

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

DEPARTMENT OF THE TREASURY

Date: **OCT 29 2014**

COCOA BEACH ART SHOW INC
1 S ORLANDO AVE
COCOA BEACH, FL 32931-2721

Employer Identification Number:
46-5289805
DLN:
17053230348004
Contact Person:
EVERETT L CROUCH ID# 17141
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:
April 10, 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.

Letter 947

501931

COCOA BEACH ART SHOW INC

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

Sincerely,

A handwritten signature in cursive script that reads "Tamara Rippeida". The signature is written in black ink and is positioned centrally below the word "Sincerely,".

Director, Exempt Organizations

Letter 947

502932



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

Detail by Entity Name

Florida Not For Profit Corporation
COCOA BEACH MAIN STREET, INC.

Filing Information

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FEI/EIN Number	47-3225476
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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

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

May 28, 2025

CONFIDENTIAL

Cocoa Beach Main Street, Inc.
PO BOX 320627
Cocoa Beach, FL 32932

Dear Layne:

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

Return of Organization Exempt From Income Tax (Form 990)

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

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

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

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

Sincerely,

Taylor & Lockard, PA.

Filing Instructions

Cocoa Beach Main Street, Inc.

Exempt Organization Tax Return

Taxable Year Ended December 31, 2024

Date Due: November 17, 2025

Remittance: None is required. Your Form 990 for the tax year ended 12/31/24 shows no balance due.

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

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

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

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

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning 2024, and ending 20

2024

Department of the Treasury
Internal Revenue Service

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

Name of filer

COCOA BEACH MAIN STREET, INC.

EIN or SSN

47-3225476

Name and title of officer or person subject to tax

**LAYNE ALVAREZ
TREASURER**

Part I Type of Return and Return Information

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

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>278,377</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **TAYLOR & LOCKARD, PA.** to enter my PIN **21215** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

05/28/25

Part III Certification and Authentication

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

59385106545

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

VICTORIA B LOCKARD

Date

05/28/25

ERO Must Retain This Form — See Instructions

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

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.

Department of the Treasury
Internal Revenue Service

A For the 2024 calendar year, or tax year beginning , and ending

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

C Name of organization
COCOA BEACH MAIN STREET, INC.

Doing business as
 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

G Gross receipts \$ **278,377**

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

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

J Website: **N/A** **H(c)** Group exemption number

K Form of organization: Corporation Trust Association Other **L** Year of formation: **M** State of legal domicile:

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SUPPORT THE LOCAL DOWNTOWN COCOA BEACH COMMUNITY AND BUSINESS THROUGH COMMUNITY OUTREACH AND SOCIAL EVENTS.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	5
	4	5
	5	1
	6	0
	7a	0
Revenue	b Net unrelated business taxable income from Form 990-T, Part I, line 11	
	7b 0	
	8 Contributions and grants (Part VIII, line 1h)	
	9 Program service revenue (Part VIII, line 2g)	
	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)	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		
278,377		
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)	
	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)	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	
79,873		
19 Revenue less expenses. Subtract line 18 from line 12		
54,413		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	
	21 Total liabilities (Part X, line 26)	
	22 Net assets or fund balances. Subtract line 21 from line 20	
	8,201	

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: **LAYNE ALVAREZ** Date: _____
 Title: **TREASURER**

Paid Preparer Use Only
 Preparer's name: **VICTORIA B LOCKARD** Preparer's signature: **VICTORIA B LOCKARD** Date: **05/28/25** Check if self-employed PTIN: **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**

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:

SUPPORT THE LOCAL DOWNTOWN COCOA BEACH COMMUNITY AND BUSINESS THROUGH COMMUNITY OUTREACH AND SOCIAL 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 \$ **86,272** including grants of \$) (Revenue \$)
SUPPORT COCOA BEACH COMMUNITY AND BUSINESS WITH COMMUNITY DEVOLPMENT AND COMMUNITY SUPPORT

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 \$ **73,744** including grants of \$) (Revenue \$)

4e Total program service expenses **160,016**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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		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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		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		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		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		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		X
29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		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		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
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		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		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1
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 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

Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, significant changes, asset diversions, members, and documentation.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower policy, document retention, compensation review, and joint ventures.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection.
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.

ESTER DARRETTA
COCO BEACH

29 N ORLANDO AVE

FL 32931

916-805-4440

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) LAYNE ALVAREZ TREASURER	0.00 0.00			X				0	0	0
(2) BRET GLAS PRESIDENT	3.00 0.00			X				0	0	0
(3) LAURA KASS SECRETARY	0.00 0.00			X				0	0	0
(4) MICHELLE OGDEN VP	0.00 0.00			X				0	0	0
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e	42,500					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	84,951					
	g Noncash contributions included in lines 1a-1f	1g	\$ 45					
	h Total. Add lines 1a-1f			127,451				
	Program Service Revenue	2a FRIDAY FEST	Business Code		150,926			150,926
b								
c								
d								
e								
f All other program service revenue								
g Total. Add lines 2a-2f				150,926				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)							
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	(i) Real						
		(ii) Personal						
	b Less: rental expenses	6b						
	c Rental inc. or (loss)	6c						
	d Net rental income or (loss)							
	7a Gross amount from sales of assets other than inventory	(i) Securities						
		(ii) Other						
			7a					
	b Less: cost or other basis and sales exps.	7b						
	c Gain or (loss)	7c						
	d Net gain or (loss)							
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		8a						
	b Less: direct expenses	8b						
c Net income or (loss) from fundraising events								
9a Gross income from gaming activities. See Part IV, line 19		9a						
	b Less: direct expenses	9b						
c Net income or (loss) from gaming activities								
10a Gross sales of inventory, less returns and allowances		10a						
	b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	11a	Business Code						
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d							
12 Total revenue. See instructions			278,377	0	0	150,926		

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	74,583	22,375	52,208	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	5,290	1,587	3,703	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	5,455		5,455	
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.)	20,394	20,007	387	
12 Advertising and promotion	21,593	21,593		
13 Office expenses	3,939	1,969	1,970	
14 Information technology				
15 Royalties				
16 Occupancy	1,127	902	225	
17 Travel	17,839	17,839		
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 on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a COGS	73,744	73,744		
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	223,964	160,016	63,948	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash—non-interest-bearing	23,724	1	75,512	
	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	25	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,772			
	b Less: accumulated depreciation	10b	3,772	10c 3,772	
	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)		27,496	16	79,309	
Liabilities	17 Accounts payable and accrued expenses	5,853	17	1,429	
	18 Grants payable		18		
	19 Deferred revenue	11,769	19	14,536	
	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		1,673	25	730
	26 Total liabilities. Add lines 17 through 25		19,295	26	16,695
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	8,201	27	62,614	
	28 Net assets with donor restrictions		28		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
32 Total net assets or fund balances		8,201	32	62,614	
33 Total liabilities and net assets/fund balances		27,496	33	79,309	

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	278,377
2	Total expenses (must equal Part IX, column (A), line 25)	2	223,964
3	Revenue less expenses. Subtract line 2 from line 1	3	54,413
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,201
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	62,614

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

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

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

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

Cat. No. 11285F

Schedule A (Form 990) 2024

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		38,901	8,206	50,184	127,451	224,742
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		38,901	8,206	50,184	127,451	224,742
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						224,742

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4		38,901	8,206	50,184	127,451	224,742
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.)					150,926	150,926
11 Total support. Add lines 7 through 10						375,668
12 Gross receipts from related activities, etc. (see instructions)					12	307,927

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 2024 (line 6, column (f), divided by line 11, column (f))	14	59.82 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	100.00 %

16a **33 1/3% support test — 2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test — 2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test — 2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test — 2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, 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

Table with 3 columns: Description, Line Number, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests — 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization []

b 33 1/3% support tests — 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization []

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions []

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents?
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?
3b 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)?
3c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?
4a Was any supported organization not organized in the United States ("foreign supported organization")?
4b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?
4c 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)?
5a Did the organization add, substitute, or remove any supported organizations during the tax year?
5b 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?
5c 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?
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?
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?
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))?
9b 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?
9c 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?
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)?
10b 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.)

Table with 3 columns: Question ID, Yes, No. Rows correspond to questions 1 through 10b.

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

**SCHEDULE D
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

Employer identification number

COCOA BEACH MAIN STREET, INC.

47-3225476

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

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

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

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

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 conversation 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 Yes No

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				
e Other	3,772			3,772
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				3,772

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) SALES TAX	730
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	730

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

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

COCOA BEACH MAIN STREET, INC.

Employer identification number

47-3225476

**FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS
SUPPORT COCOA BEACH COMMUNITY AND BUSINESS WITH COMMUNITY DEVOLPMENT AND**

**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**

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. <i>See Specific Instructions on page 3.</i>	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.) Cocoa Beach Main Street		
	2	Business name/disregarded entity name, if different from above.		
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____
	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/>		<i>(Applies to accounts maintained outside the United States.)</i>
	5	Address (number, street, and apt. or suite no.). See instructions. PO Box 320627	Requester's name and address (optional)	
	6	City, state, and ZIP code Cocoa Beach, FL 32932		
	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 <i>How to get a TIN</i> , later.																																																							
	<table border="1" style="margin: auto;"> <tr><td colspan="9" style="text-align: center;">Social security number</td></tr> <tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr> <tr><td colspan="9" style="text-align: center;">or</td></tr> <tr><td colspan="9" style="text-align: center;">Employer identification number</td></tr> <tr><td style="width: 20px;">4</td><td style="width: 20px;">7</td><td style="width: 20px;">-</td><td style="width: 20px;">3</td><td style="width: 20px;">2</td><td style="width: 20px;">2</td><td style="width: 20px;">5</td><td style="width: 20px;">4</td><td style="width: 20px;">7</td></tr> <tr><td style="width: 20px;">6</td><td colspan="8"></td></tr> </table>	Social security number																		or									Employer identification number									4	7	-	3	2	2	5	4	7	6								
Social security number																																																							
or																																																							
Employer identification number																																																							
4	7	-	3	2	2	5	4	7																																															
6																																																							
Note: If the account is in more than one name, see the instructions for line 1. See also <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.																																																							

Part II Certification	
Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and	
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and	
3. I am a U.S. citizen or other U.S. person (defined below); and	
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.	
Sign Here	Signature of U.S. person Kenne Wells Date 01/01/2025

General Instructions
Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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

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

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

Marketing Support Program - COCOA BEACH MAIN STREET							
FY 2025-2026							
Event Income/Expense Report							
Expenses	2025-2026 projection	2024-2025 actuals	VAR+10% increase	Income	2025-2026 projection	2024-2025 actuals	VAR
Stage	\$9,500.00	\$9,000.00	\$500.00	Vendors	\$31,500.00	\$27,000.00	\$4,500.00
Bands	\$9,000.00	\$7,800.00	\$1,200.00				\$0.00
Other Entertainment	\$3,950.00	\$3,000.00	\$950.00				\$0.00
Printed materials	\$3,000.00	\$2,549.00	\$451.00				\$0.00
Porta-Potties	\$4,500.00	\$4,346.00	\$154.00				\$0.00
Rental of City Space	\$1,500.00	\$0.00	\$1,500.00				\$0.00
Police	\$3,240.00	\$0.00	\$3,240.00				\$0.00
Subtotal Expense	\$34,690.00	\$26,695.00	\$7,995.00				\$0.00
Other Expenses							\$0.00
			\$0.00	Subtotal Income	\$31,500.00	\$27,000.00	\$4,500.00
			\$0.00	Sponsors	\$7,500.00	\$6,000.00	\$1,500.00
			\$0.00	Cash in Bank to start	\$50,000.00	\$40,000.00	\$10,000.00
			\$0.00				
			\$0.00	TDC grant funding	\$12,500.00	\$15,000.00	-\$2,500.00
			\$0.00	Total Income	\$51,500.00	\$48,000.00	\$3,500.00
			\$0.00	Total Expenses Paid	\$34,690.00	\$26,695.00	\$7,995.00
Subtotal Other Expenses			\$0.00	Profit/Loss	\$16,810.00	\$21,305.00	
Marketing - please specify Brevard/Out-of-County							
			\$0.00				
			\$0.00				
			\$0.00				
			\$0.00				
			\$0.00				
			\$0.00				
			\$0.00				
Marketing Expense							
Total Expenses 2025-2026	\$34,690.00	\$26,695.00					

Space Coast FLORIDA

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

Applicant organization name: Cocoa Beach Main Street

Applicant event name: Year round Events

Applicant name completing this form: Kenne Wells

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

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

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

Applicant signature & date 6-8-2025

City of Palm Bay

[Return to Table of Contents](#)



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

Applicant Organization Name: City of Palm Bay

Applicant Event Name: Holiday Parade, Multicultural Festival & 4th of July Celebration

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

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

YES	NO
------------	-----------

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

Peter Cranis 7/2/2025

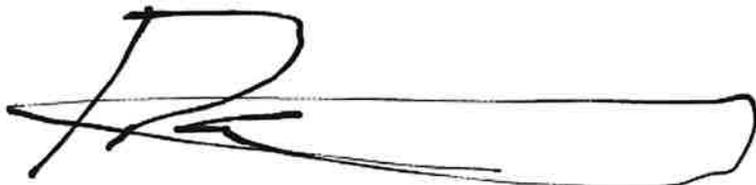
Peter Cranis, Executive Director

FY 2025-2026 Marketing Support Program application

Response ID:53 Data

2. (untitled)

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

www.palmbayfl.gov

5. (untitled)

4. Which best describes your organization?

Other - please be specific: Municipality

6. (untitled)

5. What is your Federal Employee ID number?

59-6018984

7. (untitled)

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

Event

8. (untitled)

1. EVENT INFORMATION - #1

Name of event - Holiday Light Parade

Event website address (if different from organization website) - CityofPalmBay.com

Event location - Malabar Road

9. (untitled)

What is the first date of your event? - December 6, 2025

10. (untitled)

In total, how many days will your event be held? - 1

11. (untitled)

7. Do you have a second event?

Yes

12. (untitled)

4. EVENT INFORMATION - #2

Name of event - Multicultural Festival

Event website address (if different from organization website) - CityofPalmBay.com

Event location - Fred Poppe Regional Park

13. (untitled)

What is the first date of your event? - January 31, 2026

14. (untitled)

In total, how many days will your event be held? - 1

15. (untitled)

Do you have a third event? - yes

16. (untitled)

8. EVENT INFORMATION - #3

Name of event - Independence Day Celebration

Event website address (if different from organization website) - CityofPalmBay.com

Event location - Eastern Florida, Palm Bay campus

17. (untitled)

What is the first date of your event? - July 4, 2026

18. (untitled)

In total, how many days will your event be held? - 1

19. (untitled)

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

20. (untitled)

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

Digital advertising (banner ads, etc.)

Radio

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

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

21. (untitled)

9. What are your social media handles?

Facebook : www.facebook.com/pbflparks

Instagram : N/A

YouTube : Palm Bay Florida @PalmBayFlorida1

22. (untitled)

10. What hashtags do you currently use?

#palmbayproud

23. (untitled)

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

24. (untitled)

Upload a copy of your organization's 990 form.

