Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation: 1980

**M** State of legal domicile: GA

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities:
GOLF TOURNAMENTS - A PROGRAM PROMOTING JUNIOR GOLF COMPETITIONS AND SERVING OVER 7,924 MEMBERS.

**2** Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

| | | | |
|---|---|---|---|
| **Activities & Governance** | **3** Number of voting members of the governing body (Part VI, line 1a) | **3** | 16 |
| | **4** Number of independent voting members of the governing body (Part VI, line 1b) | **4** | 16 |
| | **5** Total number of individuals employed in calendar year 2022 (Part V, line 2a) | **5** | 162 |
| | **6** Total number of volunteers (estimate if necessary) | **6** | 1,800 |
| | **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** | |

| | | Prior Year | Current Year |
|---|---|---|---|
| **Revenue** | **8** Contributions and grants (Part VIII, line 1h) | 12,579,443 | 13,262,946 |
| | **9** Program service revenue (Part VIII, line 2g) | 3,772,233 | 4,143,739 |
| | **10** Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 8,410 | 42,139 |
| | **11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 42,963 | 43,267 |
| | **12** Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 16,403,049 | 17,492,091 |
| **Expenses** | **13** Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 2,802,029 | 1,249,400 |
| | **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) | 5,811,255 | 5,892,652 |
| | **16a** Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| | **b** Total fundraising expenses (Part IX, column (D), line 25) ▶941,911 | | |
| | **17** Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 7,851,120 | 9,776,596 |
| | **18** Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 16,464,404 | 16,918,648 |
| | **19** Revenue less expenses. Subtract line 18 from line 12 | -61,355 | 573,443 |

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| **Net Assets or Fund Balances** | **20** Total assets (Part X, line 16) | 10,685,034 | 10,810,273 |
| | **21** Total liabilities (Part X, line 26) | 3,045,276 | 3,016,642 |
| | **22** Net assets or fund balances. Subtract line 21 from line 20 | 7,639,758 | 7,793,631 |

## 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 — 2023-11-15 Date

JASON MILLER CFO
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| | | 2023-11-15 | | P01372980 |

Firm's name ▶ SMITH & HOWARD ADVISORY LLC — Firm's EIN ▶

Firm's address ▶ 271 17TH STREET NW SUITE 1600
ATLANTA, GA 30363 — Phone no. (404) 874-6244

May the IRS discuss this return with the preparer shown above? See Instructions. ☑ Yes ☐ No

**Internal Revenue Service**

**Date:** June 10, 2005

AMERICAN JUNIOR GOLF ASSOCIATION
1980 SPORTS CLUB DR
BRASELTON GA 30517

**Department of the Treasury**
**P. O. Box 2508**
**Cincinnati, OH 45201**

**Person to Contact:**
Michelle Jones 31-07675
Customer Service Specialist
**Toll Free Telephone Number:**
8:30 a.m. to 5:30 p.m. ET
877-829-5500
**Fax Number:**
513-263-3756
**Federal Identification Number:**
58-1433914

Dear Sir or Madam:

This is in response to your request of March 15, 2005, regarding your organization's tax-exempt status.

In July 1981 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

Janna K. Skufca

Janna K. Skufca, Director, TE/GE
Customer Account Services

For TDO use: **PROJECT #-**

**Tourism Development Office**
**FY 2024-2025 Marketing Support Program**
**checklist**

Applicant Organization Name: Space Coast United Soccer

Applicant Event Name: Florida Cup Juniors - INV - S21

| | Yes | No | Comment |
|---|---|---|---|
| Completed questionnaire | x | | |
| Copy of 990 form (if applicable) | x | | |
| Copy of IRS Articles of Incorporation – (if applicable) | | x | NA |
| Copy of IRS Determination letter – (if applicable) | x | | |
| Copy of SunBiz.org (if applicable) | x | | |
| Copy of this MSP checklist | x | | |

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

Cranis, Peter Digitally signed by Cranis, Peter
Date: 2024.10.18 13:57:23 -04'00'

Peter Cranis, Executive Director

# FY 2024-2025 Marketing Support Program application

Response ID:57 Data

## 2. (untitled)

**1. I have read and understand the policies/procedures within the FY 2024-2025 Marketing Support Program Criteria.**

Signature of: Kelly Rogers

## 3. (untitled)

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

Sports

## 4. (untitled)

### 3. ORGANIZATION INFORMATION

**Name of organization hosting event/year-round programming**

Space Coast United Soccer

**Organization address**

PO Box 410301

**State**

Florida

**City**

Melbourne

**Zip**

32941

**Primary contact name**

Space Coast United Soccer Club

**Primary contact phone number**

3214030750

**Primary contact email**

Kelly.Rogers@spacecoastsoccer.org

**Secondary contact name**

Allie Goff

**Secondary contact phone number**

3219177785

**Secondary contact email**

President@spacecoastsoccer.org

**Organization website address**

spacecoastsoccer.org

5. (untitled)

4. **Which best describes your organization?**

501(C)(3)

6. (untitled)

5. **What is your Federal Employee ID number?**

592377476

7. (untitled)

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

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

8. (untitled)

7. **EVENT INFORMATION**

**Name of event**

Florida Cuo Juniors 2024-2025

**Event website address (if different from organization website)**

https://floridaclubleague.com/florida-cup-juniors/

**Event location**

Viera Regional Park

9. (untitled)

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

12/07/2024

10. (untitled)

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

2

11. (untitled)

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

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

12. (untitled)

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

13. (untitled)

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

Facebook : spacecoastunitedsoccerclub
Instagram : @spacecoastsoccer
YouTube : @SpaceCoastSoccer

14. (untitled)

**12. What hashtags do you use?**

NA

15. (untitled)

**As a cultural organization how would you like us to spend your support?**

16. (untitled)

**13. If you were asked to include the Space Coast Office of Tourism in your marketing materials, what elements could you include us in?**

Apparel/promotion items (event t-shirts, giveaways, etc.)
Direct mail

Email blast (e-newsletter, promotional, etc.)
Social media post
Website/blog

17. (untitled)

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

IRS_Exempt_Organization_Letter.pdf

18. (untitled)

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

2023_Tax_Return_990_(Space_Coast_United_Soc_-_Client_Copy)_UL.pdf

19. (untitled)

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

20. (untitled)

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

DIVISION_OF_CORPORATIONS.pdf

21. (untitled)

17. **Upload your completed Checklist.**

Tourism_Development_Office_Florida_Cup_Junior.pdf

22. (untitled)

18. **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: Kelly Rogers

## 23. Thank You!

**New Send Email**

Oct 08, 2024 14:33:11 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

Form **990**

Department of the Treasury
Internal Revenue Service

# 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**

A For the 2023 calendar year, or tax year beginning , 2023, and ending , 20

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: Space Coast United Soccer Club, Inc
Doing business as:
Number and street (or P.O. box if mail is not delivered to street address): PO Box 410301
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: Melbourne, FL 32941

D Employer identification number: 59-2377476

E Telephone number: (321) 288-0449

G Gross receipts: $ 2,172,448

F Name and address of principal officer:

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions
H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: www.spacecoastsoccer.org

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1984

M State of legal domicile: FL

## Part I Summary

1 Briefly describe the organization's mission or most significant activities: Promote youth physcial activity through the sport of soccer

2 Check this box ☐ 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 | 13 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 13 |
| 5 | Total number of individuals employed in calendar year 2023 (Part V, line 2a) | 5 | 60 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 120 |
| 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 |

| | | Prior Year | Current Year |
|---|---|---|---|
| 8 | Contributions and grants (Part VIII, line 1h) | 1,447,232 | 1,730,922 |
| 9 | Program service revenue (Part VIII, line 2g) | 395,715 | 441,379 |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 138 | 147 |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 126,980 | 0 |
| 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,970,065 | 2,172,448 |
| 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) | 916,123 | 1,066,353 |
| 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) | 783,879 | 1,025,340 |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 1,700,002 | 2,091,693 |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | 270,063 | 80,755 |

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| 20 | Total assets (Part X, line 16) | 1,176,775 | 1,253,949 |
| 21 | Total liabilities (Part X, line 26) | 85,259 | 81,792 |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 1,091,516 | 1,172,157 |

## 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**

Brad Oxley
Signature of officer — Date

Brad Oxley, Treasurer
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| Jacquelyn Boehm | | 04-25-2024 | | P01367298 |

Firm's name: Boehm & Associates, Inc. — Firm's EIN:
Firm's address: 1934 Dairy Road W Melbourne FL 32904 — Phone no. 321-956-1800

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** (2023)

EEA

**1205**

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**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:

Promote youth physcial activity through the sport of soccer

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 $ 1,985,318 including grants of $ _____) (Revenue $ 2,172,448 )

To provide educational, cultural, recreational, and/or social benefits to youth. The organization serves over 1450 youths annually through soccer training and competition.

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 1,985,318



Client Copy

## Part IV Checklist of Required Schedules

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | X | |
| 2 | Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions | 2 | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | X |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II* | 4 | | 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* | 5 | | 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* | 6 | | 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* | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for 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* | 9 | | 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* | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI* | 11a | 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* | 11b | | 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* | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX* | 11d | | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* | 11e | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X* | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII* | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional* | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV* | 14b | | 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* | 15 | | 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* | 16 | | 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 | 17 | | 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* | 18 | | 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* | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 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* | 21 | | X |

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**Part IV Checklist of Required Schedules** *(continued)*

| | | | Yes | No |
|---|---|---|---|---|
| 22 | Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III.* | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J.* | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.* | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| 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? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 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? *If "Yes," complete Schedule L, Part I* | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I* | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II.* | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III* | 27 | | 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? *If "Yes," complete Schedule L, Part IV* | 28a | | X |
| b | A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV* | 28b | | X |
| c | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV* | 28c | | X |
| 29 | Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M* | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M.* | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | 32 | | 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? *If "Yes," complete Schedule R, Part I.* | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1* | 34 | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | 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)? *If "Yes," complete Schedule R, Part V, line 2* | 35b | | |
| 36 | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | 36 | | 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? *If "Yes," complete Schedule R, Part VI* | 37 | | 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 | 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 | 1a | 32 | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | | 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 | 60 | | |
| 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 | | | |
| 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 | | | |

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**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 . . . . . | 1a | 13 | | |
| | 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. | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent . . . . . | 1b | 13 | | |
| 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? . . . . . | 2 | | | 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? . . . . . | 3 | | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . | 4 | | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . | 5 | | | X |
| 6 | Did the organization have members or stockholders? . . . . . | 6 | | | 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? . . . . . | 7a | | | 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? . . . . . | 7b | | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| a | The governing body? . . . . . | 8a | | X | |
| b | Each committee with authority to act on behalf of the governing body? . . . . . | 8b | | 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* . . . . . | 9 | | | 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? . . . . . | 10a | | 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? . . . | 11a | 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* . . . . . | 12a | | X |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . | 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* . . . . . | 12c | | |
| 13 | Did the organization have a written whistleblower policy? . . . . . | 13 | | X |
| 14 | Did the organization have a written document retention and destruction policy? . . . . . | 14 | | 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 . . . . . | 15a | | X |
| b | Other officers or key employees of the organization . . . . . | 15b | | 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? . . . . . | 16a | | 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 | | X |

## 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. Indicate how you made these available. Check all that apply.

[ ] Own website [X] Another's website [X] 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.

Brad Oxley (321)288-0449, PO Box 410301, Melbourne, FL 32941

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## 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) Todd Olson<br>Director | 5.00 | X | | | | | | 0 | 0 | 0 |
| (2) Kellie McGuire<br>Director | 5.00 | X | | | | | | 0 | 0 | 0 |
| (3) Kevin Koegel<br>Director | 5.00 | X | | | | | | 0 | 0 | 0 |
| (4) Stephen Young<br>Director | 5.00 | X | | | | | | 0 | 0 | 0 |
| (5) David Trout<br>Director | 5.00 | X | | | | | | 0 | 0 | 0 |
| (6) Matt Shannon<br>Director | 5.00 | X | | | | | | 0 | 0 | 0 |
| (7) Kara Ehrhardt<br>Director | 5.00 | X | | | | | | 0 | 0 | 0 |
| (8) Adam Ferguson<br>Director | 5.00 | X | | | | | | 0 | 0 | 0 |
| (9) Brad Oxley<br>Treasurer | 20.00 | | | X | | | | 0 | 0 | 0 |
| (10) Allie Goff<br>President | 20.00 | | | X | | | | 0 | 0 | 0 |
| (11) Mike Perry<br>Vice President | 20.00 | | | X | | | | 0 | 0 | 0 |
| (12) Dana Chesser<br>Secretary | 20.00 | | | X | | | | 0 | 0 | 0 |
| (13) Scott Armstrong<br>Exec Dir Coaching | 60.00 | | | | X | | | 0 | 0 | 0 |
| (14) | | | | | | | | | | |

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**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) | | | | | | | | 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

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**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 | 1,730,922 | | | | |
| | 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 | | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | $ | | | | |
| | h **Total.** Add lines 1a-1f | | | 1,730,922 | | | |
| Program Service Revenue | | Business Code | | | | | |
| | 2a Concessions Commission | 722210 | | 551 | 551 | | |
| | b Field Hosting Commssion | 900099 | | 2,459 | 2,459 | | |
| | c Teams Income | 711210 | | 420,464 | 420,464 | | |
| | d Rebates | 711210 | | 17,905 | 17,905 | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| | g **Total.** Add lines 2a-2f | | | 441,379 | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 147 | 147 | | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6a Gross rents 6a | | | | | | |
| | b Less: rental expenses 6b | | | | | | |
| | c Rental income or (loss) 6c | | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | | (i) Securities | (ii) Other | | | | |
| | 7a Gross amount from sales of assets other than inventory 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 | | | | | |
| | 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 | | Business Code | | | | | |
| | 11a | | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| | e **Total.** Add lines 11a-11d | | | | | | |
| | 12 **Total revenue.** See instructions | | | 2,172,448 | 441,526 | 0 | 0 |

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## 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 | 208,818 | 208,818 | | |
| 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 | 783,642 | 738,642 | 45,000 | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | 73,893 | 73,893 | | |
| 11 | Fees for services (nonemployees): | | | | |
| a | Management | | | | |
| b | Legal | | | | |
| c | Accounting | 1,300 | | 1,300 | |
| 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 | 2,657 | 2,657 | | |
| 13 | Office expenses | 2,741 | | 2,741 | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 77,324 | 77,324 | | |
| 17 | Travel | 7,795 | 7,795 | | |
| 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 | 8,148 | 8,148 | | |
| 23 | Insurance | 38,088 | | 38,088 | |
| 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 | Soccer Program Expenses | 279,240 | 279,240 | | |
| b | Continuing Education | 7,008 | 7,008 | | |
| c | Business License and Permits | 19,132 | 19,132 | | |
| d | Teams Accounts | 406,563 | 406,563 | | |
| e | All other expenses | 175,344 | 156,098 | 19,246 | |
| 25 | **Total functional expenses.** Add lines 1 through 24e. | 2,091,693 | 1,985,318 | 106,375 | 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 ☐ if following SOP 98-2 (ASC 958-720) | | | | |

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**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 | 366,228 | 1 | 493,370 |
| | 2 | Savings and temporary cash investments | 788,834 | 2 | 738,981 |
| | 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: 120,377 | | | |
| | b | Less: accumulated depreciation — 10b: 98,779 | 21,845 | 10c | 21,598 |
| | 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 | (132) | 15 | |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 33) | 1,176,775 | 16 | 1,253,949 |
| Liabilities | 17 | Accounts payable and accrued expenses | 1,897 | 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 | 83,362 | 25 | 81,792 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | 85,259 | 26 | 81,792 |
| Net Assets or Fund Balances | | **Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.** | | | |
| | 27 | Net assets without donor restrictions | 1,091,516 | 27 | 1,172,157 |
| | 28 | Net assets with donor restrictions | | 28 | |
| | | **Organizations that do not follow FASB ASC 958, check here** ☐ **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 | 1,091,516 | 32 | 1,172,157 |
| | 33 | Total liabilities and net assets/fund balances | 1,176,775 | 33 | 1,253,949 |

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## 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 | 2,172,448 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2,091,693 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 80,755 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 1,091,516 |
| 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 | (114) |
| 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 | 1,172,157 |

## 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: ☐ Cash ☒ Accrual ☐ 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. ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | 2a | 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. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | 2b | | 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. | 2c | 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? | 3a | | 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 | 3b | | |



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**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 | Employer identification number |
|---|---|
| Space Coast United Soccer Club, Inc | 59-2377476 |

**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? Yes | (iv) No | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| (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 ☐

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**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.") | 992,542 | 896,953 | 1,142,890 | 1,447,232 | 1,730,924 | 6,210,541 |
| 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 | 366,211 | 247,368 | 357,311 | 4,520 | 20,915 | 996,325 |
| 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 | 1,358,753 | 1,144,321 | 1,500,201 | 1,451,752 | 1,751,839 | 7,206,866 |
| 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.) | | | | | | 7,206,866 |

**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 | 1,358,753 | 1,144,321 | 1,500,201 | 1,451,752 | 1,751,839 | 7,206,866 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 277 | 981 | 277 | 138 | 147 | 1,820 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 277 | 981 | 277 | 138 | 147 | 1,820 |
| 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.) | 1,359,030 | 1,145,302 | 1,500,478 | 1,451,890 | 1,751,986 | 7,208,686 |

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 | 99.97 % |
| 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 | 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 ☐

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

**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 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 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? *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 ☐ 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 government entity (see instructions).*

| | | | Yes | No |
|---|---|---|---|---|
| 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 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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**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 . . . . | | | |

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**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.)

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**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**

Space Coast United Soccer Club, Inc

**Employer identification number**

59-2377476

## 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? ☐ 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.

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)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a 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 $ _____

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## 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 | 120,377 | | 98,779 | 21,598 |
| e | Other | | | | |
| **Total.** | Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B)* | | | | 21,598 |



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**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) Accrued Payroll | 81,792 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. *(Column (b) must equal Form 990, Part X, line 25 col. (B))* | 81,792 |

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. ☐



Client Copy

## 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.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| a | Net unrealized gains (losses) on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | |
| 3 | Subtract line **2e** from line **1** | | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)* | | | 5 | |

## 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.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| a | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | |
| 3 | Subtract line **2e** from line **1** | | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)* | | | 5 | |

## 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.

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**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

Space Coast United Soccer Club, Inc

**Employer identification number**

59-2377476

01. Form 990 governing body review (Part VI, line 11)

The form is provided electronically to all board memebers for review prior to filing.