25. (untitled)

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

26. (untitled)

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

27. (untitled)

12. Upload your completed W-9 form.

[W-9_City_of_Palm_Bay_06.04.2025.pdf](#)

28. (untitled)

13. Upload your completed Event Income/Expense report.

[COPB_Event_Income_Expense_Report_template_FY25-26.pdf](#)

29. (untitled)

14. Upload your completed Checklist.

[TDC_Checklist.pdf](#)

30. (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: Daniel Waite

31. Thank You!

New Send Email

Jun 05, 2025 13:38:45 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com;
Terrence.Parks@VisitSpaceCoast.com

542972

Request for Taxpayer Identification Number and Certification

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

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

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

1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) CITY OF PALM BAY	
2	Business name/disregarded entity name, if different from above.	
3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input checked="" type="checkbox"/> Other (see instructions) MUNICIPAL GOVERNMENT	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) 3 Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. <input type="checkbox"/>	<i>(Applies to accounts maintained outside the United States.)</i>
5	Address (number, street, and apt. or suite no.). See instructions. 120 MALABAR ROAD SE	Requester's name and address (optional)
6	City, state, and ZIP code PALM BAY, FL 32907	
7	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

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

Social security number									
or									
Employer identification number									
5	9	-	6	0	1	8	9	8	4

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

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here	Signature of U.S. person <i>Ruth Chapman</i>	Date <i>06-04-2025</i>
------------------	---	------------------------

General Instructions

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

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

What's New

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

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

Purpose of Form

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

Marketing Support Program - CITY OF PALM BAY							
FY 2025-2026							
Event Income/Expense Report							
Expenses	2025-2026 projection	2024-2025 actuals	VAR+10% Increase	Income	2025-2026 projection	2024-2025 actuals	VAR
Outside Artistic Services	\$35,000.00	\$30,363.50	\$4,636.50	Vendor Fees	\$4,000.00	\$3,165.00	\$835.00
Space Rental	\$5,000.00	\$4,365.00	\$635.00				
Equipment Costs	\$15,500.00	\$14,370.25	\$1,129.75				
Supplies	\$1,000.00	\$388.93	\$611.07				
Contract Services	\$35,000.00	\$31,500.00	\$3,500.00				
Insurance	\$5,000.00	\$4,000.00	\$1,000.00				
Subtotal Expense	\$96,500.00	\$84,987.68	\$11,512.32				
Other Expenses							
				Subtotal Income	\$4,000.00	\$3,165.00	\$835.00
				Income Sponsors	\$15,000.00	\$10,000.00	\$5,000.00
				Cash in Bank to start	\$0.00	\$0.00	\$0.00
				TDC grant funding	\$12,500.00	\$15,000.00	-\$2,500.00
				Total Income	\$31,500.00	\$28,165.00	\$3,335.00
				Total Expenses Paid	\$102,000.00	\$89,315.63	\$12,684.37
Subtotal Other Expenses	\$0.00	\$0.00	\$0.00	Profit/Loss	-\$70,500.00	-\$61,150.63	
Marketing - please specify Brevard/Out-of-County							
Brevard County	\$2,500.00	\$1,827.95	-\$672.05				
Outside Brevard County	\$3,000.00	\$2,500.00	-\$500.00				
Subtotal Marketing	\$5,500.00	\$4,327.95	-\$1,172.05				
Marketing Expense							
Total Expenses 2025-2026	\$102,000.00	\$89,315.63					

Space Coast

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

Applicant organization name: City of Palm Bay

Applicant event name: Seasonal Events (Independence Day, Holiday Light Parade, Municipal Fest)

Applicant name completing this form: Daniel White

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

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

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

 6/5/25
Applicant signature & date

Space Coast Symphony Orchestra

[Return to Table of Contents](#)



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

Applicant Organization Name: Space Coast Symphony

Applicant Event Name: Year-round programming

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

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

YES	NO
-----	----

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

Peter Cranis 7/2/2025

Peter Cranis, Executive Director

FY 2025-2026 Marketing Support Program application

Response ID:80 Data

2. (untitled)

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



Signature of: Aaron Collins

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 Symphony Orchestra

Organization address

505 Grant Ave.

State

Florida

City

Satellite Beach

Zip

32937

Primary contact name

Aaron Collins

Primary contact phone number

3215368580

Primary contact email

aaron@spacecoastsymphony.org

Secondary contact name

Mary Seal

Secondary contact phone number

855-252-7276

Secondary contact email

marym@spacecoastsymphony.org

Organization website address

<https://spacecoastsymphony.org/>

5. (untitled)

4. Which best describes your organization?

501(C)(3)

6. (untitled)

5. What is your Federal Employee ID number?

27-0197064.

7. (untitled)

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

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

8. (untitled)

1. EVENT INFORMATION - #1

Name of event

Event website address (if different from organization website)

Event location

9. (untitled)

What is the first date of your event?

10. (untitled)

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

11. (untitled)

7. Do you have a second event?

No

12. (untitled)

4. EVENT INFORMATION - #2

Name of event

Event website address (if different from organization website)

Event location

13. (untitled)

What is the first date of your event?

14. (untitled)

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

15. (untitled)

Do you have a third event?

16. (untitled)

8. EVENT INFORMATION - #3

Name of event

Event website address (if different from organization website)

Event location

17. (untitled)

What is the first date of your event?

18. (untitled)

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

19. (untitled)

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

20. (untitled)

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

Direct mail

Radio

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

21. (untitled)

9. What are your social media handles?

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

Instagram : <https://www.instagram.com/SpaceCoastSymphonyOrchestra/>

YouTube : <https://www.youtube.com/@SpaceCoastSymphony>

22. (untitled)

10. What hashtags do you currently use?

#SpaceCoast, #SCSO --- have not done too much with hashtags

23. (untitled)

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

[SCSO_501\(c\)_Letter.pdf](#)

24. (untitled)

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

[SCSO_-_990.pdf](#)

25. (untitled)

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

26. (untitled)

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

[SCSO_-_Entity_Report_from_SunBiz.pdf](#)

27. (untitled)

14. Upload your completed W-9 form.

[SCSO_-_W-9.pdf](#)

28. (untitled)

15. Upload your completed Event Income/Expense report.

[SCSO_-_Income_Expense_Report_FY25-26..pdf](#)

29. (untitled)

16. Upload your completed Checklist.

[SCSO_-_Checklist.pdf](#)

30. (untitled)

17. **ATTESTATION**

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



Signature of: Aaron Collins

31. Thank You!

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 RENNEN 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)

553983

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 08, 2025
Secretary of State
3432357847CC**

DOCUMENT# N09000004840

Entity Name: SPACE COAST SYMPHONY ORCHESTRA INC.

Current Principal Place of Business:

505 GRANT AVE
SATELLITE BEACH, FL 32937

Current Mailing Address:

PO BOX 237646
COCOA, FL 32923 US

FEI Number: 27-0197064

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COLLINS, AARON
505 GRANT AVE
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: AARON COLLINS

04/08/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name SEAL, MARY
Address 505 GRANT AVE
City-State-Zip: SATELLITE BEACH FL 32937

Title PRESIDENT
Name HOOVER, ERIC
Address 505 GRANT AVE
City-State-Zip: SATELLITE BEACH FL 32937

Title VP
Name HICKMAN, JEREMY
Address 505 GRANT AVE
City-State-Zip: SATELLITE BEACH FL 32937

Title SECRETARY
Name KENNEY, SHERRI
Address 505 GRANT AVE
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: MARY SEAL

TREASURER

04/08/2025

Electronic Signature of Signing Officer/Director Detail

Date

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Header section containing organization name (SPACE COAST SYMPHONY ORCHESTRA, INC.), EIN (27-0197064), address (P.O. BOX 237646, COCOA, FL 32923), and principal officer (ERIC HOOVER).

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include Revenue (Total: 478,686), Expenses (Total: 501,580), and Net Assets or Fund Balances (Total: -10,151).

Part II Signature Block

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

Signature of officer: MARY SEAL, TREASURER. Date: 11/14/2024.

Preparer information section. Includes fields for Preparer's name, signature, date, and firm information. Marked as 'Non-Paid Preparer'.

May the IRS discuss this return with the preparer shown above? See instructions. [] Yes [X] 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 \$ 472,266. including grants of \$ 0.) (Revenue \$ 303,962.)
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. For 2023 19% or 1,250 tickets of a total of 6,687 were discounted.

4b (Code:) (Expenses \$ 715. including grants of \$ 0.) (Revenue \$ 1,700.)
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 472,981.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (voting members), 1b (independent members), 2-7a (relationships and control), 7b (governance decisions), 8 (meetings), 8a-8b (reachability), and 9 (officer reachability).

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

Table with 3 columns: Question, Yes, No. Rows include 10a-10b (local chapters/policies), 11a-11b (Form 990 distribution), 12a-12c (conflict of interest), 13-14 (whistleblower/document retention), 15a-15b (compensation review), and 16a-16b (joint ventures).

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.
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 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) ERIC HOOVER PRESIDENT	5.00	X		X						
(2) JEREMY HICKMAN VICE PRESIDENT	5.00	X		X						
(3) AUDREY WHITE EXECUTIVE BOARD	1.00	X								
(4) MARY SEAL TREASURER	15.00	X		X						
(5) AHMED PELZER PAST PRESIDENT	1.00	X								
(6) SHERRI KINNEY SECRETARY	3.00	X		X						
(7) CONNIE MALTBY EXECUTIVE BOARD	2.00	X								
(8) ANNORA DAIGE EXECUTIVE BOARD	1.00	X								
(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 0

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

Section B. Independent Contractors

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

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

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

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	46,873.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	127,151.				
	g Noncash contributions included in lines 1a-1f	1g \$					
	h Total. Add lines 1a-1f		174,024.				
Program Service Revenue	2a CONCERTS	Business Code					
		711130	295,749.	295,749.	0.	0.	
	b Youth Orchestra	711130	1,000.	1,000.	0.	0.	
	c Ticket Refunds	711130	-849.	-849.	0.	0.	
	d _____						
	e _____						
	f All other program service revenue		1,779.	1,079.	700.	0.	
g Total. Add lines 2a-2f		297,679.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	9a		13,966.				
			6,983.				
b Less: direct expenses	9b		6,983.				
c Net income or (loss) from gaming activities		6,983.	6,983.	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	11a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions		478,686.	303,962.	700.			

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	52,240.	52,240.	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)				
7 Other salaries and wages	1,954.	1,954.	0.	0.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	4,621.	4,621.	0.	0.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	10,273.	10,273.	0.	0.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	1,688.			1,688.
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.)	300,566.	300,566.	0.	0.
12 Advertising and promotion				
13 Office expenses	10,765.	10,765.	0.	0.
14 Information technology	6,554.	6,554.	0.	0.
15 Royalties				
16 Occupancy	52,282.	52,282.	0.	0.
17 Travel	3,227.	3,227.	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	3,249.	3,249.	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 POSTAGE AND MAILING	3,432.	3,432.	0.	0.
b RENT EQUIPMENT AND VENUE	21,052.	21,052.	0.	0.
c YOUTH ORCHESTRA	715.	715.	0.	0.
d				
e All other expenses	28,962.	2,051.	26,911.	0.
25 Total functional expenses. Add lines 1 through 24e	501,580.	472,981.	26,911.	1,688.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	7,562.	1	22,168.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,300.	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 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)	28,232.	16	41,538.	
Liabilities	17 Accounts payable and accrued expenses	23,014.	17	42,007.
	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	9,682.
	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	23,014.	26	51,689.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds	5,218.	31	-10,151.
32 Total net assets or fund balances	5,218.	32	-10,151.	
33 Total liabilities and net assets/fund balances	28,232.	33	41,538.	

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	478,686.
2	Total expenses (must equal Part IX, column (A), line 25)	2	501,580.
3	Revenue less expenses. Subtract line 2 from line 1	3	-22,894.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,218.
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	7,525.
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	-10,151.

Part XII Financial Statements and Reporting

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

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

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization SPACE COAST SYMPHONY ORCHESTRA, INC.	Employer identification number 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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.")	200,742.	213,187.	203,524.	236,891.	174,023.	1,028,367.
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 . . .	373,392.	104,026.	16,414.	177,071.	295,748.	966,651.
3 Gross receipts from activities that are not an unrelated trade or business under section 513	5,268.	15,354.	2,924.	8,062.	8,062.	39,670.
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 . . .	579,402.	332,567.	222,862.	422,024.	477,833.	2,034,688.
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.) . . .						2,034,688.

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 . . .	579,402.	332,567.	222,862.	422,024.	477,833.	2,034,688.
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.) . . .	579,402.	332,567.	222,862.	422,024.	477,833.	2,034,688.
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) . . .	15	100 %
16 Public support percentage from 2022 Schedule A, Part III, line 15 . . .	16	100 %

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 %
18 Investment income percentage from 2022 Schedule A, Part III, line 17 . . .	18	0 %

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
	11a		X
b	A family member of a person described on line 11a above?		
	11b		X
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		X

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		X
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		X

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		X

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
	2a		X
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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

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

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

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 [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...
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

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
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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 ----- 400 SOUTH MONROE STREET ----- TALLAHASSEE FL 32399 -----	\$ 26,873.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	JOHN BOWEN ----- 746 LOGGERHEAD ISLAND DRIVE ----- SATELLITE BEACH FL 32937 -----	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	BREVARD COUNTY BOARD OF COMMISSIONERS ----- 2725 JUDGE FRAN JAMIESON WAY BLDG C ----- MELBOURNE FL 329406605 -----	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	MICHELE W CAMPANELLI ----- 720 FALLS CREEK DRIVE ----- MELBOURNE FL 32904 -----	\$ 25,583.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	PHYLLIS KLABEN ----- 2350 INDIAN CREEK BLVDW APTD203 ----- VERO BEACH FL 32963 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	FRED SIEMER ----- 155 HWY A1A AT 30 ----- SATELLITE BEACH FL 32937 -----	\$ 6,175.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SPACE COAST SYMPHONY ORCHESTRA, INC.	Employer identification number 27-0197064
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	MARGOT RICHARDSON 5047 N HWY A1A AT 1506 FORT PIERCE FL 34949	\$ 5,140.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SPACE COAST SYMPHONY ORCHESTRA, INC.	Employer identification number 27-0197064
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization SPACE COAST SYMPHONY ORCHESTRA, INC.	Employer identification number 27-0197064
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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)

Supplemental Financial Statements

OMB No. 1545-0047

2023

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

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

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

Table with 3 columns: Line number, Description, Amount. Includes questions 1a, 1b, 2 regarding art and historical treasures.

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 | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 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	2,600.		2,600.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				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, 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) SHEET MUSIC	19,370.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	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, line 25, col. (B))	

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

**SCHEDULE O
(Form 990)**

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 SYMPHONY ORCHESTRA, INC.	Employer identification number 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 availability review the completed return for non technical errors before filing. Governing Board members are provided 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
--	--

BOX OFFICE SUBCONTRACTOR \$1,222.50 MUSIC LIBRARY SUBCONTRACTOR \$6,300.00 OPERATIONS
 SUBCONTRACTOR \$1090.00 MUSICIANS \$253,774.06 CONDUCTORS \$13,150.00 EVENT SPECIALTIES
 \$7,869.00 GUEST ARTIST \$,270.00 TOTAL OTHER NONEMPLOYEE FEES \$300,565.56

Pt IX, Line 11g:

Description: BOX OFFICE SUBCONTRACTOR

Total: \$1,223

Program services: \$1,223

Description: MUSIC LIBRARY SUBCONTRACTOR

Total: \$6,300

Program services: \$6,300

Description: OPERATIONS SUBCONTRACTORS

Total: \$10,980

Program services: \$10,980

Description: MUSICIANS

Total: \$253,774

Program services: \$253,774

Description: CONDUCTOR

Total: \$13,150

Program services: \$13,150

Description: EVENT SPECIALTIES

Total: \$7,869

Program services: \$7,869

Description: GUEST ARTISTS

Total: \$7,270

Program services: \$7,270

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2023

For calendar year 2023 or other tax year beginning 2023, and ending 2023

Department of the Treasury Internal Revenue Service

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).

Open to Public Inspection for 501(c)(3) Organizations Only

Form header section containing: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year 41,538; D Employer identification number 27-0197064; E Group exemption number; F Check box if an amended return.

G Check organization type: 501(c) corporation (checked), 501(c) trust, 401(a) trust, Other trust, State college/university, 6417(d)(1)(A) Applicable entity.

H Check if filing only to claim: Credit from Form 8941, Refund shown on Form 2439, Elective payment amount from Form 3800.

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) 1

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No (checked)

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

Table for Part I with 11 rows: 1 Total of unrelated business taxable income computed from all unrelated trades or businesses; 2 Reserved; 3 Add lines 1 and 2; 4 Charitable contributions; 5 Total unrelated business taxable income before net operating losses; 6 Deduction for net operating loss; 7 Total of unrelated business taxable income before specific deduction and section 199A deduction; 8 Specific deduction; 9 Trusts; 10 Total deductions; 11 Unrelated business taxable income.

Part II Tax Computation

Table for Part II with 7 rows: 1 Organizations taxable as corporations; 2 Trusts taxable at trust rates; 3 Proxy tax; 4 Other tax amounts; 5 Alternative minimum tax; 6 Tax on noncompliant facility income; 7 Total.

Part III Tax and Payments

Table for Part III with 5 main rows: 1a Foreign tax credit; 1b Other credits; 1c General business credit; 1d Credit for prior-year minimum tax; 1e Total credits; 2 Subtract line 1e from Part II, line 7; 3a Amount due from Form 4255; 3b Amount due from Form 8611; 3c Amount due from Form 8697; 3d Amount due from Form 8866; 3e Other amounts due; 3f Total amounts due; 4 Total tax; 5 Current net 965 tax liability paid from Form 965-A.

Part III Tax and Payments (continued)

6a Payments: Preceding year's overpayment credited to the current year	6a		
b Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	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 Elective payment election amount from Form 3800	6g		
h Payment from Form 2439	6h		
i Credit from Form 4136	6i		
j Other (see instructions)	6j		
7 Total payments. Add lines 6a through 6j	7		0.
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	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 2024 estimated tax Refunded 11			

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

	Yes	No
1 At any time during the 2023 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 _____		X
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.		X
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 Reserved for future use		
b Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

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.

Sign Here

Signature of officer _____ Date _____ Title TREASURER

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 <input type="checkbox"/> if self-employed	PTIN
	Non-Paid Preparer				Firm's EIN
	Firm's address	Phone no.			

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2023

Department of the Treasury
Internal Revenue Service

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).

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 1

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)	700.	715.	-15.
12 Other income (see instructions; attach statement)			
13 Total. Combine lines 3 through 12	700.	715.	-15.

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		
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		-15.
17 Deduction for net operating loss. See instructions	17		
18 Unrelated business taxable income. Subtract line 17 from line 16	18		-15.

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 2a and 2b (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)

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)				

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).

Totals

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)				

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).

Totals

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

IRS E-file Signature Authorization for a Tax Exempt Entity

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

2023

Department of the Treasury
Internal Revenue Service

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

Name of filer SPACE COAST SYMPHONY ORCHESTRA, INC. EIN or SSN 27-0197064

Name and title of officer or person subject to tax
MARY SEAL, TREASURER

Part I Type of Return and Return Information

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

1a Form 990 check here . . . <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b <u>478,686.</u>
2a Form 990-EZ check here . . . <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here . . . <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here . . . <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5) . . .	4b _____
5a Form 8868 check here . . . <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here . . . <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here . . . <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here . . . <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here . . . <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here . . . <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

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

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

PIN: check one box only

I authorize _____ to enter my PIN as my signature
ERO firm name Enter five numbers, but do not enter all zeros

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

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

Signature of officer or person subject to tax _____ Date 11/14/2024

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.

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 _____ Date _____

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

IRS E-file Signature Authorization for a Tax Exempt Entity

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

2023

Department of the Treasury
Internal Revenue Service

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

Name of filer SPACE COAST SYMPHONY ORCHESTRA, INC.	EIN or SSN 27-0197064
Name and title of officer or person subject to tax MARY SEAL, TREASURER	

Part I Type of Return and Return Information

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

1a Form 990 check here . . . <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b _____
2a Form 990-EZ check here . . . <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here . . . <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here . . . <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5) . . .	4b _____
5a Form 8868 check here . . . <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here . . . <input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____ 0.
7a Form 4720 check here . . . <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here . . . <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here . . . <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here . . . <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

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

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

PIN: check one box only

I authorize _____ to enter my PIN 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 _____

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	1	2	3	4	5
---	---	---	---	---	---	---	---	---	---	---

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 _____ Date _____

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

Request for Taxpayer Identification Number and Certification

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

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

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

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.) Space Coast Symphony Orchestra, Inc.
	2	Business name/disregarded entity name, if different from above.
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____
	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See Instructions <input type="checkbox"/> <i>(Applies to accounts maintained outside the United States.)</i>
	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) _____
	5	Address (number, street, and apt. or suite no.). See instructions. PO BOX 237646
	6	City, state, and ZIP code Cocoa, FL 32923
7	List account number(s) here (optional)	
		Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

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

Social security number										
or										
Employer identification number										
2	7		-	0	1	9	7	0	6	4

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

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here	Signature of U.S. person	Date June 1, 2025
------------------	--------------------------	--------------------------

General Instructions

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

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

What's New

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

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

Purpose of Form

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

Marketing Support Program - SPACE COAST SYMPHONY							
FY 2025-2026							
Event Income/Expense Report							
Expenses	2025-2026 projection	2024-2025 actuals	VAR+10% Increase	Income	2025-2026 projection	2024-2025 actuals	VAR
Contracted Services - Operations	\$26,000.00	\$25,908.00	\$92.00	Donations	\$170,000.00	\$235,120.00	-\$65,120.00
Contracted Services - Program	\$2,000.00	\$1,875.00	\$125.00	Concession/Raffle	\$5,000.00	\$4,435.00	\$565.00
Equipment	\$15,000.00	\$16,936.00	-\$1,936.00	Ticket Sales	\$250,000.00	\$239,140.00	\$10,860.00
Venue Rent	\$60,000.00	\$57,478.00	\$2,522.00	Contracted Concerts	\$65,000.00	\$61,474.00	\$3,526.00
Music Rent/Purchase	\$5,000.00	\$3,215.00	\$1,785.00				
Musicians	\$270,000.00	\$288,572.00	-\$18,572.00				
Supplies	\$9,000.00	\$8,420.00	\$580.00				
Office Rent	\$10,000.00	\$9,600.00	\$400.00				
Subtotal Expense	\$397,000.00	\$412,004.00	-\$15,004.00				
Other Expenses							
Payroll	\$69,000.00	\$68,896.00	\$104.00				
Credit Card Fees	\$8,000.00	\$7,287.00	\$713.00				
Misc Operational Expense	\$30,000.00	\$29,241.00	\$759.00	Subtotal Income	\$490,000.00	\$540,169.00	-\$50,169.00
				Income Sponsors			
				Cash in Bank to start	\$40,533.00	\$23,389.00	\$17,144.00
							\$0.00
				TDC grant funding	\$12,500.00	\$15,000.00	-\$2,500.00
				Total Income	\$502,500.00	\$555,169.00	-\$52,669.00
				Total Expenses Paid	\$526,000.00	\$535,058.00	-\$9,058.00
Subtotal Other Expenses	\$107,000.00	\$105,424.00	\$1,576.00	Profit/Loss	-\$23,500.00	\$20,111.00	
Marketing - please specify Brevard/Out-of-County							
Digital - Brevard County	\$2,000.00	\$1,844.00	\$156.00				
Digital - Out of County	\$10,000.00	\$7,622.00	\$2,378.00				
Postage - Brevard County	\$1,500.00	\$1,013.00	\$487.00				
Postage - Out of County	\$4,000.00	\$3,039.00	\$961.00				
Public Relations	\$3,500.00	\$3,300.00	\$200.00				
Print	\$1,000.00	\$812.00	\$188.00				
			\$0.00				
Subtotal Marketing	\$22,000.00	\$17,630.00	\$4,370.00				
Marketing Expense							
Total Expenses 2025-2026	\$526,000.00	\$535,058.00					

Space Coast FLORIDA

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

Applicant organization name: Space Coast Symphony Orchestra

Applicant event name: Season 17

Applicant name completing this form: Mary Seal

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

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

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


Applicant signature & date

Cape Canaveral Lighthouse

[Return to Table of Contents](#)



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

Applicant Organization Name: Cape Canaveral Lighthouse Foundation

Applicant Event Name: Year-round programming

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

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

YES	NO
-----	----

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

 7/2/2025

Peter Cranis, Executive Director

FY 2025-2026 Marketing Support Program application

Response ID:1 Data

2. (untitled)

1. I have read and understand the policies/procedures within the FY 2025-2026 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, Inc

Organization address

4001 Lighthouse Rd

State

FL

City

Cape Canaveral Space Force Station

Zip

32920

Primary contact name

Becky Zingarelli

Primary contact phone number

321-704-9194

Primary contact email

museumdirector@canaverallight.org

Secondary contact name

Ron Ecker

Secondary contact phone number

321-591-9844

Secondary contact email

cclf-president@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 application for an event or year-round programming?

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

8. (untitled)

1. EVENT INFORMATION - #1

Name of event

Event website address (if different from organization website)

Event location

9. (untitled)

What is the first date of your event?

10. (untitled)

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

11. (untitled)

Do you have a second event?

12. (untitled)

5. **EVENT INFORMATION - #2**

Name of event

Event website address (if different from organization website)

Event location

13. (untitled)

What is the first date of your event?

14. (untitled)

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

15. (untitled)

Do you have a third event?

16. (untitled)

9. **EVENT INFORMATION - #3**

Name of event

Event website address (if different from organization website)

Event location

17. (untitled)

What is the first date of your event?

18. (untitled)

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

19. (untitled)

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

20. (untitled)

7. 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.)

21. (untitled)

8. What are your social media handles?

Facebook : Facebook/CCLighthouse
Instagram : Instagram/cclighthousefoundation
YouTube : NA

22. (untitled)

9. What hashtags do you currently use?

_#capecanaverallighthouse #capecanaverall #capecanaverrallighthousefoundation #canaverrallighthouse #floridalighthouses
#floridalighthouseassociation #lighthouses #preserve #History #Space Coast #Brevard #BrevardCounty #MerrittIsland
#cocoabeachchamber #CocoaBeachNews #45thSpaceWing #Florida # FLAlighthouses #spacelaunchdelta45
#lighthouse_lovers #lighthousesofinstagram #lighthouses_around_the_world #uslhs #lighthousepassport

23. (untitled)

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

[CCLF_IRS_501c3_tax_exempt_letter_-_2011.pdf](#)

24. (untitled)

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

[3_Cape_Canaveral_Lighthouse_Foundation_2023_Tax_Return_Form_990.pdf](#)

25. (untitled)

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

26. (untitled)

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

[CCLF_Detail_by_Entity_Name.pdf](#)

27. (untitled)

13. Upload your completed W-9 form.

[CCLF-W9.pdf](#)

28. (untitled)

14. Upload your completed Event Income/Expense report.

[CCLF_Event_Income_Expense_Report_FY25-26.pdf](#)

29. (untitled)

15. Upload your completed Checklist.

[CCLF_MSP_applicant_checklist_4.30.2025-Signed.pdf](#)

30. (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



IRS Department of the Treasury
Internal Revenue Service

P.O. BOX 2508
Cincinnati OH 45201

In reply refer to: 0248462390
Apr. 07, 2011 LTR 416BC ED
01-0655841 000000 00

00017077
BODC: TE

CAPE CANAVERAL LIGHTHOUSE
FOUNDATION INC
% JANE POWELL
PO BOX 1978
CAPE CANAVERAL FL 32920-1978

10640

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 (7)(C)(i)(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/efo 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.



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

Detail by Entity Name

Florida Not For Profit Corporation

CAPE CANAVERAL LIGHTHOUSE FOUNDATION INCORPORATED

Filing Information

Document Number	N02000001956
FEI/EIN Number	01-0655841
Date Filed	03/13/2002
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	11/06/2002
Event Effective Date	NONE

Principal Address

CAPE CANAVERAL LIGHTHOUSE
 CAPE CANAVERAL AIR FORCE STATION
 BREVARD COUNTY, FL 32925-2206

Changed: 03/24/2009

Mailing Address

PO BOX 1978
 CAPE CANAVERAL, FL 32920-1978

Changed: 03/24/2009

Registered Agent Name & Address

Cape Canaveral Lighthouse Foundation
 2420 Sykes Creek Drive
 Merritt Island, FL 32953

Name Changed: 01/27/2021

Address Changed: 11/02/2023

Officer/Director Detail

Name & Address

Title P

Ecker, Ronald
235 Maple Dr
Satellite Beach, FL 32937

Title Treasurer

Passarelli, James A
2420 Sykes Creek Drive
Merritt Island, FL 32953

Title VP

Smith, Shane
4411 Chardonnay Dr
Viera, FL 32955

Title Secretary

Abt, Janet
PO Box 1978
Cape Canaveral, FL 32920

Annual Reports

Report Year	Filed Date
2023	01/18/2023
2024	02/02/2024
2025	01/25/2025

Document Images

01/25/2025 -- ANNUAL REPORT	View image in PDF format
02/02/2024 -- ANNUAL REPORT	View image in PDF format
11/02/2023 -- AMENDED ANNUAL REPORT	View image in PDF format
01/18/2023 -- ANNUAL REPORT	View image in PDF format
01/21/2022 -- ANNUAL REPORT	View image in PDF format
01/27/2021 -- ANNUAL REPORT	View image in PDF format
01/05/2020 -- ANNUAL REPORT	View image in PDF format
05/01/2019 -- ANNUAL REPORT	View image in PDF format
02/13/2018 -- ANNUAL REPORT	View image in PDF format
01/21/2017 -- ANNUAL REPORT	View image in PDF format
01/06/2016 -- ANNUAL REPORT	View image in PDF format
01/25/2015 -- ANNUAL REPORT	View image in PDF format
03/19/2014 -- ANNUAL REPORT	View image in PDF format
01/30/2013 -- ANNUAL REPORT	View image in PDF format
02/09/2012 -- ANNUAL REPORT	View image in PDF format
01/13/2011 -- ANNUAL REPORT	View image in PDF format
02/23/2010 -- ANNUAL REPORT	View image in PDF format
03/24/2009 -- ANNUAL REPORT	View image in PDF format
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[04/30/2003 -- ANNUAL REPORT](#)

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[11/06/2002 -- Amendment](#)

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[03/13/2002 -- Domestic Non-Profit](#)

[View image in PDF format](#)

2014 RELEASE UNDER E.O. 13526

Return of Organization Exempt From Income Tax

2023

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.

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning 2023, and ending 2023

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. D Employer identification number: 01-0655841. E Telephone number. F Name and address of principal officer: Ronald Ecker. G Gross receipts: \$ 159,090. H(a) Is this a group return for subordinates? Yes [X] No. H(b) Are all subordinates included? Yes [] No.