02. Governing documents, etc, available to public (Part VI, line 19)

The public may obtain a coy of the Form 990 or other governing documents

Client Copy

Form **4562**

Department of the Treasury
Internal Revenue Service

# 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.

OMB No. 1545-0172

**2023**

Attachment Sequence No. **179**

| Name(s) shown on return | Business or activity to which this form relates | Identifying number |
|---|---|---|
| Space Coast United Soccer Club, | FORM 990 - 1 | 59-2377476 |

**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 | 6,568 |
| 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 Equipment #567 | | | | | | 1,580 |
| 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 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 | |
| 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 | 8,148 |
| 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 | |

Unofficial Copy

Form **8868**
(Rev. January 2024)
Department of the Treasury
Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

**File a separate application for each return.**
**Go to *www.irs.gov/Form8868* for the latest information.**

OMB No. 1545-0047

**Electronic filing *(e-file)*.** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

## Part I - Identification

**Type or print**

File by the due date for filing your return. See instructions.

| Name of exempt organization, employer, or other filer, see instructions. | Taxpayer identification number (TIN) |
|---|---|
| Space Coast United Soccer Club, Inc | 59-2377476 |
| Number, street, and room or suite no. If a P.O. box, see instructions. | |
| PO Box 410301 | |
| City, town or post office, state, and ZIP code. For a foreign address, see instructions. | |
| Melbourne FL 32941 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . 0 1

| Application Is For | Return Code | Application Is For | Return Code |
|---|---|---|---|
| Form 990 or Form 990-EZ | 01 | Form 4720 (other than individual) | 09 |
| Form 4720 (individual) | 03 | Form 5227 | 10 |
| Form 990-PF | 04 | Form 6069 | 11 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 8870 | 12 |
| Form 990-T (trust other than above) | 06 | Form 5330 (individual) | 13 |
| Form 990-T (corporation) | 07 | Form 5330 (other than individual) | 14 |
| Form 1041-A | 08 | | |

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____

Plan Number _____

Plan Year Ending (MM/DD/YYYY)

## Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of Brad Oxley, PO Box 410301 Melbourne FL 32941

Telephone No. 321-288-0449 Fax No. _____

• If the organization does not have an office or place of business in the United States, check this box . . . . . ☐

• If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . . . . ☐. If it is for part of the group, check this box . . . . . ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11-15, 20 24, to file the **exempt organization return** for the organization named above. The extension is for the organization's return for:

☒ calendar year 20 23 or

☐ tax year beginning _____, 20 ____, and ending _____, 20 ____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return

☐ Change in accounting period

| | | | |
|---|---|---|---|
| 3a | If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | $ |
| b | If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | $ |
| c | **Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | $ |

Sample Copy

Name(s) as shown on return: Space Coast United Soccer Club, Inc

Tax ID Number: 59-2377476

Form 4562 - Line 19b

Statement #567

| Basis | RP | CV | Method | Deduction |
|---|---|---|---|---|
| 1,420 | 5 | HY | 200 DB | 284 |
| 1,420 | 5 | HY | 200 DB | 284 |
| 1,412 | 5 | HY | 200 DB | 282 |
| 1,149 | 5 | HY | 200 DB | 230 |
| 2,500 | 5 | HY | 200 DB | 500 |
| **Total** | | | | **1,580** |

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| 990 | Overflow Statement (This page is not filed with the return. It is for your records only.) | 2023 Page 1 |
|---|---|---|
| Name(s) as shown on return | | FEIN |
| Space Coast United Soccer Club, Inc | | 59-2377476 |

## Membership Dues

| Description | Amount |
|---|---|
| Competetive Programs | $ 1,020,575 |
| Recreational Programs | 402,065 |
| Fees - Other Programs | 8,397 |
| Space Coast Tournament | 83,795 |
| SC Clash Tournament | 73,662 |
| Summer Camp | 43,752 |
| Spring Camp | 3,791 |
| Winter Camp | 10,125 |
| Refunds | (253) |
| College ID Camp | 13,416 |
| Goal Keeping Camp | 5,795 |
| Comp Program Camp | 32,918 |
| Other Income | 23,425 |
| Team Fees | 8,060 |
| FYSA Scholarship Grant | 1,399 |
| **Total: $** | **1,730,922** |

## Part IX, Line 24e, Other Expenses Program Services

| Description | Amount |
|---|---|
| Deminimus Equipment | $ 21,399 |
| Repairs and Maintenance | 5,702 |
| Leased Equipment | 800 |
| Telephone | 6,090 |
| Uniforms and Tshirts | 53,387 |
| Fuel for Golf Carts | 210 |
| Tryout Expense | 1,440 |
| Facilities and Field Rentals | 576 |
| Payroll Processing Fees | 7,081 |
| Camp Expense | 46,568 |
| Team Expense | 12,845 |
| **Total: $** | **156,098** |

## Pt IX, Line 24e Other Expenses Mgmt and General

| Description | Amount |
|---|---|
| Directors Discrectionary Budget | $ 2,604 |
| Merchant Services | 2,698 |
| Miscellaneous | 13,560 |
| Postage and Delivery | 384 |
| **Total: $** | **19,246** |

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* Item is included in UBIA
for Section 199A calculations.
See "UBIA" in lower right corner.

# Depreciation Detail Listing

Program Services

(This page is not filed with the return. It is for your records only.)

**2023**



Name(s) as shown on return

Space Coast United Soccer Club, Inc

**Social security number/EIN**

59-2377476

| No. | Description | Date | Cost | Basis Adjustment | Business percentage | Section 179 | Bonus depreciation | Depreciable Basis | Life | Method | Rate | Prior Depreciation | Current Depreciation | Accumulated Depreciation | AMT Current |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Trailer 2 | 07-24-2021 | 799 | | 100.00 | | | 799 | 7 | 200 DB HY | 17.49 | 799 | | 799 | |
| 2 | Aed | 08-18-2021 | 650 | | 100.00 | | | 650 | 7 | 200 DB HY | 17.49 | 650 | | 650 | |
| 3 | Aed-2 | 08-18-2021 | 650 | | 100.00 | | | 650 | 7 | 200 DB HY | 17.49 | 650 | | 650 | |
| 4 | 4x16 Forza Goal | 09-15-2021 | 1,067 | | 100.00 | | | 1,067 | 7 | 200 DB HY | 17.49 | 1,067 | | 1,067 | |
| 5 | 4x16 Forza Goal-2 | 09-15-2021 | 1,067 | | 100.00 | | | 1,067 | 7 | 200 DB HY | 17.49 | 1,067 | | 1,067 | |
| 6 | Goals | 08-24-2012 | 4,000 | | 100.00 | | | 4,000 | 7 | | 0 | 4,000 | | 4,000 | |
| 7 | Golf Cart | 10-19-2014 | 2,000 | | 100.00 | | | 2,000 | 7 | | 0 | 2,000 | | 2,000 | |
| 8 | Pop Up Goals | 02-26-2015 | 4,500 | | 100.00 | | | 4,500 | 7 | | 0 | 4,500 | | 4,500 | |
| 9 | Pop Up Goals | 06-04-2015 | 3,786 | | 100.00 | | | 3,786 | 7 | | 0 | 3,786 | | 3,786 | |
| 10 | Shed | 09-10-2015 | 15,050 | | 100.00 | | | 15,050 | 7 | | 0 | 15,049 | | 15,049 | |
| 11 | Field Security Nettin | 09-22-2015 | 6,750 | | 100.00 | | | 6,750 | 7 | | 0 | 6,750 | | 6,750 | |
| 12 | 8x24 Soccer Goal | 08-22-2017 | 2,650 | | 100.00 | | | 2,650 | 7 | 200 DB HY | 8.93 | 2,295 | 237 | 2,532 | |
| 13 | 6.5x18.5 Soccer Goal | 08-22-2017 | 2,400 | | 100.00 | | | 2,400 | 7 | 200 DB HY | 8.93 | 2,079 | 214 | 2,293 | |
| 14 | Computer {New in 2017 | 08-30-2017 | 2,000 | | 100.00 | | | 2,000 | 7 | 200 DB HY | 8.93 | 2,000 | | 2,000 | |
| 15 | 7.5' Aluminum Bench | 10-02-2018 | 709 | | 100.00 | | | 709 | 7 | 200 DB MQ | 8.73 | 531 | 62 | 593 | |
| 16 | 8'x24' Soccer Goal 2 | 10-23-2018 | 2,825 | | 100.00 | | | 2,825 | 7 | 200 DB MQ | 8.73 | 2,116 | 247 | 2,363 | |
| 17 | 15' Aluminum Bench | 11-12-2018 | 908 | | 100.00 | | | 908 | 7 | 200 DB MQ | 8.73 | 680 | 79 | 759 | |
| 18 | 15' Aluminum Bench 2 | 01-16-2019 | 908 | | 100.00 | | | 908 | 7 | 200 DB HY | 8.93 | 908 | | 908 | |
| 19 | 15' Aluminum Bench 3 | 01-16-2019 | 908 | | 100.00 | | | 908 | 7 | 200 DB HY | 8.93 | 908 | | 908 | |
| 20 | 15' Aluminum Bench 4 | 01-16-2019 | 908 | | 100.00 | | | 908 | 7 | 200 DB HY | 8.93 | 908 | | 908 | |
| 21 | 15' Alumunum Bench 5 | 01-16-2019 | 908 | | 100.00 | | | 908 | 7 | 200 DB HY | 8.93 | 908 | | 908 | |
| 22 | 7.5" Aluminum Bench 3 | 01-16-2019 | 709 | | 100.00 | | | 709 | 7 | 200 DB HY | 8.93 | 709 | | 709 | |
| 23 | 7.5" Aluminum Bench 2 | 01-16-2019 | 709 | | 100.00 | | | 709 | 7 | 200 DB HY | 8.93 | 709 | | 709 | |
| 24 | 7.5" Aluminum Bench 4 | 01-16-2019 | 709 | | 100.00 | | | 709 | 7 | 200 DB HY | 8.93 | 709 | | 709 | |
| 25 | 7' x 21' Soccer Goal | 03-13-2019 | 2,800 | | 100.00 | | | 2,800 | 7 | 200 DB HY | 8.93 | 2,800 | | 2,800 | |
| 26 | 8'x24' Soccer Goal 3 | 03-13-2019 | 2,950 | | 100.00 | | | 2,950 | 7 | 200 DB HY | 8.93 | 2,950 | | 2,950 | |
| 27 | 7.5' Aluminum Bench 5 | 03-25-2019 | 709 | | 100.00 | | | 709 | 7 | 200 DB HY | 8.93 | 709 | | 709 | |
| 28 | 15' Aluminum Bench 7 | 03-25-2019 | 908 | | 100.00 | | | 908 | 7 | 200 DB HY | 8.93 | 908 | | 908 | |
| 29 | 15' Aluminum Bench 8 | 03-25-2019 | 908 | | 100.00 | | | 908 | 7 | 200 DB HY | 8.93 | 908 | | 908 | |
| 30 | 15' Aluminum Bench 6 | 03-25-2019 | 908 | | 100.00 | | | 908 | 7 | 200 DB HY | 8.93 | 908 | | 908 | |

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1234

* Item is included in UBIA for Section 199A calculations. See "UBIA" in lower right corner.