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

J Website: www.canaveralight.org. K Form of organization: [X] Corporation [] Trust [] Association [] Other. L Year of formation: 2002. M State of legal domicile: FL

Part I Summary

Table with 2 columns: Description and Amount. Rows include: 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. 4 Number of independent voting members of the governing body (Part VI, line 1b) 22. 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 0. 6 Total number of volunteers (estimate if necessary) 41. 7a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 0.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants (Part VIII, line 1h) 71,873 / 100,583. 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) 29,902 / 23,752. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 101,775 / 124,335.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 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. 16b Total fundraising expenses (Part IX, column (D), line 25) 4,168. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 70,982 / 80,257. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 70,982 / 80,257. 19 Revenue less expenses. Subtract line 18 from line 12 30,793 / 44,078.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets (Part X, line 16) 1,099,283 / 1,142,011. 21 Total liabilities (Part X, line 26) 1,396 / 46. 22 Net assets or fund balances. Subtract line 21 from line 20 1,097,887 / 1,141,965.

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: Brendan McMillin, Date: . Print name and title: Brendan McMillin, Treasurer.

Paid Preparer Use Only: Print/Type preparer's name: Mary L Young CPA CMA, Preparer's Signature: [Signature], Date: 09-26-2024, Check [X] if self-employed, PTIN: P00143230, Firm's name: Mary Louise E Young CPA, Firm's address: 2460 N Courtenay Pkwy Ste 214 Merritt Island FL 32953, Firm's EIN: , Phone no.: 321-454-4480.

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
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 \$ 66,274 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 66,274

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Contains 21 rows of questions regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various IRS requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	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 _____ 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? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

Table with 4 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, and governance decisions.

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

Table with 4 columns: Question, Yes, No. Rows include questions about local chapters, conflict of interest policies, whistleblower policies, and compensation processes.

Section C. Disclosure

- 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.
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 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) Jeanna Merrifield Director	2.00	X						0	0	0
(2) Bey Merrifield Director	2.00	X						0	0	0
(3) Patricia Lautner Director	1.00	X						0	0	0
(4) Nancy Garwood Director	1.00	X						0	0	0
(5) Rocky Johnson Director	1.00	X						0	0	0
(6) R Norman Woody Director	0.50	X						0	0	0
(7) Ed Wilson Director	0.50	X						0	0	0
(8) Lisa Wilson Director	0.50	X						0	0	0
(9) Shane Smith Director	0.50	X						0	0	0
(10) Mary Anne Moore Director	0.50	X						0	0	0
(11) Dixie Sansom Director	0.50	X						0	0	0
(12) Barry Compagnoni Director	1.00	X						0	0	0
(13) Karen Arbuckle Director	4.00	X						0	0	0
(14) James Underwood 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 Director	1.00	X						0	0	0
(16) Chris Ecker Director	2.00	X						0	0	0
(17) Sharon Crockett Director	1.00	X						0	0	0
(18) Ronald Ecker President	10.00			X				0	0	0
(19) Larry Ostarly Past President	2.00			X				0	0	0
(20) Todd McDowell 2nd Vice President	2.00			X				0	0	0
(21) Cheryl Bennett Secretary	4.00			X				0	0	0
(22) Brendan McMillin 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		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b 25,101				
	c Fundraising events	1c 15,000				
	d Related organizations	1d				
	e Government grants (contributions) . .	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 60,482				
	g Noncash contributions included in lines 1a-1f	1g \$ 1,076				
	h Total. Add lines 1a-1f		100,583			
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					
	6a Gross rents	(i) Real	(ii) Personal			
		6a				
		6b				
	c Rental income or (loss)		6c			
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		7a				
		7b				
	c Gain or (loss)		7c			
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ 15,000 of contributions reported on line 1c). See Part IV, line 18	8a	20,260			
		b Less: direct expenses	8b 12,729			
c Net income or (loss) from fundraising events			7,531		7,531	
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	38,247				
	b Less: cost of goods sold	10b 22,026				
	c Net Income or (loss) from sales of inventory			16,221	16,221	
Miscellaneous Revenue	Business Code					
	11a _____					
	b _____					
	c _____					
	d All other revenue					
e Total. Add lines 11a-11d						
12 Total revenue. See instructions			124,335	16,221	0	7,531

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
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	17,750	17,750		
b Legal				
c Accounting	3,933	2,266	336	1,331
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.) . .	4,714	4,714		
12 Advertising and promotion	657	379	56	222
13 Office expenses	1,980	291	1,519	170
14 Information technology	1,482		1,482	
15 Royalties				
16 Occupancy	983	425	309	249
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	27,475	26,715	760	
23 Insurance	6,478	3,735	551	2,192
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 <u>Memberships and dues</u>	692		692	
b <u>Membership relations</u>	4,969	4,969		
c <u>Museum supplies</u>	8,349	4,802	3,547	
d <u>Miscellaneous</u>	789	228	561	
e All other expenses	6		2	4
25 Total functional expenses. Add lines 1 through 24e . .	80,257	66,274	9,815	4,168
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	279,614	1	348,679
	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	19,624	8	20,762
	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 107,180	799,795	10c 772,320
	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)		1,099,283	16 1,142,011	
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	1,396	24	46
	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	1,396	26	46
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,097,887	27	1,141,965
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	1,097,887	32	1,141,965
33 Total liabilities and net assets/fund balances	1,099,283	33	1,142,011	

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	124,335
2	Total expenses (must equal Part IX, column (A), line 25)	2	80,257
3	Revenue less expenses. Subtract line 2 from line 1	3	44,078
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,097,887
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	1,141,965

Part XII Financial Statements and Reporting

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

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

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

1052

Name of the organization Cape Canaveral Lighthouse Foundation Inc	Employer identification number 01-0655841
---	---

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

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

Section A. Public Support

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

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc.; 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) - 14 - 89.91%; 15 Public support percentage from 2022 Schedule A, Part II, line 14 - 15 - 94.44%; 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]; 16b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization - []; 17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization - []; 17b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization - []; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions - []

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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 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.		
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 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?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

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

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

Cape Canaveral Lighthouse Foundation Inc

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 totalling \$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 totalling \$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	J Underwood c/o CCLF, PO Box 1978 Cape Canaveral FL 32920	\$ 6,900	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
2	Florida Lighthouse Association, Inc 120 Palencia Village Dr C-105 STE 1 Saint Augustine FL 32095	\$ 22,850	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

Name of the organization

Cape Canaveral Lighthouse Foundation Inc

Employer identification number

01-0655841

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

Schedule D (Form 990) 2023

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table.
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		846,100	96,722	749,378
c Leasehold improvements				
d Equipment		6,750	2,657	4,093
e Other STMDLE		26,650	7,801	18,849
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				772,320

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) Security deposit	250
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, line 15 col. (B))	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, line 25 col. (B))	

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Raffle (event type)	(event type)	None (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	20,100		20,100
	2	Less: Contributions	15,000		15,000
	3	Gross income (line 1 minus line 2)	5,100		5,100
Direct Expenses	4	Cash prizes	5,500		5,500
	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)			5,500
	11	Net income summary. Subtract line 10 from line 3, column (d)			(400)

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2023

1068

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.

**Open to Public
Inspection**

Name of the organization

Cape Canaveral Lighthouse Foundation Inc

Employer identification number

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. \$17,750

4562

Form

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

1069

Department of the Treasury Internal Revenue Service

Name(s) shown on return: Cape Canaveral Lighthouse Founda; Business or activity to which this form relates: FORM 990 - 1; Identifying number: 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.

Table with 5 columns: Line number, Description, Amount, and sub-headers (a) Description of property, (b) Cost, (c) Elected cost. Includes lines 1-13 for Section 179 election.

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.)

Table with 3 columns: Line number, Description, Amount. Includes lines 14-16 for special depreciation allowance.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 columns: Line number, Description. Includes lines 17-18 for MACRS deductions.

Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Includes rows 19a-i for various property types.

Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

Table with 6 columns: Line number, Class life, Recovery period, Convention, Method, Depreciation deduction. Includes rows 20a-d for class life categories.

Part IV Summary (See instructions.)

Table with 3 columns: Line number, Description, Amount. Includes lines 21-23 for summary totals.

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2023)

EEA

639

Elections

(This page is e-filed with the return. Include it if paper-filing.)

2023 PG01

Name(s) as shown on return

Tax ID Number

Cape Canaveral Lighthouse Foundation Inc

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

Marketing Support Program - CAPE CANAVERAL LIGHTHOUSE FOUNDATION							
FY 2025-2026							
Event Income/Expense Report							
Expenses	2025-2026 projection	2024-2025 actuals	VAR+10% Increase	Income	2025-2026 projection	2024-2025 actuals	VAR
Fundraising	\$12,000.00	\$8,014.00	\$3,986.00	Fundraising	\$35,600.00	\$52,932.00	-\$17,332.00
Gift shop	\$20,000.00	\$18,584.00	\$1,416.00	Gift shop	\$45,000.00	\$39,820.00	\$5,180.00
Membership	\$5,250.00	\$4,871.00	\$379.00	Membership	\$17,000.00	\$16,216.00	\$784.00
Bricks	\$1,000.00	\$1,841.00	-\$841.00	Brick Sales	\$5,000.00	\$5,721.00	-\$721.00
Subtotal Expense	\$38,250.00	\$33,310.00	\$4,940.00	Donations	\$8,300.00	\$13,612.00	-\$5,312.00
Other Expenses				Sponsorships	\$14,000.00	\$19,475.00	-\$5,475.00
Museum	\$40,900.00	\$37,785.00	\$3,115.00	Interest	\$4,500.00	\$0.00	\$4,500.00
Operating	\$24,550.00	\$39,053.00	-\$14,503.00	Subtotal Income	\$129,400.00	\$147,776.00	-\$18,376.00
Volunteers	\$1,950.00	\$983.00	\$967.00	Income Sponsors			
Construction (non-grant)	\$10,000.00	\$0.00	\$10,000.00	Cash in Bank to start	\$408,506.00	\$348,688.00	\$408,506.00
Events	\$800.00	\$681.00	\$119.00				
				TDC grant funding	\$12,500.00	\$15,000.00	-\$2,500.00
				Total Income	\$141,900.00	\$162,776.00	-\$20,876.00
				Total Expenses Paid	\$125,500.00	\$120,895.00	\$4,605.00
Subtotal Other Expenses	\$78,200.00	\$78,502.00	-\$302.00	Profit/Loss	\$16,400.00	\$41,881.00	
Marketing - please specify Brevard/Out-of-County							
Out-of-County Marketing	\$4,000.00	\$6,000.00	\$2,000.00				
Brevard County Marketing	\$3,000.00	\$1,593.00	-\$1,407.00				
Promotional Items	\$2,050.00	\$1,490.00	-\$560.00				
Subtotal Marketing	\$9,050.00	\$9,083.00	\$33.00				
Total Expenses 2025-2026	\$125,500.00	\$120,895.00					



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

Applicant organization name: Cape Canaveral Lighthouse Foundation

Applicant event name: Year round programming

Applicant name completing this form: Becky Zingarelli

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

	Applicant initial	TDO staff initial	TDO staff comments
1. Application –	Bz	(W)	
2. Copy of IRS Articles of Incorporation – (submit if for-profit)	Bz	X	none submitted – not required
3. Copy of IRS Determination Letter – (submit if 501(c)(3))	Bz	(W)	
4. Copy of SunBiz.com - (if applicable, see application for details)	Bz	(W)	
5. Copy of 990 form (if applicable, see application)	Bz	(W)	
6. Copy of completed W-9 form (March 2024)	Bz	(W)	
7. Income/Expense worksheet (required for all applicants)	Bz	(W)	
8. Copy of this checklist – (completed, initialed, and signed by applicant)	Bz	(W)	

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

Becky Zingarelli 5/30/2025
 Applicant signature & date

Florida Surf Museum/Surfing Santas

[Return to Table of Contents](#)



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

Applicant Organization Name: Florida Surf Museum

Applicant Event Name: Surfing Santa

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

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

YES	NO
-----	----

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



Peter Cranis, Executive Director

FY 2025-2026 Marketing Support Program application

Response ID:38 Data

2. (untitled)

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



Signature of: John Hughes

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

Florida Surf Museum

Organization address

4275 North atlantic ave

State

FL

City

Cocoa Beach

Zip

32931

Primary contact name

Mason Sapp

Primary contact phone number

321-750-1511

Primary contact email

mason.flsm@gmail.com

Secondary contact name

John Hughes

Secondary contact phone number

321-720-8033

Secondary contact email

floridasurfmuseum@gmail.com

Organization website address

www.floridasurfmuseum.org

5. (untitled)

4. Which best describes your organization?

501(C)(3)

6. (untitled)

5. What is your Federal Employee ID number?

26-1585923

7. (untitled)

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

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

8. (untitled)

7. EVENT INFORMATION - #1

Name of event

Surfing Santas of Cocoa Beach

Event website address (if different from organization website)

www.surfingsantas.org

Event location

Cocoa Beach

9. (untitled)

8. What is the first date of your event?

12/24/2025

10. (untitled)

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

1

11. (untitled)

10. Do you have a second event?

No

12. (untitled)

1. **EVENT INFORMATION - #2**

Name of event

Event website address (if different from organization website)

Event location

13. (untitled)

What is the first date of your event?

14. (untitled)

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

15. (untitled)

Do you have a third event?

16. (untitled)

5. **EVENT INFORMATION - #3**

Name of event

Event website address (if different from organization website)

Event location

17. (untitled)

What is the first date of your event?

18. (untitled)

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

19. (untitled)

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

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

20. (untitled)

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

21. (untitled)

12. What are your social media handles?

Facebook : <https://www.facebook.com/SurfingSantas/>
Instagram : #surfingsantas

22. (untitled)

13. What hashtags do you currently use?

#surfingsantas

23. (untitled)

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

[IRS_Determination_Letter.pdf](#)

24. (untitled)

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

[Form_990.pdf](#)

25. (untitled)

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

26. (untitled)

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

[sunbiz_annual_report_2025.pdf](#)

27. (untitled)

17. Upload your completed W-9 form.

[W9_Form.pdf](#)

28. (untitled)

18. Upload your completed Event Income/Expense report.

[Event_Income_Expense_Report_template_FY25-26.pdf](#)

29. (untitled)

19. Upload your completed Checklist.

[Checklist.pdf](#)

30. (untitled)

20.

ATTESTATION

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

A handwritten signature in black ink that reads "John Hughes". The letters are cursive and connected.

Signature of: John Hughes

31. Thank You!

New Send Email

Jun 01, 2025 20:35:42 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com;
Terrence.Parks@VisitSpaceCoast.com

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

DEPARTMENT OF THE TREASURY

Date:

JUN 10 2008

EAST COAST SURF MUSEUM INC
319 CYPRUS DR
COOCA BEACH, FL 32931

Employer Identification Number:
26-1585923
DLN:
17053135028008
Contact Person:
DALE T SCHABER ID# 31175
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:
December 14, 2007
Contribution Deductibility:
Yes
Advance Ruling Ending Date:
December 31, 2011
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. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

Shortly before the end of your advance ruling period, we will send you Form 8734, Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

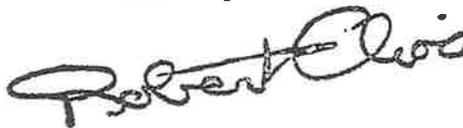
Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 1045 (DO/CG)

651082

EAST COAST SURF MUSEUM INC

Sincerely,

A handwritten signature in black ink, appearing to read "Robert Choi". The signature is written in a cursive style with a large, prominent initial "R".

Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Enclosures: Publication 4221-PC
Statute Extension

Part X Public Charity Status (Continued)

- e 509(a)(4)—an organization organized and operated exclusively for testing for public safety.
- f 509(a)(1) and 170(b)(1)(A)(iv)—an organization operated for the benefit of a college or university that is owned or operated by a governmental unit.
- g 509(a)(1) and 170(b)(1)(A)(vi)—an organization that receives a substantial part of its financial support in the form of contributions from publicly supported organizations, from a governmental unit, or from the general public.
- h 509(a)(2)—an organization that normally receives not more than one-third of its financial support from gross investment income and receives more than one-third of its financial support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions).
- i A publicly supported organization, but unsure if it is described in 5g or 5h. The organization would like the IRS to decide the correct status.

6 If you checked box g, h, or i in question 5 above, you must request either an **advance** or a **definitive ruling** by selecting one of the boxes below. Refer to the instructions to determine which type of ruling you are eligible to receive.

- a **Request for Advance Ruling:** By checking this box and signing the consent, pursuant to section 6501(c)(4) of the Code you request an advance ruling and agree to extend the statute of limitations on the assessment of excise tax under section 4940 of the Code. The tax will apply only if you do not establish public support status at the end of the 5-year advance ruling period. The assessment period will be extended for the 5 advance ruling years to 8 years, 4 months, and 15 days beyond the end of the first year. You have the right to refuse or limit the extension to a mutually agreed-upon period of time or issue(s). Publication 1035, *Extending the Tax Assessment Period*, provides a more detailed explanation of your rights and the consequences of the choices you make. You may obtain Publication 1035 free of charge from the IRS web site at www.irs.gov or by calling toll-free 1-800-829-3676. Signing this consent will not deprive you of any appeal rights to which you would otherwise be entitled. If you decide not to extend the statute of limitations, you are not eligible for an advance ruling.

Consent Fixing Period of Limitations Upon Assessment of Tax Under Section 4940 of the Internal Revenue Code

For Organization


 (Signature of Officer, Director, Trustee, or other authorized official)

Tony Sasso
 (Type or print name of signer)

5/5/2008
 (Date)

Executive Director
 (Type or print title or authority of signer)

For IRS Use Only


 IRS Director, Exempt Organizations

JUN 10 2008
 (Date)

- b **Request for Definitive Ruling:** Check this box if you have completed one tax year of at least 8 full months and you are requesting a definitive ruling. To confirm your public support status, answer line 6b(i) if you checked box g in line 5 above. Answer line 6b(ii) if you checked box h in line 5 above. If you checked box i in line 5 above, answer both lines 6b(i) and (ii).
- (i) (a) Enter 2% of line 8, column (e) on Part IX-A. Statement of Revenues and Expenses.
- (b) Attach a list showing the name and amount contributed by each payer, other than a disqualified person, whose gifts totaled more than the 2% amount. If the answer is "None," check this box.
- (ii) (a) For each year amounts are included on lines 1, 2, and 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each **disqualified person**. If the answer is "None," check this box.
- (b) For each year amounts are included on line 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each payer, other than a disqualified person, whose payments were more than the larger of (1) 1% of line 10, Part IX-A. Statement of Revenues and Expenses, or (2) \$5,000. If the answer is "None," check this box.

7 Did you receive any unusual grants during any of the years shown on Part IX-A. Statement of Revenues and Expenses? If "Yes," attach a list including the name of the contributor, the date and amount of the grant, a brief description of the grant, and explain why it is unusual. Yes No

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 07, 2025
Secretary of State
5264579743CC**

DOCUMENT# N14000008768

Entity Name: FLORIDA SURF MUSEUM, INC.

Current Principal Place of Business:

4275 NORTH ATLANTIC AVE.
COCOA BEACH, FL 32931

Current Mailing Address:

PO BOX 321453
COCOA BEACH, FL 32932 US

FEI Number: 26-1585923

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HUGHES, JOHN IRVIN
4275 NORTH ATLANTIC AVE.
COCOA BEACH, FL 32931 US

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

SIGNATURE: JOHN IRVIN HUGHES 03/07/2025
Electronic Signature of Registered Agent Date

Officer/Director Detail :

Title DIRECTOR EMERITUS
Name O'HARE, SEAN
Address 1250 SOUTH ATLANTIC AVE.
City-State-Zip: COCOA BEACH FL 32931

Title VP
Name DECARLO, MELODY
Address 440 KENNEBEC ST.
City-State-Zip: MERRITT ISLAND FL 32952

Title EXECUTIVE DIRECTOR
Name HUGHES, JOHN
Address 1772 ANGEL AVENUE
City-State-Zip: MERRITT ISLAND FL 32952

Title PRESIDENT
Name TWEDDIE, BILL
Address 936 GOLDEN BEACH BLVD.
City-State-Zip: INDIAN HARBOUR BEACH FL 32937

Title TREASURER
Name HUGHES, MARIE
Address 1772 ANGEL AVE
City-State-Zip: MERRITT ISLAND FL 32952

Title DIRECTOR
Name TROSSETT, GEORGE
Address 1867 ROCKLEDGE DRIVE
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR
Name CASEY, RON
Address 1313 BAYSHORE DRIVE
City-State-Zip: COCOA BEACH FL 32931

Title DIRECTOR
Name CASANOVA, STEVEN
Address 524 ELEUTHERA LANE
City-State-Zip: INDIAN HARBOR BEACH FL 32937

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: JOHN HUGHES EXECUTIVE DIRECTOR 03/07/2025
Electronic Signature of Signing Officer/Director Detail Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BAKER, CASEY
Address 2455 RIVERVIEW DR NE
City-State-Zip: PALM BAY FL 32905

Title DIRECTOR
Name BILL, WHIDDON
Address 420 MONACO DR.
City-State-Zip: INDIATLANTIC FL 32951

Title DIRECTOR
Name CARLISLE, BRAXTON
Address 922 GOLDEN BEACH BLVD
City-State-Zip: INDIAN HARBOR FL 32937

Title SECRETARY
Name RYBA , CHRISTINE
Address 651 PALM DRIVE #D3
City-State-Zip: SATELLITE BEACH FL 32937

Title DIRECTOR
Name DALTON, SMITH
Address 125 PALMETTO
City-State-Zip: INDIALANTIC FL 32903

Title DIRECTOR
Name LAWSON, GORDON
Address 319 TULIP LANE
City-State-Zip: MELBOURNE FL 32901-1923

**2024 Filing Instructions
FLORIDA SURF MUSEUM INC
Tax year ending 12-31-2024**

Form filed:

Form 990 and supplemental forms and schedules

Filing method:

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

Due date:

11-17-2025

The return reflects neither a refund nor a balance due.

Please note:

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

Return of Organization Exempt From Income Tax

2024

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Header section A-M containing organization details: Name (FLORIDA SURF MUSEUM INC), EIN (26-1585923), Website (WWW.FLORIDASURFMUSEUM.ORG), and Tax-exempt status (501(c)(3)).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement (PRESERVING FLORIDA SURFING HISTORY), revenue breakdown (Total: 165,052), and expenses breakdown (Total: 82,037).

Part II Signature Block

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

Signature of officer: JOHN HUGHES, PRESIDENT. Date: [blank].

Preparer information: LEE GARNER, LEE GARNER CPA, MELBOURNE FL 32902-2007. Date: 05-15-2025. PTIN: P00762299.

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

PRESERVING FLORIDA SURFING HISTORY

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 \$ 57,542 including grants of \$ 33,600) (Revenue \$)

PRESERVING FLORIDA SURFING HISTORY

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 **57,542**

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, and other IRS filings.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			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?	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?	15			X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16			X
	If "Yes," complete Form 4720, Schedule O.				
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?	17			
	If "Yes," complete Form 6069.				

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

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed 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 [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. JOHN HUGHES (321)720-8033, 1772 ANGEL AVENUE, MERRITT ISLAND, FL 32952

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) SEAN O'HARE PRESIDENT EMERITUS	5.00	X					0	0	0	
(2) RON CASEY DIRECTOR	5.00	X					0	0	0	
(3) CASEY BAKER DIRECTOR	5.00	X					0	0	0	
(4) STEVE CASANOVA DIRECTOR	5.00	X					0	0	0	
(5) GEORGE TROSSETT DIRECTOR	5.00	X					0	0	0	
(6) DALTON SMITH DIRECTOR	5.00	X					0	0	0	
(7) BILL WHIDDON DIRECTOR	5.00	X					0	0	0	
(8) BILL TWEEDIE PRESIDENT	10.00	X		X			0	0	0	
(9) MELODY DECARLO VICE PRESIDENT	10.00	X		X			0	0	0	
(10) KAREN LUCAS SECRETARY	10.00	X		X			0	0	0	
(11) MARIE HUGHES TREASURER	10.00	X		X			0	0	0	
(12) CHRISTINA RYBA SECRETARY	10.00	X		X			0	0	0	
(13) JOHN HUGHES EXECUTIVE DIRECTOR	20.00			X			0	0	0	
(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? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b 2,103			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions) . .	1e 20,000			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 109,405			
	g Noncash contributions included in lines 1a-1f	1g \$			
	h Total. Add lines 1a-1f		131,508		
Program Service Revenue	2a _____	Business Code			
	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				
	6a Gross rents	(i) Real			
		(ii) Personal			
		6b Less: rental expenses			
	c Rental income or (loss)	6c			
	d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory	(i) Securities			
		(ii) Other			
		7b 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 116,655		
		b Less: direct expenses	8b 83,287		
c Net income or (loss) from fundraising events			33,368		33,368
9a Gross income from gaming activities. See Part IV, line 19		9a			
	b Less: direct expenses	9b			
	c Net income or (loss) from gaming activities				
10a Gross sales of inventory, less returns and allowances		10a			
	b Less: cost of goods sold	10b			
	c Net income or (loss) from sales of inventory				
Miscellaneous Revenue	11a <u>INTEREST INCOME</u>	900099	144		144
	b <u>SALES TAX COL ALLOWANCE</u>	900099	32		32
	c _____				
	d All other revenue				
	e Total. Add lines 11a-11d		176		
12 Total revenue. See instructions		165,052	0	0	33,544

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 . . .	20,700	20,700		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	12,900	12,900		
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	2,949		2,949	
c	Accounting	2,740		2,740	
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	29,582	23,354	6,228	
13	Office expenses	783		783	
14	Information technology				
15	Royalties				
16	Occupancy	7,015		7,015	
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	1,000		1,000	
23	Insurance	1,071		1,071	
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	MATERIALS AND BOOKS	588	588		
b	REPAIRS	950		950	
c	DUES AND SUBSCRIPTIONS	710		710	
d	MISCELLANEOUS EXPENSES	1,049		1,049	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e . .	82,037	57,542	24,495	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing	88,002	1	169,507
	2	Savings and temporary cash investments	88,166	2	88,310
	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	10,000		
	b	Less: accumulated depreciation	2,500	10c	7,500
	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)	184,668	16	265,317	
Liabilities	17	Accounts payable and accrued expenses	4,246	17	1,880
	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	4,246	26	1,880
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	180,422	27	263,437
	28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	180,422	32	263,437
33	Total liabilities and net assets/fund balances	184,668	33	265,317	

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	165,052
2	Total expenses (must equal Part IX, column (A), line 25)	2	82,037
3	Revenue less expenses. Subtract line 2 from line 1	3	83,015
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	180,422
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	263,437

Part XII Financial Statements and Reporting

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

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

**Request for Taxpayer
 Identification Number and Certification**

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

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

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

Print or type. See Specific Instructions on page 3.	<p>1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)</p>	
	<p>2 Business name/disregarded entity name, if different from above. FLORIDA SURF MUSEUM</p>	
	<p>3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)</p> <p>Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) 501 (C) (3) NON-PROFIT</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p align="right"><i>(Applies to accounts maintained outside the United States.)</i></p>
	<p>3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/></p>	
	<p>5 Address (number, street, and apt. or suite no.). See instructions. PO BOX 321453</p>	<p>Requester's name and address (optional)</p>
	<p>6 City, state, and ZIP code COCOA BEACH FL 32952</p>	
	<p>7 List account number(s) here (optional)</p>	

Part I Taxpayer Identification Number (TIN)

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

Social security number									
or									
Employer identification number									
2	6	-	1	5	8	5	9	2	3

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

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here Signature of U.S. person *mason sapp*

Date **6/15/25**

General Instructions

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

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

What's New

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

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

Purpose of Form

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

Marketing Support Program - FLORIDA SURF MUSEUM							
FY 2025-2026							
Event Income/Expense Report							
Expenses	2025-2026 projection	2024-2025 actuals	VAR+10% increase	Income	2025-2026 projection	2024-2025 actuals	VAR
Artist	\$6,000.00	\$5,447.00	\$553.00	Sales	\$135,000.00	\$134,222.00	\$778.00
Merchandise	\$60,259.00	\$60,259.00	\$0.00				
Public Safety	\$1,300.00	\$1,231.00	\$69.00				
Banners/signs	\$860.00	\$860.00	\$0.00				
Stage	\$13,000.00	\$11,895.00	\$1,105.00				
Traffic management (1)	\$2,400.00	\$0.00	\$2,400.00				
Misc	\$1,300.00	\$1,337.00	-\$37.00				
Donations to other organizations	\$16,500.00	\$16,500.00	\$0.00				
Subtotal Expense	\$101,619.00	\$97,529.00	\$4,090.00				
Other Expenses							
			\$0.00	Subtotal Income	\$135,000.00	\$134,222.00	\$778.00
			\$0.00	Income Sponsors	\$84,600.00	\$84,600.00	\$0.00
			\$0.00	Cash in Bank to start (2)	\$247,485.00	\$209,201.00	\$38,284.00
			\$0.00				
			\$0.00	TDC grant funding	\$12,500.00	\$15,000.00	-\$2,500.00
			\$0.00	Total Income	\$232,100.00	\$233,822.00	-\$1,722.00
			\$0.00	Total Expenses Paid	\$111,119.00	\$106,099.00	\$5,020.00
Subtotal Other Expenses			\$0.00	Profit/Loss	\$120,981.00	\$127,723.00	
Marketing - please specify Brevard/Out-of-County							
Social media	\$9,500.00	\$8,570.00	\$930.00				
			\$0.00				
Subtotal Marketing	\$9,500.00	\$8,570.00	\$930.00				
Marketing Expense							
Total Expenses 2025-2026	\$111,119.00	\$106,099.00					

1 - Traffic management - This is a new item. The city of Cocoa Beach is now requiring a traffic management plan for the Surfing Santa event.

We are currently working with the city on this plan. This has to be started/done before the start of the fiscal year in order

to have it in place for the event.

2 - This amount includes all of the Florida Surf Museum accounts. Starting June 1, we will have 1 paid employee

(new Executive Director). Our Capital Account contain the money to pay the new ED.

Space Coast FLORIDA

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

Applicant organization name: Florida Surf Museum

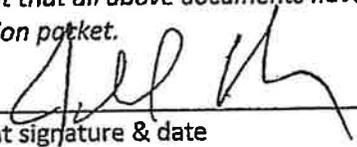
Applicant event name: Surfing Santas of Cocoa Beach

Applicant name completing this form: John Hughes

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

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

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


Applicant signature & date

Cocoa Village Playhouse

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

Applicant Organization Name: The Historic Cocoa Village Playhouse, Inc

Applicant Event Name: Year-round programming

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

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

YES NO

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

 7/2/2025

Peter Cranis, Executive Director

FY 2025-2026 Marketing Support Program application

Response ID:75 Data

2. (untitled)

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



Signature of: Christopher Beavers

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 Historic Cocoa Village Playhouse, Inc.