# Depreciation Detail Listing

Program Services

(This page is not filed with the return. It is for your records only.)

**2023**



Name(s) as shown on return

Space Coast United Soccer Club, Inc

Social security number/EIN

59-2377476

| No. | Description | Date | Cost | Basis Adjustment | Business percentage | Section 179 | Bonus depreciation | Depreciable Basis | Life | Method | Rate | Prior Depreciation | Current Depreciation | Accumulated Depreciation | AMT Current |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 31 | 7.5' Aluminum Bench 7 | 03-25-2019 | 709 | | 100.00 | | | 709 | 7 | 200 DB HY | 8.93 | 709 | | 709 | |
| 32 | 7.5' Aluminum Bench 6 | 03-25-2019 | 709 | | 100.00 | | | 709 | 7 | 200 DB HY | 8.93 | 709 | | 709 | |
| 33 | Drinks Cooler | 05-06-2019 | 975 | | 100.00 | | | 975 | 7 | 200 DB HY | 8.93 | 975 | | 975 | |
| 34 | 7.5' Aluminum Bench 8 | 09-12-2019 | 709 | | 100.00 | | | 709 | 7 | 200 DB HY | 8.93 | 709 | | 709 | |
| 35 | Trailer | 09-18-2019 | 731 | | 100.00 | | | 731 | 7 | 200 DB HY | 8.93 | 731 | | 731 | |
| 36 | 6.5 x 18.5 Shooting G | 10-04-2019 | 500 | | 100.00 | | | 500 | 7 | 200 DB HY | 8.93 | 500 | | 500 | |
| 37 | 6.5 x 18.5 Shooting G | 10-04-2019 | 500 | | 100.00 | | | 500 | 7 | 200 DB HY | 8.93 | 500 | | 500 | |
| 38 | 8x24 Shooting Goal 2 | 10-04-2019 | 600 | | 100.00 | | | 600 | 7 | 200 DB HY | 8.93 | 600 | | 600 | |
| 39 | 8x24 Shooting Goal | 10-04-2019 | 600 | | 100.00 | | | 600 | 7 | 200 DB HY | 8.93 | 600 | | 600 | |
| 40 | Lightning Detector | 03-09-2020 | 3,396 | | 100.00 | | | 3,396 | 7 | 200 DB MQ | 10.93 | 3,396 | | 3,396 | |
| 41 | 7x12 Soccer Goal 2 | 04-28-2020 | 2,800 | | 100.00 | | | 2,800 | 7 | 200 DB MQ | 11.97 | 2,800 | | 2,800 | |
| 42 | Video Camera | 08-25-2020 | 600 | | 100.00 | | | 600 | 7 | 200 DB MQ | 13.02 | 600 | | 600 | |
| 43 | Ipad | 09-05-2020 | 1,099 | | 100.00 | | | 1,099 | 7 | 200 DB MQ | 13.02 | 1,099 | | 1,099 | |
| 44 | 6.5 x 18.5 Soccer Goa | 10-26-2020 | 2,800 | | 100.00 | | | 2,800 | 7 | 200 DB MQ | 14.06 | 2,800 | | 2,800 | |
| 45 | 6.5 x 18.5 Soccer Goa | 10-26-2020 | 2,800 | | 100.00 | | | 2,800 | 7 | 200 DB MQ | 14.06 | 2,800 | | 2,800 | |
| 46 | 7x12 Soccer Goal 3 | 11-05-2020 | 2,800 | | 100.00 | | | 2,800 | 7 | 200 DB MQ | 14.06 | 2,800 | | 2,800 | |
| 47 | 2 Soccer Goal Dollies | 05-31-2022 | 1,318 | | 100.00 | | | 1,318 | 7 | 200 DB HY | 24.49 | 188 | 323 | 511 | |
| 48 | 2013 Yamaha Golf Cart | 09-23-2022 | 3,000 | | 100.00 | | | 3,000 | 7 | 200 DB HY | 24.49 | 429 | 735 | 1,164 | |
| 49 | 7 x 21 Soccer Goas | 04-30-2022 | 626 | | 100.00 | | | 626 | 7 | 200 DB HY | 24.49 | 89 | 153 | 242 | |
| 50 | 4 - 7 x 21 Soccer Goa | 06-01-2022 | 6,975 | | 100.00 | | | 6,975 | 7 | 200 DB HY | 24.49 | 997 | 1,708 | 2,705 | |
| 51 | 4 - 8 x 24 Soccer Goa | 06-30-2022 | 7,525 | | 100.00 | | | 7,525 | 7 | 200 DB HY | 24.49 | 1,075 | 1,843 | 2,918 | |
| 52 | 6.5 x 18.5 Soccer Goa | 11-30-2022 | 3,150 | | 100.00 | | | 3,150 | 7 | 200 DB HY | 24.49 | 450 | 771 | 1,221 | |
| 53 | iPad Pro 10.5 in 256 | 01-01-2022 | 800 | | 100.00 | | | 800 | 7 | 200 DB HY | 24.49 | 114 | 196 | 310 | |
| 54 | Zoll AED Plus - 3 | 01-31-2023 | 1,420 | | 100.00 | | | 1,420 | 5 | 200 DB HY | 20 | | 284 | 284 | |
| 55 | Zoll AED Plus - 4 | 01-31-2023 | 1,420 | | 100.00 | | | 1,420 | 5 | 200 DB HY | 20 | | 284 | 284 | |
| 56 | Laptop - MacBook Air | 01-31-2023 | 1,412 | | 100.00 | | | 1,412 | 5 | 200 DB HY | 20 | | 282 | 282 | |
| 57 | iPad Pro 12.9 in Wi-F | 07-19-2023 | 1,149 | | 100.00 | | | 1,149 | 5 | 200 DB HY | 20 | | 230 | 230 | |
| 58 | Utility Cart | 08-15-2023 | 2,500 | | 100.00 | | | 2,500 | 5 | 200 DB HY | 20 | | 500 | 500 | |
| | Totals | | 120,376 | | | | | 120,376 | | | | 90,631 | 8,148 | 98,779 | |

1235

Land Amount

Net Depreciable Cost 120,376

CY 179 and CY Bonus

TOTAL CY Depr including 179/bonus 8,148

ST ADJ:

Client Copy

Internal Revenue Service

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: December 11, 2000

Person to Contact:
Tonya Martin 31-07387
Customer Service Representative
Toll Free Telephone Number:
8:00 a.m. to 9:30 p.m. EST
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
59-2377476

Space Coast United Soccer Club, Inc.
P.O. Box 410301
Melbourne, FL 32941

Dear Sir or Madam:

This letter is in response to your letter dated October 9, 2000 requesting a copy of your organization's determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in July 1985 granting your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in section 509(a)(2).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than $25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of $20 a day, up to a maximum of $10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of $100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its 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.

Space Coast United Soccer Club, Inc.
59-2377476

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of $20 a day for each day you do not make these documents available for public inspection (up to a maximum of $10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

This letter affirms your organization's exempt status.

Sincerely,

John E. Ricketts, Director, TE/GE
Customer Account Services

# Detail by Entity Name

Florida Not For Profit Corporation
SPACE COAST UNITED SOCCER CLUB, INC.

***Filing Information***

| | |
|---|---|
| **Document Number** | N05264 |
| **FEI/EIN Number** | 59-2377476 |
| **Date Filed** | 09/20/1984 |
| **State** | FL |
| **Status** | ACTIVE |
| **Last Event** | REINSTATEMENT |
| **Event Date Filed** | 06/11/1998 |

***Principal Address***

SCUSC
BOX 410301
MELBOURNE, FL 32941-0301

Changed: 01/21/2007

***Mailing Address***

SCUSC
BOX 410301
MELBOURNE, FL 32941-0301

Changed: 01/15/2009

***Registered Agent Name & Address***

Gibbs, Beverly T
SCUSC
BOX 410301
MELBOURNE, FL 32941-0301

Name Changed: 01/12/2017

Address Changed: 06/06/2014

***Officer/Director Detail***

**Name & Address**

Title President

Goff, Allie
SCUSC
BOX 410301
MELBOURNE, FL 32941-0301

Title VP

Perry, Mike
SCUSC
BOX 410301
MELBOURNE, FL 32941-0301

Title Treasurer

Oxley, Brad
SCUSC
BOX 410301
MELBOURNE, FL 32941-0301

Title Administrator

Gibbs, Beverly
SCUSC
BOX 410301
MELBOURNE, FL 32941-0301

Title Secretary

Chesser, Dana
SCUSC
BOX 410301
MELBOURNE, FL 32941-0301

**Annual Reports**

| Report Year | Filed Date |
|---|---|
| 2022 | 01/18/2022 |
| 2023 | 01/03/2023 |
| 2024 | 01/03/2024 |

**Document Images**

| | |
|---|---|
| 01/03/2024 – ANNUAL REPORT | View image in PDF format |
| 01/03/2023 – ANNUAL REPORT | View image in PDF format |
| 01/18/2022 – ANNUAL REPORT | View image in PDF format |
| 01/11/2021 – ANNUAL REPORT | View image in PDF format |
| 01/02/2020 – ANNUAL REPORT | View image in PDF format |
| 01/14/2019 – ANNUAL REPORT | View image in PDF format |
| 01/10/2018 – ANNUAL REPORT | View image in PDF format |
| 01/12/2017 – ANNUAL REPORT | View image in PDF format |
| 01/06/2016 – ANNUAL REPORT | View image in PDF format |
| 04/03/2015 – ANNUAL REPORT | View image in PDF format |

| | |
|---|---|
| 06/06/2014 – AMENDED ANNUAL REPORT | View image in PDF format |
| 01/15/2014 – ANNUAL REPORT | View image in PDF format |
| 01/24/2013 – ANNUAL REPORT | View image in PDF format |
| 01/13/2012 – ANNUAL REPORT | View image in PDF format |
| 03/15/2011 – ANNUAL REPORT | View image in PDF format |
| 01/07/2010 – ANNUAL REPORT | View image in PDF format |
| 01/15/2009 – ANNUAL REPORT | View image in PDF format |
| 01/19/2008 – ANNUAL REPORT | View image in PDF format |
| 01/21/2007 – ANNUAL REPORT | View image in PDF format |
| 01/09/2006 – ANNUAL REPORT | View image in PDF format |
| 04/14/2005 – ANNUAL REPORT | View image in PDF format |
| 01/16/2004 – ANNUAL REPORT | View image in PDF format |
| 01/16/2003 – ANNUAL REPORT | View image in PDF format |
| 02/07/2002 – ANNUAL REPORT | View image in PDF format |
| 03/13/2001 – ANNUAL REPORT | View image in PDF format |
| 03/15/2000 – ANNUAL REPORT | View image in PDF format |
| 03/04/1999 – ANNUAL REPORT | View image in PDF format |
| 06/11/1998 – REINSTATEMENT | View image in PDF format |

For TDO use: **PROJECT #-**

**Tourism Development Office**
**FY 2024-2025 Marketing Support Program**
**checklist**

Applicant Organization Name: Space Coast United Soccer

Applicant Event Name: Florida Cup - INV - S22

| | Yes | No | Comment |
|---|---|---|---|
| Completed questionnaire | x | | |
| Copy of 990 form (if applicable) | x | | |
| Copy of IRS Articles of Incorporation – (if applicable) | | x | NA |
| Copy of IRS Determination letter – (if applicable) | x | | |
| Copy of SunBiz.org (if applicable) | x | | |
| Copy of this MSP checklist | x | | |

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

Cranis, Peter Digitally signed by Cranis, Peter Date: 2024.10.18 13:57:50 -04'00'

Peter Cranis, Executive Director

# FY 2024-2025 Marketing Support Program application

Response ID:56 Data

## 2. (untitled)

**1. I have read and understand the policies/procedures within the FY 2024-2025 Marketing Support Program Criteria.**

Signature of: Kelly Rogers

## 3. (untitled)

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

Sports

## 4. (untitled)

### 3. ORGANIZATION INFORMATION

**Name of organization hosting event/year-round programming**

Space Coast United Soccer Club

**Organization address**

PO Box 410301

**State**

Florida

**City**

Melbourne

**Zip**

32941

**Primary contact name**

Space Coast United Soccer Club

**Primary contact phone number**

3214030750

**Primary contact email**

kelly.rogers@spacecoastsoccer.org

**Secondary contact name**

Allie Goff

**Secondary contact phone number**

3219177785

**Secondary contact email**

Preseident@spacecoastsoccer.org

**Organization website address**

spacecoastsoccer.org

5. (untitled)

## 4. Which best describes your organization?

501(C)(3)

6. (untitled)

## 5. What is your Federal Employee ID number?

592377476

7. (untitled)

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

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

8. (untitled)

## 7. EVENT INFORMATION

**Name of event**

Florida Cup 2025

**Event website address (if different from organization website)**

https://floridaclubleague.com/florida-cup/

**Event location**

Viera Regional Park

9. (untitled)

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

05/10/2025

10. (untitled)

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

2

11. (untitled)

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

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

12. (untitled)

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

13. (untitled)

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

Facebook : spacecoastunitedsoccerclub
Instagram : @spacecoastsoccer
YouTube : @SpaceCoastSoccer

14. (untitled)

12. **What hashtags do you use?**

NA

15. (untitled)

**As a cultural organization how would you like us to spend your support?**

16. (untitled)

13. **If you were asked to include the Space Coast Office of Tourism in your marketing materials, what elements could you include us in?**

Apparel/promotion items (event t-shirts, giveaways, etc.)
Direct mail

Email blast (e-newsletter, promotional, etc.)
Social media post
Website/blog

17. (untitled)

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

IRS_Exempt_Organization_Letter.pdf

18. (untitled)

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

2023_Tax_Return_990_(Space_Coast_United_Soc_-_Client_Copy)_UL.pdf

19. (untitled)

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

20. (untitled)

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

DIVISION_OF_CORPORATIONS.pdf

21. (untitled)

17. **Upload your completed Checklist.**

Tourism_Development_Office_Florida_Cup_2025.pdf

22. (untitled)

18. **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: Kelly Rogers

## 23. Thank You!

**New Send Email**

Oct 08, 2024 14:28:25 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com

Form **990**

Department of the Treasury
Internal Revenue Service

# 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**

A For the 2023 calendar year, or tax year beginning , 2023, and ending , 20

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: Space Coast United Soccer Club, Inc
Doing business as:
Number and street (or P.O. box if mail is not delivered to street address): PO Box 410301
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: Melbourne, FL 32941

D Employer identification number: 59-2377476

E Telephone number: (321) 288-0449

G Gross receipts $: 2,172,448

F Name and address of principal officer:

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions
H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: www.spacecoastsoccer.org

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1984

M State of legal domicile: FL

## Part I Summary

1 Briefly describe the organization's mission or most significant activities: Promote youth physcial activity through the sport of soccer

2 Check this box ☐ 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 | 13 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 13 |
| 5 | Total number of individuals employed in calendar year 2023 (Part V, line 2a) | 5 | 60 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 120 |
| 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 |

| | | Prior Year | Current Year |
|---|---|---|---|
| 8 | Contributions and grants (Part VIII, line 1h) | 1,447,232 | 1,730,922 |
| 9 | Program service revenue (Part VIII, line 2g) | 395,715 | 441,379 |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 138 | 147 |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 126,980 | 0 |
| 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,970,065 | 2,172,448 |
| 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) | 916,123 | 1,066,353 |
| 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) | 783,879 | 1,025,340 |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 1,700,002 | 2,091,693 |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | 270,063 | 80,755 |

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| 20 | Total assets (Part X, line 16) | 1,176,775 | 1,253,949 |
| 21 | Total liabilities (Part X, line 26) | 85,259 | 81,792 |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 1,091,516 | 1,172,157 |

## 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**

Brad Oxley
Signature of officer — Date

Brad Oxley, Treasurer
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| Jacquelyn Boehm | | 04-25-2024 | | P01367298 |

Firm's name: Boehm & Associates, Inc. — Firm's EIN:
Firm's address: 1934 Dairy Road W Melbourne FL 32904 — Phone no. 321-956-1800

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** (2023)

EEA

1247

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**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:

Promote youth physcial activity through the sport of soccer

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 $ 1,985,318 including grants of $ _____) (Revenue $ 2,172,448 )

To provide educational, cultural, recreational, and/or social benefits to youth. The organization serves over 1450 youths annually through soccer training and competition.

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 1,985,318

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## Part IV Checklist of Required Schedules

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | X | |
| 2 | Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions. | 2 | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | X |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II* | 4 | | 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* | 5 | | 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* | 6 | | 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* | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for 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* | 9 | | 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* | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI* | 11a | 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* | 11b | | 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* | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX* | 11d | | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* | 11e | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X* | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII* | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional* | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV* | 14b | | 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* | 15 | | 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* | 16 | | 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 | 17 | | 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* | 18 | | 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* | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 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* | 21 | | X |

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**Part IV Checklist of Required Schedules** *(continued)*

| | | | Yes | No |
|---|---|---|---|---|
| 22 | Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III.* | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J.* | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.* | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| 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? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 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? *If "Yes," complete Schedule L, Part I.* | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I* | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II.* | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III* | 27 | | 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? *If "Yes," complete Schedule L, Part IV* | 28a | | X |
| b | A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV* | 28b | | X |
| c | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV* | 28c | | X |
| 29 | Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M* | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M.* | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | 32 | | 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? *If "Yes," complete Schedule R, Part I.* | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1* | 34 | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | 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)? *If "Yes," complete Schedule R, Part V, line 2* | 35b | | |
| 36 | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | 36 | | 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? *If "Yes," complete Schedule R, Part VI* | 37 | | 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 | 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 | 1a | 32 | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | | 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 | 60 | | |
| 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<br>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 | | |
| 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?<br>**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?<br>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?<br>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?<br>If "Yes," complete Form 6069. | | 17 | | |

Sheet Copy

**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 . . . . . | 1a | 13 | | |
| | 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. | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent . . . . . | 1b | 13 | | |
| 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? . . . . . | 2 | | | 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? . . . . . | 3 | | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . | 4 | | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . | 5 | | | X |
| 6 | Did the organization have members or stockholders? . . . . . | 6 | | | 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? . . . . . | 7a | | | 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? . . . . . | 7b | | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| a | The governing body? . . . . . | 8a | | X | |
| b | Each committee with authority to act on behalf of the governing body? . . . . . | 8b | | 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* . . . . . | 9 | | | 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? . . . . . | 10a | | 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? . . . | 11a | 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* . . . . . | 12a | | X |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . | 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* . . . . . | 12c | | |
| 13 | Did the organization have a written whistleblower policy? . . . . . | 13 | | X |
| 14 | Did the organization have a written document retention and destruction policy? . . . . . | 14 | | 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 . . . . . | 15a | | X |
| b | Other officers or key employees of the organization . . . . . | 15b | | 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? . . . . . | 16a | | 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 | | X |

## 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. Indicate how you made these available. Check all that apply.

[ ] Own website [X] Another's website [X] 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.