Organization address

300 Brevard Avenue

State

FL

City

Cocoa

Zip

32922

Primary contact name

Chris Beavers

Primary contact phone number

3215432723

Primary contact email

chris@cocoavillageplayhouse.com

Secondary contact name

Anastacia Hawkins

Secondary contact phone number

3215915007

Secondary contact email

dramamamacvp@hotmail.com

Organization website address

cocoavillageplayhouse.com

5. (untitled)

4. Which best describes your organization?

501(C)(3)

6. (untitled)

5. What is your Federal Employee ID number?

592612709

7. (untitled)

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

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

8. (untitled)

1. EVENT INFORMATION - #1

Name of event

Event website address (if different from organization website)

Event location

9. (untitled)

What is the first date of your event?

10. (untitled)

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

11. (untitled)

7. Do you have a second event?

No

12. (untitled)

4. EVENT INFORMATION - #2

Name of event

Event website address (if different from organization website)

Event location

13. (untitled)

What is the first date of your event?

14. (untitled)

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

15. (untitled)

Do you have a third event?

16. (untitled)

8. EVENT INFORMATION - #3

Name of event

Event website address (if different from organization website)

Event location

17. (untitled)

What is the first date of your event?

18. (untitled)

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

19. (untitled)

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

20. (untitled)

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

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

21. (untitled)

9. What are your social media handles?

Facebook : <https://www.facebook.com/HistoricCocoaVillagePlayhouse/>
Instagram : https://www.instagram.com/historic_cvp/?hl=en

22. (untitled)

10. What hashtags do you currently use?

NA

23. (untitled)

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

[IRS_Determination_Letter_\(Original\).pdf](#)

24. (untitled)

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

[HCVP+990+2023-compressed.pdf](#)

25. (untitled)

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

26. (untitled)

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

[HCVP_Detail_Entity_by_Name.pdf](#)

27. (untitled)

14. Upload your completed W-9 form.

[HCVP_W9.pdf](#)

28. (untitled)

15. Upload your completed Event Income/Expense report.

[HCVP_Event_Income_Expense_Report_template_FY25-26.pdf](#)

29. (untitled)

16. Upload your completed Checklist.

[HCVP_MSP_Chekclisth_25-26.pdf](#)

30. (untitled)

17.

ATTESTATION

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



Signature of: Christopher Beavers

District Director

Department of the Treasury

C - 1130
ATLANTA, GA 30301

Date: AUG 13 1990

COCOA VILLAGE PLAYHOUSE INC
300 BREVARD AVENUE
COCOA, FL 32922

Employer Identification Number:
59-2612709

Contact Person:
ROBERTA VAN METER

Contact Telephone Number:
(404) 331-0185

Our Letter Dated:
July 25, 1986

Addendum Applies:
No

--Dear Applicants:

This modifies our letter of the above date in which we stated that you would be treated as an organization which is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c) (3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the code because you are an organization of the type described in section 509(a) (2).

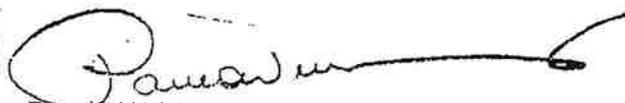
Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a) (2) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a) (2) organization.

If we have indicated 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 resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,



Paul Williams
District Director



DIVISION of
CORPORATIONS
an official State of Florida website

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- [Division of Corporations](#)
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Detail by Entity Name

Florida Not For Profit Corporation

THE HISTORIC COCOA VILLAGE PLAYHOUSE, INC.

Filing Information

Document Number N11890 FEI/EIN Number 59-2612709 Date Filed 11/04/1985 State FL Status ACTIVE Last Event RESTATED ARTICLES Event Date Filed 03/05/2025 Event Effective Date NONE

Principal Address

300 BREVARD AVENUE
COCOA, FL 32922

Changed: 04/15/1994

Mailing Address

300 BREVARD AVENUE
COCOA, FL 32922

Changed: 04/15/1994

Registered Agent Name & Address BEAVERS, CHRISTOPHER
300 BREVARD AVENUE
COCOA, FL 32922

Name Changed: 02/28/2025

Address Changed: 02/27/2007
Officer/Director Detail **Name & Address**

Title Chairman

GARRETT, BARBARA
300 BREVARD AVENUE
COCOA, FL 32922

Title EXECUTIVE DIRECTOR

BEAVERS, CHRISTOPHER
300 BREVARD AVENUE
COCOA, FL 32922

Annual Reports

Report Year	Filed Date
2023	01/24/2023
2024	03/05/2024
2025	02/28/2025

Document Images

03/05/2025 -- Restated Articles	View image in PDF format
02/28/2025 -- ANNUAL REPORT	View image in PDF format
03/05/2024 -- ANNUAL REPORT	View image in PDF format
01/24/2023 -- ANNUAL REPORT	View image in PDF format
01/19/2022 -- ANNUAL REPORT	View image in PDF format
01/15/2021 -- ANNUAL REPORT	View image in PDF format
02/04/2020 -- ANNUAL REPORT	View image in PDF format
02/08/2019 -- ANNUAL REPORT	View image in PDF format
01/23/2018 -- ANNUAL REPORT	View image in PDF format
02/15/2017 -- ANNUAL REPORT	View image in PDF format
02/11/2016 -- ANNUAL REPORT	View image in PDF format
04/29/2015 -- AMENDED ANNUAL REPORT	View image in PDF format
03/11/2015 -- AMENDED ANNUAL REPORT	View image in PDF format
01/12/2015 -- ANNUAL REPORT	View image in PDF format
04/29/2014 -- ANNUAL REPORT	View image in PDF format
01/21/2013 -- ANNUAL REPORT	View image in PDF format

05/10/2012 -- ANNUAL REPORT	View image in PDF format
04/25/2011 -- ANNUAL REPORT	View image in PDF format
04/30/2010 -- ANNUAL REPORT	View image in PDF format
03/18/2009 -- ANNUAL REPORT	View image in PDF format
09/02/2008 -- ANNUAL REPORT	View image in PDF format
02/27/2007 -- ANNUAL REPORT	View image in PDF format
02/22/2006 -- ANNUAL REPORT	View image in PDF format
08/19/2005 -- ANNUAL REPORT	View image in PDF format
03/19/2004 -- ANNUAL REPORT	View image in PDF format
06/26/2003 -- ANNUAL REPORT	View image in PDF format
06/04/2002 -- ANNUAL REPORT	View image in PDF format
08/31/2001 -- ANNUAL REPORT	View image in PDF format
07/13/2000 -- ANNUAL REPORT	View image in PDF format
11/12/1999 -- REINSTATEMENT	View image in PDF format
07/28/1999 -- Amended/Restated Article/NC	View image in PDF format
11/16/1998 -- REINSTATEMENT	View image in PDF format
07/08/1997 -- ANNUAL REPORT	View image in PDF format
05/14/1996 -- ANNUAL REPORT	View image in PDF format
05/01/1995 -- ANNUAL REPORT	View image in PDF format

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efile Public Visual Render ObjectID: 202530159349302693 - Submission: 2025-01-15 TIN: 59-2612709

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2023 calendar year, or tax year beginning 07-01-2023, and ending 06-30-2024

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

C Name of organization: THE HISTORIC COCOA VILLAGE PLAYHOUSE INC. Doing business as: Number and street (or P.O. box if mail is not delivered to street address): 300 BREVARD AVENUE. Room/suite: City or town, state or province, country, and ZIP or foreign postal code: COCOA, FL 329227969

D Employer identification number: 59-2612709

E Telephone number: (321) 636-5050

G Gross receipts \$ 1,669,164

F Name and address of principal officer: BARBARA GARRETT, 300 BREVARD AVENUE, COCOA, FL 32922

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

H(b) Are all subordinates included? Yes No

H(c) Group exemption number

I Tax-exempt status: 501(c)(13)

J Website: WWW.COCAVILLAGEPLAYHOUSE.COM

K Form of organization: Corporation

L Year of formation: 1985

M State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO PROVIDE AFFORDABLE COMMUNITY THEATER AND PROMOTE LIFELONG EDUCATION IN THE PERFORMING ARTS FOR BREVARD COUNTY RESIDENTS AND VISITORS.

Table with 2 columns: Description and Amount. Rows include: 2 Check this box, 3 Number of voting members of the governing body (20), 4 Number of independent voting members of the governing body (20), 5 Total number of individuals employed in calendar year 2023 (52), 6 Total number of volunteers, 7a Total unrelated business revenue from Part VIII, column (C), line 12 (0), 7b Net unrelated business taxable income from Form 990-T, Part I, line 11.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants (171,965), 9 Program service revenue (1,373,640), 10 Investment income (1,727), 11 Other revenue (112,981), 12 Total revenue—add lines 8 through 11 (1,660,313).

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid (0), 14 Benefits paid to or for members (0), 15 Salaries, other compensation, employee benefits (997,680), 16a Professional fundraising fees (0), 16b Total fundraising expenses (0), 17 Other expenses (1,066,283), 18 Total expenses. Add lines 13-17 (2,063,963), 19 Revenue less expenses. Subtract line 18 from line 12 (-403,650).

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets (1,540,654), 21 Total liabilities (107,659), 22 Net assets or fund balances. Subtract line 21 from line 20 (1,432,995).

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 BARBARA GARRETT CHAIRPERSON		Date 2025-01-14		
	Type of print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date 2025-01-15	Check <input type="checkbox"/> if self-employed	PTIN P02199425
	Firm's name HARRIS MILLER & BERNHARDT PA			Firm's EIN 59-3669680	
	Firm's address 976 BREVARD AVE STE A ROCKLEDGE, FL 32955			Phone no. (321) 433-1191	
May the IRS discuss this return with the preparer shown above? See Instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2023)					

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO PROVIDE AFFORDABLE COMMUNITY THEATER AND PROMOTE LIFELONG EDUCATION IN THE PERFORMING ARTS FOR BREVARD COUNTY RESIDENTS AND VISITORS.

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 \$ 2,055,527 including grants of \$) (Revenue \$)
 THE HISTORIC COCOA VILLAGE PLAYHOUSE CONTINUES TO PROVIDE LIVE COMMUNITY THEATER TO AUDIENCES IN BREVARD COUNTY, FLORIDA. THIS IS ACCOMPLISHED BY VOLUNTEER PERFORMERS WHO ARE GIVEN A CHANCE TO EXPERIENCE THE THEATER AND ENHANCE THEIR VARIOUS PERFORMING ARTS TALENTS. THE PRODUCTIONS WERE ATTENDED BY APPROXIMATELY 75,000 PATRONS DURING THE FISCAL YEAR 2017-2018. THE HISTORIC COCOA VILLAGE PLAYHOUSE IS HOST TO SEVERAL LOCAL BALLET COMPANIES AND LOCAL PERFORMERS.

4b (Code:) (Expenses \$ 1,344 including grants of \$) (Revenue \$)
 THE PLAYHOUSE CONTINUES TO PROVIDE EDUCATION IN THE PERFORMING ARTS FOR THE YOUNG THROUGH ITS STARS OF TOMORROW PROGRAM. OVER 250 CHILDREN AGES 7 TO 18 PARTICIPATED IN THE STARS OF TOMORROW PROGRAM DURING FISCAL YEAR 2018-2019. THROUGH THIS PROGRAM THEY LEARN THEATER TECHNIQUES AND PARTICIPATE IN THE CHILDREN SERIES PRODUCTIONS. THE CHILDREN'S PERFORMING ARTS SERIES DISTRIBUTED OVER 2,000 TICKETS WHICH INCLUDES TICKETS FOR GROUPS THAT PROVIDE SERVICE TO VULNERABLE AND DISADVANTAGED BREVARD RESIDENTS.

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 2,056,871

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 <input checked="" type="checkbox"/>	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2	No
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 <input checked="" type="checkbox"/>	6 Yes	
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 <input checked="" type="checkbox"/>	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 <input checked="" type="checkbox"/>	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 <input checked="" type="checkbox"/>	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 <input checked="" type="checkbox"/>	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. <input checked="" type="checkbox"/>	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 <input checked="" type="checkbox"/>	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 <input checked="" type="checkbox"/>	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 <input checked="" type="checkbox"/>	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X <input checked="" type="checkbox"/>	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 FIM 48 (ASC 740)? If "Yes," complete Schedule D, Part X <input checked="" type="checkbox"/>	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 <input checked="" type="checkbox"/>	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 <input checked="" type="checkbox"/>	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. <input checked="" type="checkbox"/>	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 <input checked="" type="checkbox"/>	18 Yes	
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 <input checked="" type="checkbox"/>	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 17? If "Yes," complete Schedule I, Parts I and II	21	No

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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 J, Parts I and III		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		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		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		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		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		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		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		No
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		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		No
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		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		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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		
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		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		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.	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		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part VII Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 16 main rows (2a-16) and sub-rows (a-f) for each. Columns include question text, input fields (e.g., 2a, 7d, 10a, 10b, 11a, 11b, 12b, 13b, 13c), and Yes/No checkboxes. Row 2a contains the value '52'.

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 8869.