Brad Oxley (321)288-0449, PO Box 410301, Melbourne, FL 32941



SUBJECT COPY

**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) Todd Olson<br>Director | 5.00 | X | | | | | | 0 | 0 | 0 |
| (2) Kellie McGuire<br>Director | 5.00 | X | | | | | | 0 | 0 | 0 |
| (3) Kevin Koegel<br>Director | 5.00 | X | | | | | | 0 | 0 | 0 |
| (4) Stephen Young<br>Director | 5.00 | X | | | | | | 0 | 0 | 0 |
| (5) David Trout<br>Director | 5.00 | X | | | | | | 0 | 0 | 0 |
| (6) Matt Shannon<br>Director | 5.00 | X | | | | | | 0 | 0 | 0 |
| (7) Kara Ehrhardt<br>Director | 5.00 | X | | | | | | 0 | 0 | 0 |
| (8) Adam Ferguson<br>Director | 5.00 | X | | | | | | 0 | 0 | 0 |
| (9) Brad Oxley<br>Treasurer | 20.00 | | | X | | | | 0 | 0 | 0 |
| (10) Allie Goff<br>President | 20.00 | | | X | | | | 0 | 0 | 0 |
| (11) Mike Perry<br>Vice President | 20.00 | | | X | | | | 0 | 0 | 0 |
| (12) Dana Chesser<br>Secretary | 20.00 | | | X | | | | 0 | 0 | 0 |
| (13) Scott Armstrong<br>Exec Dir Coaching | 60.00 | | | | X | | | 0 | 0 | 0 |
| (14) | | | | | | | | | | |

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**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)** | | | | | | | | 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* | 3 | | 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* | 4 | | 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* | 5 | | 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

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**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 | 1,730,922 | | | |
| | 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 | | | | |
| | g | Noncash contributions included in lines 1a-1f . . . | 1g | $ | | | |
| | h | **Total.** Add lines 1a-1f | | 1,730,922 | | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2a | Concessions Commission | 722210 | 551 | 551 | | |
| | b | Field Hosting Commssion | 900099 | 2,459 | 2,459 | | |
| | c | Teams Income | 711210 | 420,464 | 420,464 | | |
| | d | Rebates | 711210 | 17,905 | 17,905 | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| | g | **Total.** Add lines 2a-2f | | 441,379 | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 147 | 147 | | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 | Royalties | | | | | |
| | | | (i) Real | (ii) Personal | | | |
| | 6a | Gross rents 6a | | | | | |
| | b | Less: rental expenses 6b | | | | | |
| | c | Rental income or (loss) 6c | | | | | |
| | d | Net rental income or (loss) | | | | | |
| | | | (i) Securities | (ii) Other | | | |
| | 7a | Gross amount from sales of assets other than inventory 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 | | | | |
| | 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 | | | Business Code | | | | |
| | 11a | | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | All other revenue | | | | | |
| | e | **Total.** Add lines 11a-11d | | | | | |
| | 12 | **Total revenue.** See instructions | | 2,172,448 | 441,526 | 0 | 0 |

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## 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 | 208,818 | 208,818 | | |
| 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 | 783,642 | 738,642 | 45,000 | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | 73,893 | 73,893 | | |
| 11 | Fees for services (nonemployees): | | | | |
| a | Management | | | | |
| b | Legal | | | | |
| c | Accounting | 1,300 | | 1,300 | |
| 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 | 2,657 | 2,657 | | |
| 13 | Office expenses | 2,741 | | 2,741 | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 77,324 | 77,324 | | |
| 17 | Travel | 7,795 | 7,795 | | |
| 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 | 8,148 | 8,148 | | |
| 23 | Insurance | 38,088 | | 38,088 | |
| 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 | Soccer Program Expenses | 279,240 | 279,240 | | |
| b | Continuing Education | 7,008 | 7,008 | | |
| c | Business License and Permits | 19,132 | 19,132 | | |
| d | Teams Accounts | 406,563 | 406,563 | | |
| e | All other expenses | 175,344 | 156,098 | 19,246 | |
| 25 | **Total functional expenses.** Add lines 1 through 24e. | 2,091,693 | 1,985,318 | 106,375 | 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 ☐ if following SOP 98-2 (ASC 958-720) | | | | |

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**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 | 366,228 | 1 | 493,370 |
| | 2 | Savings and temporary cash investments | 788,834 | 2 | 738,981 |
| | 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: 120,377 | | | |
| | b | Less: accumulated depreciation — 10b: 98,779 | 21,845 | 10c | 21,598 |
| | 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 | (132) | 15 | |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 33) | 1,176,775 | 16 | 1,253,949 |
| Liabilities | 17 | Accounts payable and accrued expenses | 1,897 | 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 | 83,362 | 25 | 81,792 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | 85,259 | 26 | 81,792 |
| Net Assets or Fund Balances | | **Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.** | | | |
| | 27 | Net assets without donor restrictions | 1,091,516 | 27 | 1,172,157 |
| | 28 | Net assets with donor restrictions | | 28 | |
| | | **Organizations that do not follow FASB ASC 958, check here** ☐ **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 | 1,091,516 | 32 | 1,172,157 |
| | 33 | Total liabilities and net assets/fund balances | 1,176,775 | 33 | 1,253,949 |

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## 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 | 2,172,448 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2,091,693 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 80,755 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 1,091,516 |
| 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 | (114) |
| 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 | 1,172,157 |

## 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: ☐ Cash ☒ Accrual ☐ 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. ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | 2a | 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. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | 2b | | 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. | 2c | 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? | 3a | | 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 | 3b | | |



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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 | Employer identification number |
|---|---|
| Space Coast United Soccer Club, Inc | 59-2377476 |

**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? Yes | (iv) No | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| (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 . . . . . ☐

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**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.") | 992,542 | 896,953 | 1,142,890 | 1,447,232 | 1,730,924 | 6,210,541 |
| 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 | 366,211 | 247,368 | 357,311 | 4,520 | 20,915 | 996,325 |
| 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 | 1,358,753 | 1,144,321 | 1,500,201 | 1,451,752 | 1,751,839 | 7,206,866 |
| 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.) | | | | | | 7,206,866 |

## 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 | 1,358,753 | 1,144,321 | 1,500,201 | 1,451,752 | 1,751,839 | 7,206,866 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 277 | 981 | 277 | 138 | 147 | 1,820 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 277 | 981 | 277 | 138 | 147 | 1,820 |
| 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.) | 1,359,030 | 1,145,302 | 1,500,478 | 1,451,890 | 1,751,986 | 7,208,686 |

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 | 99.97 % |
| 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 | 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 ☐

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

**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 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 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? *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 ☐ 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 government entity (see instructions).*

| | | | Yes | No |
|---|---|---|---|---|
| 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 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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**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 . . . . | | | |

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**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.)

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**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**

Space Coast United Soccer Club, Inc

**Employer identification number**

59-2377476

## 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? ☐ 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.

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

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 $ _____

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## 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 | 120,377 | | 98,779 | 21,598 |
| e | Other | | | | |
| **Total.** | Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B)* | | | | 21,598 |

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## 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) Accrued Payroll | 81,792 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. *(Column (b) must equal Form 990, Part X, line 25 col. (B))* | 81,792 |

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. ☐



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## 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.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| a | Net unrealized gains (losses) on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | |
| 3 | Subtract line **2e** from line **1** | | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total revenue. Add lines **3** and **4c**. *(This must equal Form 990, Part I, line 12.)* | | | 5 | |

## 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.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| a | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | |
| 3 | Subtract line **2e** from line **1** | | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total expenses. Add lines **3** and **4c**. *(This must equal Form 990, Part I, line 18.)* | | | 5 | |

## 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.

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**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

Space Coast United Soccer Club, Inc

**Employer identification number**

59-2377476

**01. Form 990 governing body review (Part VI, line 11)**

The form is provided electronically to all board memebers for review prior to filing.

**02. Governing documents, etc, available to public (Part VI, line 19)**

The public may obtain a coy of the Form 990 or other governing documents

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Form **4562**

Department of the Treasury
Internal Revenue Service

# 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.

OMB No. 1545-0172

**2023**

Attachment Sequence No. **179**

| Name(s) shown on return | Business or activity to which this form relates | Identifying number |
|---|---|---|
| Space Coast United Soccer Club, | FORM 990 - 1 | 59-2377476 |

**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 | 6,568 |
| 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 Equipment #567 | | | | | | 1,580 |
| 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 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 | |
| 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 | 8,148 |
| 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 | |

Uline.com

Form **8868**
(Rev. January 2024)
Department of the Treasury
Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

**File a separate application for each return.**
**Go to *www.irs.gov/Form8868* for the latest information.**

OMB No. 1545-0047

**Electronic filing *(e-file)*.** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

## Part I - Identification

**Type or print**

File by the due date for filing your return. See instructions.

| Name of exempt organization, employer, or other filer, see instructions. | Taxpayer identification number (TIN) |
|---|---|
| Space Coast United Soccer Club, Inc | 59-2377476 |
| Number, street, and room or suite no. If a P.O. box, see instructions. | |
| PO Box 410301 | |
| City, town or post office, state, and ZIP code. For a foreign address, see instructions. | |
| Melbourne FL 32941 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . 0 1

| Application Is For | Return Code | Application Is For | Return Code |
|---|---|---|---|
| Form 990 or Form 990-EZ | 01 | Form 4720 (other than individual) | 09 |
| Form 4720 (individual) | 03 | Form 5227 | 10 |
| Form 990-PF | 04 | Form 6069 | 11 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 8870 | 12 |
| Form 990-T (trust other than above) | 06 | Form 5330 (individual) | 13 |
| Form 990-T (corporation) | 07 | Form 5330 (other than individual) | 14 |
| Form 1041-A | 08 | | |

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY)

## Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of Brad Oxley, PO Box 410301 Melbourne FL 32941
Telephone No. 321-288-0449 Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box . . . . . ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . . . . ☐. If it is for part of the group, check this box . . . . . ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11-15, 20 24, to file the **exempt organization return** for the organization named above. The extension is for the organization's return for:
☒ calendar year 20 23 or
☐ tax year beginning _____, 20 ____, and ending _____, 20 ____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

| | | | |
|---|---|---|---|
| 3a | If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | $ |
| b | If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | $ |
| c | **Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | $ |

Client Copy

Name(s) as shown on return: Space Coast United Soccer Club, Inc

Tax ID Number: 59-2377476

Form 4562 - Line 19b

Statement #567

| Basis | RP | CV | Method | Deduction |
|---|---|---|---|---|
| 1,420 | 5 | HY | 200 DB | 284 |
| 1,420 | 5 | HY | 200 DB | 284 |
| 1,412 | 5 | HY | 200 DB | 282 |
| 1,149 | 5 | HY | 200 DB | 230 |
| 2,500 | 5 | HY | 200 DB | 500 |
| **Total** | | | | **1,580** |

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| 990 | Overflow Statement (This page is not filed with the return. It is for your records only.) | 2023 Page 1 |
|---|---|---|

Name(s) as shown on return: Space Coast United Soccer Club, Inc

FEIN: 59-2377476

## Membership Dues

| Description | Amount |
|---|---|
| Competetive Programs | $ 1,020,575 |
| Recreational Programs | 402,065 |
| Fees - Other Programs | 8,397 |
| Space Coast Tournament | 83,795 |
| SC Clash Tournament | 73,662 |
| Summer Camp | 43,752 |
| Spring Camp | 3,791 |
| Winter Camp | 10,125 |
| Refunds | (253) |
| College ID Camp | 13,416 |
| Goal Keeping Camp | 5,795 |
| Comp Program Camp | 32,918 |
| Other Income | 23,425 |
| Team Fees | 8,060 |
| FYSA Scholarship Grant | 1,399 |
| **Total: $** | **1,730,922** |

## Part IX, Line 24e, Other Expenses Program Services

| Description | Amount |
|---|---|
| Deminimus Equipment | $ 21,399 |
| Repairs and Maintenance | 5,702 |
| Leased Equipment | 800 |
| Telephone | 6,090 |
| Uniforms and Tshirts | 53,387 |
| Fuel for Golf Carts | 210 |
| Tryout Expense | 1,440 |
| Facilities and Field Rentals | 576 |
| Payroll Processing Fees | 7,081 |
| Camp Expense | 46,568 |
| Team Expense | 12,845 |
| **Total: $** | **156,098** |

## Pt IX, Line 24e Other Expenses Mgmt and General

| Description | Amount |
|---|---|
| Directors Discrectionary Budget | $ 2,604 |
| Merchant Services | 2,698 |
| Miscellaneous | 13,560 |
| Postage and Delivery | 384 |
| **Total: $** | **19,246** |

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* Item is included in UBIA for Section 199A calculations. See "UBIA" in lower right corner.

# Depreciation Detail Listing

Program Services

(This page is not filed with the return. It is for your records only.)

**2023**



Name(s) as shown on return

Space Coast United Soccer Club, Inc

**Social security number/EIN**

59-2377476

| No. | Description | Date | Cost | Basis Adjustment | Business percentage | Section 179 | Bonus depreciation | Depreciable Basis | Life | Method | Rate | Prior Depreciation | Current Depreciation | Accumulated Depreciation | AMT Current |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Trailer 2 | 07-24-2021 | 799 | | 100.00 | | | 799 | 7 | 200 DB HY | 17.49 | 799 | | 799 | |
| 2 | Aed | 08-18-2021 | 650 | | 100.00 | | | 650 | 7 | 200 DB HY | 17.49 | 650 | | 650 | |
| 3 | Aed-2 | 08-18-2021 | 650 | | 100.00 | | | 650 | 7 | 200 DB HY | 17.49 | 650 | | 650 | |
| 4 | 4x16 Forza Goal | 09-15-2021 | 1,067 | | 100.00 | | | 1,067 | 7 | 200 DB HY | 17.49 | 1,067 | | 1,067 | |
| 5 | 4x16 Forza Goal-2 | 09-15-2021 | 1,067 | | 100.00 | | | 1,067 | 7 | 200 DB HY | 17.49 | 1,067 | | 1,067 | |
| 6 | Goals | 08-24-2012 | 4,000 | | 100.00 | | | 4,000 | 7 | | 0 | 4,000 | | 4,000 | |
| 7 | Golf Cart | 10-19-2014 | 2,000 | | 100.00 | | | 2,000 | 7 | | 0 | 2,000 | | 2,000 | |
| 8 | Pop Up Goals | 02-26-2015 | 4,500 | | 100.00 | | | 4,500 | 7 | | 0 | 4,500 | | 4,500 | |
| 9 | Pop Up Goals | 06-04-2015 | 3,786 | | 100.00 | | | 3,786 | 7 | | 0 | 3,786 | | 3,786 | |
| 10 | Shed | 09-10-2015 | 15,050 | | 100.00 | | | 15,050 | 7 | | 0 | 15,049 | | 15,049 | |
| 11 | Field Security Nettin | 09-22-2015 | 6,750 | | 100.00 | | | 6,750 | 7 | | 0 | 6,750 | | 6,750 | |
| 12 | 8x24 Soccer Goal | 08-22-2017 | 2,650 | | 100.00 | | | 2,650 | 7 | 200 DB HY | 8.93 | 2,295 | 237 | 2,532 | |
| 13 | 6.5x18.5 Soccer Goal | 08-22-2017 | 2,400 | | 100.00 | | | 2,400 | 7 | 200 DB HY | 8.93 | 2,079 | 214 | 2,293 | |
| 14 | Computer (New in 2017 | 08-30-2017 | 2,000 | | 100.00 | | | 2,000 | 7 | 200 DB HY | 8.93 | 2,000 | | 2,000 | |
| 15 | 7.5' Aluminum Bench | 10-02-2018 | 709 | | 100.00 | | | 709 | 7 | 200 DB MQ | 8.73 | 531 | 62 | 593 | |
| 16 | 8'x24' Soccer Goal 2 | 10-23-2018 | 2,825 | | 100.00 | | | 2,825 | 7 | 200 DB MQ | 8.73 | 2,116 | 247 | 2,363 | |
| 17 | 15' Aluminum Bench | 11-12-2018 | 908 | | 100.00 | | | 908 | 7 | 200 DB MQ | 8.73 | 680 | 79 | 759 | |
| 18 | 15' Aluminum Bench 2 | 01-16-2019 | 908 | | 100.00 | | | 908 | 7 | 200 DB HY | 8.93 | 908 | | 908 | |
| 19 | 15' Aluminum Bench 3 | 01-16-2019 | 908 | | 100.00 | | | 908 | 7 | 200 DB HY | 8.93 | 908 | | 908 | |
| 20 | 15' Aluminum Bench 4 | 01-16-2019 | 908 | | 100.00 | | | 908 | 7 | 200 DB HY | 8.93 | 908 | | 908 | |
| 21 | 15' Alumunum Bench 5 | 01-16-2019 | 908 | | 100.00 | | | 908 | 7 | 200 DB HY | 8.93 | 908 | | 908 | |
| 22 | 7.5" Aluminum Bench 3 | 01-16-2019 | 709 | | 100.00 | | | 709 | 7 | 200 DB HY | 8.93 | 709 | | 709 | |
| 23 | 7.5" Aluminum Bench 2 | 01-16-2019 | 709 | | 100.00 | | | 709 | 7 | 200 DB HY | 8.93 | 709 | | 709 | |
| 24 | 7.5" Aluminum Bench 4 | 01-16-2019 | 709 | | 100.00 | | | 709 | 7 | 200 DB HY | 8.93 | 709 | | 709 | |
| 25 | 7' x 21' Soccer Goal | 03-13-2019 | 2,800 | | 100.00 | | | 2,800 | 7 | 200 DB HY | 8.93 | 2,800 | | 2,800 | |
| 26 | 8'x24' Soccer Goal 3 | 03-13-2019 | 2,950 | | 100.00 | | | 2,950 | 7 | 200 DB HY | 8.93 | 2,950 | | 2,950 | |
| 27 | 7.5' Aluminum Bench 5 | 03-25-2019 | 709 | | 100.00 | | | 709 | 7 | 200 DB HY | 8.93 | 709 | | 709 | |
| 28 | 15' Aluminum Bench 7 | 03-25-2019 | 908 | | 100.00 | | | 908 | 7 | 200 DB HY | 8.93 | 908 | | 908 | |
| 29 | 15' Aluminum Bench 8 | 03-25-2019 | 908 | | 100.00 | | | 908 | 7 | 200 DB HY | 8.93 | 908 | | 908 | |
| 30 | 15' Aluminum Bench 6 | 03-25-2019 | 908 | | 100.00 | | | 908 | 7 | 200 DB HY | 8.93 | 908 | | 908 | |

Client Copy

* Item is included in UBIA for Section 199A calculations. See "UBIA" in lower right corner.