Table with 3 columns: Line number, Yes, No. Row 17: 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 [X]

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
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:
 ANASTACIA HAWKINS-SMITH 300 BREVARD AVENUE COCOA, FL 329227969 (321) 632-4722

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) ANDREA BEYEL MEMBER	2.00	X						0	0	
(2) LISA CRITES VICE-CHAIRPE	2.00	X						0	0	
(3) JAMES DWIGHT MEMBER	2.00	X						0	0	
(4) STEVE EAVENSON MEMBER	2.00	X						0	0	
(5) BARBARA GARRETT CHAIRPERSON	4.00	X		X				0	0	
(6) SUSAN HAMMERLING-HODGERS MEMBER	2.00	X						0	0	
(7) DEWEY HARRIS TREASURER	2.00	X		X				0	0	
(8) EUZARNE HAWKINS MEMBER	2.00	X						0	0	
(9) DR MAXWELL KING DIRECTOR EMER		X						0	0	
(10) EDWARD KUNIGONIS MEMBER	2.00	X						0	0	

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		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		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		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

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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
1 Federated campaigns				
2 Contributions, gifts, grants, and membership dues				
3 Other amounts from fundraising events				
4 Related organizations				
5 Government grants (contributions)				
93,551				
6 All other contributions, gifts, grants, and similar amounts not included above				
78,414				
7 Noncash contributions included in lines 1a - 1f:				
25,081				
8 Total. Add lines 1a-1f	171,965			

	Business Code	Revenue	
		Total	Unrelated
2a TICKET SALES	711190	1,178,887	1,178,887
3 CONCESSION SALES	711190	120,310	120,310
4 STARS OF TOMORROW REVENUE	711190	52,538	52,538
5 ADVERTISING REVENUE	711190	15,090	15,090
6 DANCE CLASSES	711190	7,470	7,470
7 All other program service revenue.		-664	-664

8 Total. Add lines 2a-2f.		1,373,649			
3 Investment income (including dividends, interest, and other similar amounts)		1,727	1,727		
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6a Gross rents	(i) Real				
	(ii) Personal				
	6b Less: rental expenses				
	6c Rental income or (loss)				
d Net rental income or (loss)					
7a Gross amount from sales of assets other than inventory	(i) Securities				
	(ii) Other				
	7b Less: cost or other basis and sales expenses				
7c Gain or (loss)					
d Net gain or (loss)					
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a	111,530			
	8b Less: direct expenses	8,851			
c Net income or (loss) from fundraising events		112,679		112,679	
9a Gross income from gaming activities. See Part IV, line 19	9a				
	9b Less: direct expenses				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a				
	10b Less: cost of goods sold				
c Net income or (loss) from sales of inventory					
11a REIMBURSEMENTS	Business Code	302	302		
	b				
Other Revenue Misc Amt					
d All other revenue					
e Total. Add lines 11a-11d		302			
12 Total revenue. See instructions		1,660,313	1,375,649	112,679	

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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 <input type="checkbox"/>				
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	891,078	891,078	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,817	7,817	
9	Other employee benefits	11,443	11,443	
10	Payroll taxes	87,342	87,342	
11	Fees for services (non-employees):			
	a Management			
	b Legal			
	c Accounting	6,700		6,700
	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.)	141,369	141,369	
12	Advertising and promotion	35,155	35,155	
13	Office expenses	169,594	169,202	392
14	Information technology			
15	Royalties	328,564	328,564	
16	Occupancy	5,103	5,103	
17	Travel	5,889	5,889	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials			
19	Conferences, conventions, and meetings			
20	Interest	5,944	5,944	
21	Payments to affiliates			
22	Depreciation, depletion, and amortization	57,722	57,722	
23	Insurance	82,157	82,157	
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 PRODUCTION/THEATRICAL SUP	80,484	80,484	
	b CONCESSION EXPENSES	40,345	40,345	
	c IN KIND EXPENSE	25,001	25,001	
	d INCENTIVES	24,090	24,090	
	e All other expenses	58,086	58,086	
25	Total functional expenses. Add lines 1 through 24e	2,063,963	2,056,871	7,092
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).			0

		(A) Beginning of year		(B) End of year
Assets	1 Cash-non-interest-bearing	1,156,283	1	384,904
	2 Savings and temporary cash investments	505	2	125,336
	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	1,183	9	1,183
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,627,401		
	b Less: accumulated depreciation	10b 640,745	10c 973,896	586,656
	11 Investments—publicly traded securities	32,575	11	32,575
	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)	2,164,422	16	1,540,654	
Liabilities	17 Accounts payable and accrued expenses	11,335	17	15,900
	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	320,028	23	83,671
	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	-3,584	25	-1,912
	26 Total liabilities. Add lines 17 through 25	327,777	26	107,659
Net Assets or Fund Balances	Organizations that follow FASB ASC 938, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,686,645	27	1,282,885
	28 Net assets with donor restrictions	150,000	28	150,000
	Organizations that do not follow FASB ASC 938, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	1,836,645	32	1,432,885
33 Total liabilities and net assets/fund balances	2,164,422	33	1,540,654	

Form 990 (2023)

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	1,660,313
2 Total expenses (must equal Part IX, column (A), line 25)	2	2,063,963
3 Revenue less expenses. Subtract line 2 from line 1	3	-403,650
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,836,645

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	1,432,995

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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 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 in Schedule O and describe any steps taken to undergo such audits.	3b	

Form 990 (2023)

Form 990 (2023)

Additional Data

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Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

efile Public Visual Render ObjectID: 202530159349302693 - Submission: 2025-01-15 TIN: 59-2612709

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Department of the Treasury Internal Revenue Service

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

Table with 2 columns: Name of the organization (The HISTORIC COCOA VILLAGE PLAYHOUSE INC) and Employer identification number (59-2612709)

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.)

- 1-12. List of reasons for public charity status with checkboxes. Option 10 is checked: 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...

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F Schedule A (Form 990) 2023

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

Section A. Public Support

(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 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) 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						<input type="checkbox"/>

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 for 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	<input type="checkbox"/>
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	<input type="checkbox"/>
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	<input type="checkbox"/>
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	<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>

Schedule A (Form 990) 2023

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.")	81,640	351,977	314,788	267,777	171,965	1,188,147
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	1,359,794	812,262	1,196,003	1,741,343	1,375,669	6,485,073
3 Gross receipts from activities that are not an unrelated trade or business under section 513	227,673	187,902	291,914	174,186	121,530	1,003,206
4 Tax revenues levied for the						

5	Amounts included on lines 1, 2, and 3 received from disqualified persons						
6	Total. Add lines 1 through 5	1,669,107	1,352,142	1,802,707	2,183,308	1,669,164	8,676,426
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.)						8,676,426

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.	1,669,107	1,352,142	1,802,707	2,183,308	1,669,164	8,676,426
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	193					195
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.	11,269	1,187				12,456
c Add lines 10a and 10b.	11,464	1,187				12,651
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.		1,212	2,004	1,108		4,324
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.)	1,680,571	1,354,541	1,804,711	2,184,414	1,669,164	8,693,401
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f) divided by line 13, column (f))	15	99.800 %
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	99.620 %

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 %
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	0 %

- 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.

Schedule A (Form 990) 2023

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.		
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 Use one 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 (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).

3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Schedule A (Form 990) 2023

Part IV Supporting Organizations (continued)

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

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

Section C. Type II Supporting Organizations

	Yes	No
--	-----	----

1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	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?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described 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.		

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.		
b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		

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

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Schedule A (Form 990) 2023

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 e			
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. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019.			
b Excess from 2020.			
c Excess from 2021.			
d Excess from 2022.			
e Excess from 2023.			

Schedule A (Form 990) (2023)

Schedule A (Form 990) 2023

Page 8

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
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Schedule A (Form 990) 2023

Additional Data

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Software ID:
Software Version:

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization THE HISTORIC COCOA VILLAGE PLAYHOUSE INC

Employer identification number 59-2612709

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

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

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes questions about total number of funds, aggregate values, and reporting requirements.

Part II Conservation Easements

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

Form section for Conservation Easements with multiple-choice questions and a table for 'Held at the End of the Year' with columns 2a, 2b, 2c, 2d.

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

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

Form section for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets with questions about reporting requirements and revenue/assets.

Schedule D (Form 990) 2022

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that 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 arrangements in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 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			32,575	32,575	32,380
b Contributions					
c Net investment earnings, gains, and losses					195
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance			32,575	32,575	32,575

- 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 | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input type="checkbox"/> |
- 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		100,000		100,000
b Buildings		1,117,770	334,845	782,925
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				882,925

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

SIMPLE LIABILITY	2,408
LEGAL SHIELD LIABILITY	23
PAYROLL LIABILITIES	-4,423
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	-1,912

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 FIM 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

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		2a
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 I, 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
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Software ID:

Software Version:

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization THE HISTORIC COCOA VILLAGE PLAYHOUSE INC

Employer identification number 59-2612709

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.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization.

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

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

	(a)Event #1	(b) Event #2	(c)Other events	(d) Total events
	<u>100 YEARS CELES</u> (event type)	<u>CAPITAL CAMPAIS</u> (event type)	(total number)	(add col. (a) through col. (c))
Revenue				
1 Gross receipts	36,575	9,975		46,550
2 Less: Contributions				
3 Gross income (line 1 minus line 2)	36,575	9,975		46,550
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	5,446	2,614		8,060
10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				8,060
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				38,490

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 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:

13a		%
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 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.

Return Reference	Explanation
Schedule G (Form 990) 2023	

Additional Data

Return to Form

Software ID:
Software Version:

efile Public Visual Render	ObjectID: 202530159349302693 - Submission: 2025-01-15	TIN: 59-2612709
SCHEDULE M (Form 990)	Noncash Contributions	OMB No. 1545-0047
<p>▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.</p> <p>▶ Attach to Form 990.</p> <p>▶ Go to www.irs.gov/Form990 for the latest information.</p>		2023
Department of the Treasury Internal Revenue Service		Open to Public Inspection

Name of the organization THE HISTORIC COCOA VILLAGE PLAYHOUSE INC	Employer identification number 59-2612709
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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 ▶ ()	X	1	25,081	
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	
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		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		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?	31		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		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.			

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J Schedule M (Form 990) (2023)

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
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Schedule M (Form 990) (2023)

Additional Data

[Return to Form](#)

Software ID:
Software Version:

eFile Public Visual Render	ObjectID: 202530159349302693 - Submission: 2025-01-15	TIN: 59-2612709
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 <h1 style="text-align: center;">2023</h1> Open to Public Inspection

Name of the organization THE HISTORIC COCOA VILLAGE PLAYHOUSE INC	Employer identification number 59-2612709
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Return Reference	Explanation
FORM 990, PAGE 8, PART VI, LINE 11B	THE FORM 990 IS PRESENTED TO THE BOARD OF DIRECTORS FOR REVIEW AND ACCEPTANCE PRIOR TO FILING.
FORM 990, PAGE 8, PART VI, LINE 12C	BOARD MEMBERS MUST REPORT ANY CONFLICTS THAT MAY ARISE AT BOARD MEETINGS. ANNUAL CERTIFICATION IS RECEIVED FROM EACH BOARD MEMBER.
FORM 990, PAGE 8, PART VI, LINE 15A	THE EXECUTIVE DIRECTOR'S COMPENSATION WAS DETERMINED BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS.
FORM 990, PAGE 8, PART VI, LINE 15B	THE COMPENSATION OF KEY EMPLOYEES WAS DETERMINED BY THE BOARD OF DIRECTORS AND EXECUTIVE DIRECTOR.
FORM 990, PAGE 8, PART VI, LINE 19	GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC ON REQUEST.

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

Cat. No. 51056K

Schedule O (Form 990) 2023

Additional Data

[Return to Form](#)

Software ID:
Software Version:

Request for Taxpayer Identification Number and Certification

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

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

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

Print or type. See Specific Instructions on page 3.	<p>1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)</p> <p>The Historic Cocoa Village Playhouse, Inc.</p> <p>2 Business name/disregarded entity name, if different from above.</p> <p>3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____</p> <p style="font-size: x-small;">Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) _____</p> <p>3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. <input type="checkbox"/></p> <p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p style="text-align: right; font-size: x-small;">(Applies to accounts maintained outside the United States.)</p> <p>5 Address (number, street, and apt. or suite no.). See instructions.</p> <p>300 Brevard Avenue</p> <p>6 City, state, and ZIP code</p> <p>Cocoa, FL 32922</p> <p>7 List account number(s) here (optional)</p> <p>Requester's name and address (optional)</p>
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Part I Taxpayer Identification Number (TIN)

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

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

Social security number										
or										
Employer identification number										
5	9		-	2	6	1	2	7	0	9

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here	Signature of U.S. person	Date
		3/31/25

General Instructions

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

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

What's New

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

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

Purpose of Form

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

Marketing Support Program - COCOA VILLAGE PLAYHOUSE							
FY 2025-2026							
Event Income/Expense Report							
Expenses	2025-2026 projection	2024-2025 actuals	VAR+10% Increase	Income	2025-2026 projection	2024-2025 actuals	VAR
Performance Partnerships	\$200,000.00	\$56,000.00	\$144,000.00	Advertising Revenue	\$50,000.00	\$25,000.00	\$25,000.00
Communications and Ticketing	\$80,000.00	\$90,000.00	-\$10,000.00	Concessions	\$175,000.00	\$165,000.00	\$10,000.00
Concession Expenses	\$45,000.00	\$50,120.00	-\$5,120.00	Contributions	\$80,000.00	\$58,200.00	\$21,800.00
Fundraising Expenses	\$20,000.00	\$100,000.00	-\$80,000.00	Fundraising	\$150,000.00	\$174,600.00	-\$24,600.00
Insurance	\$80,000.00	\$24,000.00	\$56,000.00	Legacy Foundation	\$20,000.00	\$13,000.00	\$7,000.00
Stage Equipment	\$33,000.00	\$90,000.00	-\$57,000.00	Aladdin Society	\$20,000.00	\$9,000.00	\$11,000.00
Production Supplies	\$100,000.00	\$108,000.00	-\$8,000.00	Grants (Non-TDC)	\$150,000.00	\$161,000.00	-\$11,000.00
Professional Fees	\$35,000.00	\$34,000.00	\$1,000.00	Educational Programs	\$80,000.00	\$65,000.00	\$15,000.00
Subtotal Expenses	\$593,000.00	\$552,120.00	\$40,880.00	Ticket Sales	\$1,500,000.00	\$1,549,000.00	-\$49,000.00
Other Expenses							\$0.00
Rental	\$36,000.00	\$24,000.00	\$12,000.00				\$0.00
Repairs	\$15,000.00	\$20,000.00	-\$5,000.00				\$0.00
Royalties	\$120,000.00	\$145,000.00	-\$25,000.00	Subtotal Income	\$2,225,000.00	\$2,219,800.00	\$5,200.00
Janitorial, Office, and Educational	\$150,000.00	\$100,000.00	\$50,000.00				
Wages	\$1,250,000.00	\$1,350,000.00	-\$100,000.00	Income Sponsors	\$80,000.00	\$39,000.00	\$41,000.00
Bank Fees	\$30,000.00	\$600.00	\$29,400.00	Cash in Bank to start	\$75,000.00	\$79,000.00	-\$4,000.00
			\$0.00				
			\$0.00	TDC grant funding	\$12,500.00	\$15,000.00	-\$2,500.00
			\$0.00	Total Income	\$2,317,500.00	\$2,273,800.00	\$43,700.00
			\$0.00	Total Expenses Paid	\$2,244,000.00	\$2,230,120.00	\$13,880.00
Subtotal Other Expenses	\$1,601,000.00	\$1,639,600.00	-\$38,600.00	Profit/Loss	\$73,500.00	\$43,680.00	
Marketing - please specify Brevard/Out-of-County							
In county	\$35,000.00	\$32,900.00	\$2,100.00				
Out of county	\$15,000.00	\$5,500.00	\$9,500.00				
			\$0.00				
Subtotal Marketing	\$50,000.00	\$38,400.00	\$11,600.00				
Total Expenses 2025-2026	\$2,244,000.00	\$2,230,120.00					



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

Applicant organization name: The Historic Cocoa Village Playhouse, Inc.

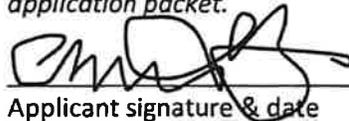
Applicant event name: Broadway on Brevard

Applicant name completing this form: Christopher Beavers

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

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

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

 6/8/2025
 Applicant signature & date

Cocoa Village Main Street

[Return to Table of Contents](#)



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

Applicant Organization Name: Cocoa Village Main Street

Applicant Event Name: Spring, Summer & Fall Fine Arts & Craft Fairs

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

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

YES	NO
-----	----

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

Peter Cranis *7/2/2025*

Peter Cranis, Executive Director

FY 2025-2026 Marketing Support Program application

Response ID:29 Data

2. (untitled)

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



Signature of: Christopher Stagman

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 Village Main Street

Organization address

434 Delannoy Ave

State

FL

City

Cocoa

Zip

32922

Primary contact name

Christopher Stagman

Primary contact phone number

3216319075

Primary contact email

executivedirector@visitcocoavillage.com

Secondary contact name

Rose Dvorak

Secondary contact phone number

3216319075

Secondary contact email

eventscoordinator@visitcocoavillage.com

Organization website address

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 application for an event or year-round programming?