# Depreciation Detail Listing

Program Services

(This page is not filed with the return. It is for your records only.)

**2023**



Name(s) as shown on return

Space Coast United Soccer Club, Inc

Social security number/EIN

59-2377476

| No. | Description | Date | Cost | Basis Adjustment | Business percentage | Section 179 | Bonus depreciation | Depreciable Basis | Life | Method | Rate | Prior Depreciation | Current Depreciation | Accumulated Depreciation | AMT Current |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 31 | 7.5' Aluminum Bench 7 | 03-25-2019 | 709 | | 100.00 | | | 709 | 7 | 200 DB HY | 8.93 | 709 | | 709 | |
| 32 | 7.5' Aluminum Bench 6 | 03-25-2019 | 709 | | 100.00 | | | 709 | 7 | 200 DB HY | 8.93 | 709 | | 709 | |
| 33 | Drinks Cooler | 05-06-2019 | 975 | | 100.00 | | | 975 | 7 | 200 DB HY | 8.93 | 975 | | 975 | |
| 34 | 7.5' Aluminum Bench 8 | 09-12-2019 | 709 | | 100.00 | | | 709 | 7 | 200 DB HY | 8.93 | 709 | | 709 | |
| 35 | Trailer | 09-18-2019 | 731 | | 100.00 | | | 731 | 7 | 200 DB HY | 8.93 | 731 | | 731 | |
| 36 | 6.5 x 18.5 Shooting G | 10-04-2019 | 500 | | 100.00 | | | 500 | 7 | 200 DB HY | 8.93 | 500 | | 500 | |
| 37 | 6.5 x 18.5 Shooting G | 10-04-2019 | 500 | | 100.00 | | | 500 | 7 | 200 DB HY | 8.93 | 500 | | 500 | |
| 38 | 8x24 Shooting Goal 2 | 10-04-2019 | 600 | | 100.00 | | | 600 | 7 | 200 DB HY | 8.93 | 600 | | 600 | |
| 39 | 8x24 Shooting Goal | 10-04-2019 | 600 | | 100.00 | | | 600 | 7 | 200 DB HY | 8.93 | 600 | | 600 | |
| 40 | Lightning Detector | 03-09-2020 | 3,396 | | 100.00 | | | 3,396 | 7 | 200 DB MQ | 10.93 | 3,396 | | 3,396 | |
| 41 | 7x12 Soccer Goal 2 | 04-28-2020 | 2,800 | | 100.00 | | | 2,800 | 7 | 200 DB MQ | 11.97 | 2,800 | | 2,800 | |
| 42 | Video Camera | 08-25-2020 | 600 | | 100.00 | | | 600 | 7 | 200 DB MQ | 13.02 | 600 | | 600 | |
| 43 | Ipad | 09-05-2020 | 1,099 | | 100.00 | | | 1,099 | 7 | 200 DB MQ | 13.02 | 1,099 | | 1,099 | |
| 44 | 6.5 x 18.5 Soccer Goa | 10-26-2020 | 2,800 | | 100.00 | | | 2,800 | 7 | 200 DB MQ | 14.06 | 2,800 | | 2,800 | |
| 45 | 6.5 x 18.5 Soccer Goa | 10-26-2020 | 2,800 | | 100.00 | | | 2,800 | 7 | 200 DB MQ | 14.06 | 2,800 | | 2,800 | |
| 46 | 7x12 Soccer Goal 3 | 11-05-2020 | 2,800 | | 100.00 | | | 2,800 | 7 | 200 DB MQ | 14.06 | 2,800 | | 2,800 | |
| 47 | 2 Soccer Goal Dollies | 05-31-2022 | 1,318 | | 100.00 | | | 1,318 | 7 | 200 DB HY | 24.49 | 188 | 323 | 511 | |
| 48 | 2013 Yamaha Golf Cart | 09-23-2022 | 3,000 | | 100.00 | | | 3,000 | 7 | 200 DB HY | 24.49 | 429 | 735 | 1,164 | |
| 49 | 7 x 21 Soccer Goas | 04-30-2022 | 626 | | 100.00 | | | 626 | 7 | 200 DB HY | 24.49 | 89 | 153 | 242 | |
| 50 | 4 - 7 x 21 Soccer Goa | 06-01-2022 | 6,975 | | 100.00 | | | 6,975 | 7 | 200 DB HY | 24.49 | 997 | 1,708 | 2,705 | |
| 51 | 4 - 8 x 24 Soccer Goa | 06-30-2022 | 7,525 | | 100.00 | | | 7,525 | 7 | 200 DB HY | 24.49 | 1,075 | 1,843 | 2,918 | |
| 52 | 6.5 x 18.5 Soccer Goa | 11-30-2022 | 3,150 | | 100.00 | | | 3,150 | 7 | 200 DB HY | 24.49 | 450 | 771 | 1,221 | |
| 53 | iPad Pro 10.5 in 256 | 01-01-2022 | 800 | | 100.00 | | | 800 | 7 | 200 DB HY | 24.49 | 114 | 196 | 310 | |
| 54 | Zoll AED Plus - 3 | 01-31-2023 | 1,420 | | 100.00 | | | 1,420 | 5 | 200 DB HY | 20 | | 284 | 284 | |
| 55 | Zoll AED Plus - 4 | 01-31-2023 | 1,420 | | 100.00 | | | 1,420 | 5 | 200 DB HY | 20 | | 284 | 284 | |
| 56 | Laptop - MacBook Air | 01-31-2023 | 1,412 | | 100.00 | | | 1,412 | 5 | 200 DB HY | 20 | | 282 | 282 | |
| 57 | iPad Pro 12.9 in Wi-F | 07-19-2023 | 1,149 | | 100.00 | | | 1,149 | 5 | 200 DB HY | 20 | | 230 | 230 | |
| 58 | Utility Cart | 08-15-2023 | 2,500 | | 100.00 | | | 2,500 | 5 | 200 DB HY | 20 | | 500 | 500 | |
| | Totals | | 120,376 | | | | | 120,376 | | | | 90,631 | 8,148 | 98,779 | |

Land Amount

Net Depreciable Cost 120,376

CY 179 and CY Bonus

TOTAL CY Depr including 179/bonus 8,148

ST ADJ:

1277

Client Copy

Internal Revenue Service

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: December 11, 2000

Person to Contact:
Tonya Martin 31-07387
Customer Service Representative
Toll Free Telephone Number:
8:00 a.m. to 9:30 p.m. EST
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
59-2377476

Space Coast United Soccer Club, Inc.
P.O. Box 410301
Melbourne, FL 32941

Dear Sir or Madam:

This letter is in response to your letter dated October 9, 2000 requesting a copy of your organization's determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in July 1985 granting your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in section 509(a)(2).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than $25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of $20 a day, up to a maximum of $10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of $100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its 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.

Space Coast United Soccer Club, Inc.
59-2377476

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

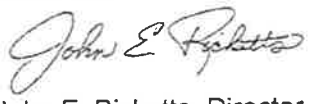
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of $20 a day for each day you do not make these documents available for public inspection (up to a maximum of $10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

This letter affirms your organization's exempt status.

Sincerely,



John E. Ricketts, Director, TE/GE
Customer Account Services

# Detail by Entity Name

Florida Not For Profit Corporation
SPACE COAST UNITED SOCCER CLUB, INC.

***Filing Information***

| | |
|---|---|
| **Document Number** | N05264 |
| **FEI/EIN Number** | 59-2377476 |
| **Date Filed** | 09/20/1984 |
| **State** | FL |
| **Status** | ACTIVE |
| **Last Event** | REINSTATEMENT |
| **Event Date Filed** | 06/11/1998 |

***Principal Address***

SCUSC
BOX 410301
MELBOURNE, FL 32941-0301

Changed: 01/21/2007

***Mailing Address***

SCUSC
BOX 410301
MELBOURNE, FL 32941-0301

Changed: 01/15/2009

***Registered Agent Name & Address***

Gibbs, Beverly T
SCUSC
BOX 410301
MELBOURNE, FL 32941-0301

Name Changed: 01/12/2017

Address Changed: 06/06/2014

***Officer/Director Detail***

**Name & Address**

Title President

Goff, Allie
SCUSC
BOX 410301
MELBOURNE, FL 32941-0301

Title VP

Perry, Mike
SCUSC
BOX 410301
MELBOURNE, FL 32941-0301

Title Treasurer

Oxley, Brad
SCUSC
BOX 410301
MELBOURNE, FL 32941-0301

Title Administrator

Gibbs, Beverly
SCUSC
BOX 410301
MELBOURNE, FL 32941-0301

Title Secretary

Chesser, Dana
SCUSC
BOX 410301
MELBOURNE, FL 32941-0301

**Annual Reports**

| Report Year | Filed Date |
|---|---|
| 2022 | 01/18/2022 |
| 2023 | 01/03/2023 |
| 2024 | 01/03/2024 |

**Document Images**

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