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

8. (untitled)

7. EVENT INFORMATION - #1

Name of event

Fall Fine Art Craft Fair

Event website address (if different from organization website)

<https://visitcocoavillage.com/event/spring-fine-art-craft-fair-3>

Event location

Cocoa Village

9. (untitled)

8. What is the first date of your event?

10/18/2025

10. (untitled)

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

2

11. (untitled)

10. Do you have a second event?

Yes

12. (untitled)

11. **EVENT INFORMATION - #2**

Name of event

Spring Fine Art Fair

Event website address (if different from organization website)

<https://visitcocoavillage.com/events/art-craft-fairs>

Event location

Cocoa Village

13. (untitled)

12. What is the first date of your event?

03/07/2026

14. (untitled)

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

2

15. (untitled)

14. Do you have a third event?

Yes

16. (untitled)

15. **EVENT INFORMATION - #3**

Name of event

Summer Art & Craft Fair

Event website address (if different from organization website)

<https://visitcocoavillage.com/events/art-craft-fairs>

Event location

Cocoa Village

17. (untitled)

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

05/09/2026

18. (untitled)

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

2

19. (untitled)

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

Billboards

Digital advertising (banner ads, etc.)

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

20. (untitled)

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

21. (untitled)

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

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

Instagram : <https://www.instagram.com/historiccocoavillage/>

YouTube : N/A

22. (untitled)

20. What hashtags do you currently use?

[#historiccocoavillage](#)

23. (untitled)

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

[letter_of_determination_501\(c\)3.pdf](#)

24. (untitled)

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

[2024_990_form.pdf](#)

25. (untitled)

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

26. (untitled)

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

[2025_Sunbiz_Annual_Report.pdf](#)

27. (untitled)

24. Upload your completed W-9 form.

[W-9_2024.pdf](#)

28. (untitled)

25. Upload your completed Event Income/Expense report.

[Cocoa_Main_Street_Income_Expense_Report_template_FY25-26.pdf](#)

29. (untitled)

26. Upload your completed Checklist.

[Checklist.pdf](#)

30. (untitled)

27.

ATTESTATION

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



Signature of: Christopher Stagman

31. Thank You!

New Send Email

May 29, 2025 11:27:41 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com;
Terrence.Parks@VisitSpaceCoast.com



IRS Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248145604
Feb. 08, 2011 LTR 4168C E0
59-3392795 000000 00

00013574

BODC: TE

GREATER COCOA COMMUNITY PARTNERSHIP
INC
COCOA MAIN STREET
X JOANNE N YOUNGBLOOD
PO BOX 246
COCOA FL 32923

Employer Identification Number: 59-3392795
Person to Contact: Jeffery Cordell
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Jan. 28, 2010, 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 1996.

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.

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002302

Entity Name: GREATER COCOA COMMUNITY PARTNERSHIP, INC.

Current Principal Place of Business:

434 DELANNOY AVE
SUITE 204
COCOA, FL 32922

Current Mailing Address:

P O BOX 1
COCOA, FL 32923 US

FEI Number: 59-3392795

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHAIA, PAM
434 DELANNOY AVE
SUITE 204
COCOA, FL 32922 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: PAM SHAIA

01/15/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	SECRETARY	Title	PRESIDENT
Name	SENGER, SAMANTHA	Name	BUMGARDNER, BARBARA
Address	434 DELANNOY AVE SUITE 204	Address	434 DELANNOY AVE SUITE 204
City-State-Zip:	COCOA FL 32922	City-State-Zip:	COCOA FL 32922
Title	TREASURER	Title	VP
Name	BARTUCCIO, LAURIE	Name	SHAIA, PAM
Address	434 DELANNOY AVE SUITE 204	Address	434 DELANNOY AVE SUITE 204
City-State-Zip:	COCOA FL 32922	City-State-Zip:	COCOA FL 32922

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: PAM SHAIA

REGISTERED AGENT

01/15/2025

Electronic Signature of Signing Officer/Director Detail

Date

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.

2024

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Form 990 header section containing organization name (GREATER COCOA COMMUNITY PARTNERSHIP, INC), address (434 DELANNOY AVE, COCOA, FL 32922), EIN (59-3392795), and other identifying information.

Part I Summary table with columns for line number, description, Prior Year, and Current Year. Includes rows for mission statement, revenue (Total: 240,743), expenses (Total: 34,674), and net assets (Total: 243,070).

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

Signature block section with fields for officer (CHRIS STAGMAN, PRESIDENT) and preparer (C. EDWIN ROWLEY, CPA) including signatures and dates.

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

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

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

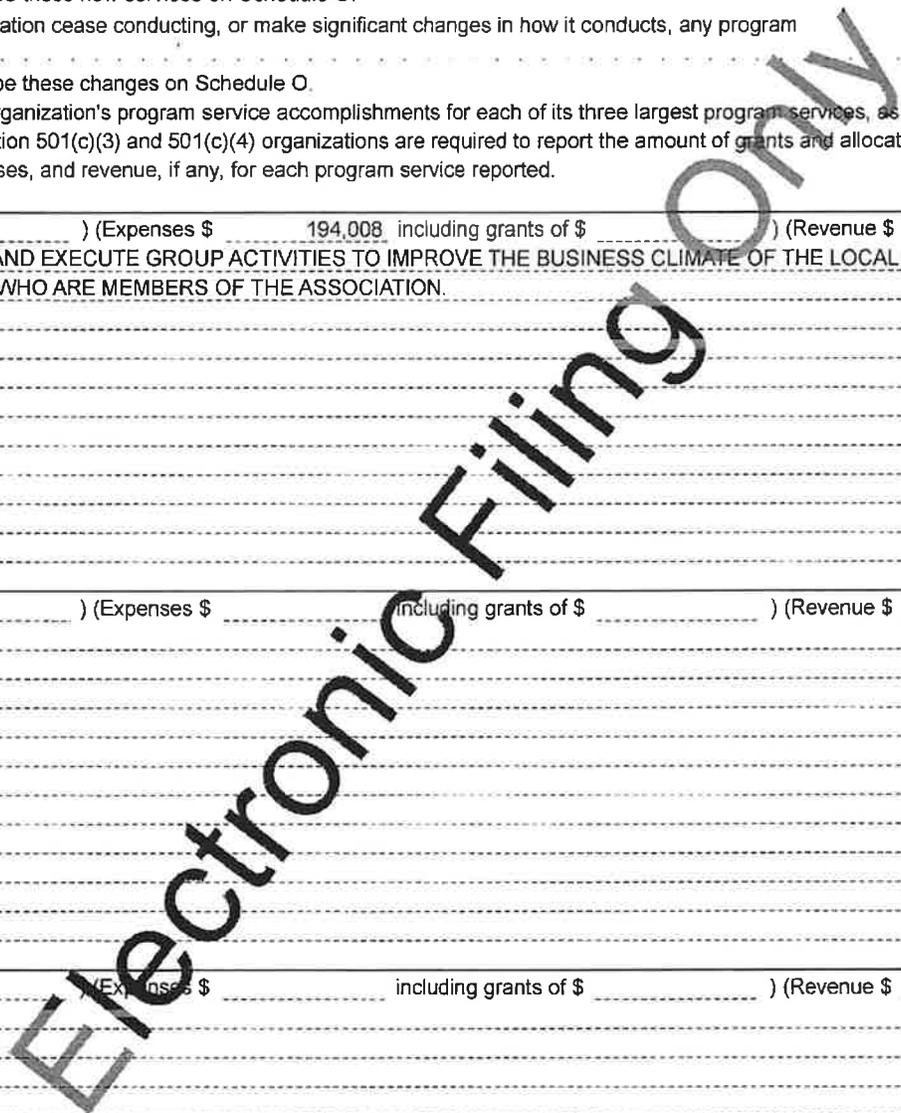
4a (Code:) (Expenses \$ 194,008 including grants of \$) (Revenue \$) FORMULATE AND EXECUTE GROUP ACTIVITIES TO IMPROVE THE BUSINESS CLIMATE OF THE LOCAL COCOA VILLAGE MERCHANTS WHO ARE MEMBERS OF THE ASSOCIATION.

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 194,008



Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

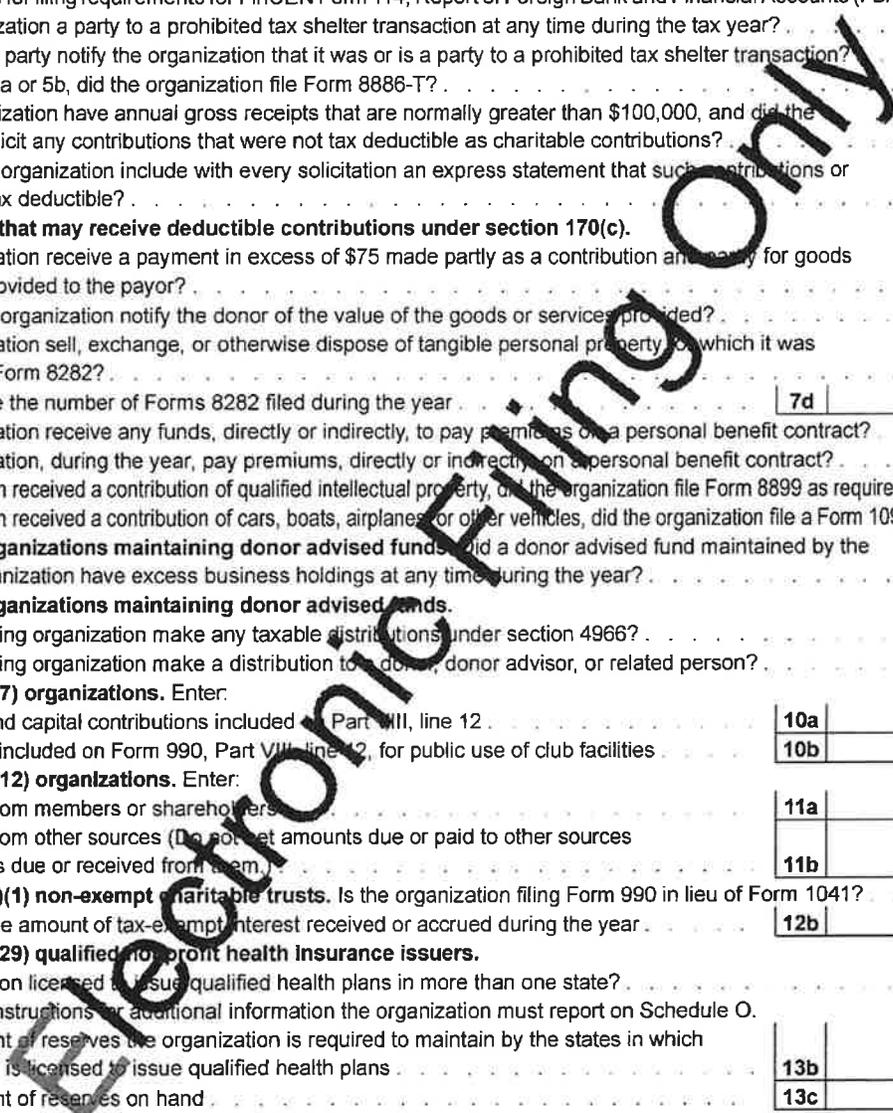
Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding grants, compensation, bond issues, escrow accounts, and various IRS filing requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, W-2G forms, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	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			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			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property of 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 in 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



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.		
	5		
b	Enter the number of voting members included on line 1a, above, who are independent		
	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed
- 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

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 SHAI A PRESIDENT	10.00			X						
(2) EMMA FITZPATRICK VICE PRESIDENT	5.00			X						
(3) LAURIE BARTUCCIO TREASURER	5.00			X						
(4) NANCY ELLIOTT SECRETARY	5.00			X						
(5) CONNIE HARVEY DIRECTOR	5.00			X						
(6) SAMANTHA SAMGER DIRECTOR	5.00			X						
(7) BRAD WHITMORE DIRECTOR	5.00			X						
(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			
(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

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 6,265						
	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 24,260						
	g Noncash contributions included in lines 1a-1f	1g \$ 0						
	h Total. Add lines 1a-1f		30,525					
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)		2,302			2,302		
	4 Income from investment of tax-exempt bond proceeds		0					
	5 Royalties		0					
	6a Gross rents	6a	(i) Real					
			(ii) Personal					
			6b Less: rental expenses	6b				
			6c Rental income or (loss)	6c	0	0		
	d Net rental income or (loss)		0					
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	0	0			
			(ii) Other					
			7b Less: cost or other basis and sales expenses	7b	0	0		
	7c Gain or (loss)	7c	0	0				
	d Net gain or (loss)		0					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a		312,719				
			8b Less: direct expenses	8b	104,803			
c Net income or (loss) from fundraising events				207,916				
9a Gross income from gaming activities. See Part IV, line 19	9a		0					
		9b 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					
		10b 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		240,743	0	0	2,302			

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	132,423	132,423		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	6,477	6,477		
11 Fees for services (nonemployees):				
a Management	0			
b Legal	190		190	
c Accounting	335		335	
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	31,812	31,812		
13 Office expenses	11,536		11,536	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	3,599	3,599		
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	73	73	0	0
23 Insurance	6,882	6,882		
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	2,473	2,473		
b EDUCATION & TRAINING	4,737	4,737		
c EQUIPMENT RENTAL-COPIER	5,532	5,532		
d	0			
e All other expenses	0			
25 Total functional expenses. Add lines 1 through 24e	206,069	194,008	12,061	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	216,148	1	170,559
	2 Savings and temporary cash investments	0	2	77,799
	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	1,500		
	10a			
	b Less: accumulated depreciation	1,316		
	10b		257	184
	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)	216,405	16	248,542	
Liabilities	17 Accounts payable and accrued expenses	8,043	17	5,472
	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	8,043	26	5,472
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/>			
	and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	0	27	
	28 Net assets with donor restrictions	0	28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/>			
	and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	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	208,362	31	243,070	
32 Total net assets or fund balances	208,362	32	243,070	
33 Total liabilities and net assets/fund balances	216,405	33	248,542	

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	240,743
2	Total expenses (must equal Part IX, column (A), line 25)	2	206,069
3	Revenue less expenses. Subtract line 2 from line 1	3	34,674
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	208,362
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	34
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	243,070

Part XII Financial Statements and Reporting

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

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

Electronic Filing Only

**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%

**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.)

Name of country (1)	Principal business activity		Foreign tax credit	Subpart F income	IC-DISC income	FSC income
	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.
HTA

Schedule B (Form 5713) (Rev. 9-2018)

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

2024

Attachment
Sequence No. **179**

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return: **GREATER COCOA COMMUNITY PARTNERSH** 990
Business or activity to which this form relates: **990**
Identifying number: **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	
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	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	0
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 2023 Form 4562.	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	0
13	Carryover of disallowed deduction to 2025. 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	
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 2024	17	73
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2024 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	73
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.

Form 4562 (2024)

HTA

741171

**SCHEDULE A
(Form 990)**

Public Charity Status and Public Support

OMB No. 1545-0047

2024

**Open to Public
Inspection**

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.

Department of the Treasury
Internal Revenue Service

Name of the organization GREATER COCOA COMMUNITY PARTNERSHIP, INC	Employer identification number 59-3392795
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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

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total						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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						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
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						0

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	0.00%
15 Public support percentage from 2023 (see Schedule A, Part II, line 14)	15	0.00%
16a 33 1/3% support test—2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,548	5,000	1,420	20,063	24,260	60,291
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	9,548	5,000	1,420	20,063	24,260	60,291
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.)						60,291

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6	9,548	5,000	1,420	20,063	24,260	60,291
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.)	9,548	5,000	1,420	20,063	24,260	60,291

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	100.00%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	100.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	0.00%

19a 33 1/3% support tests—2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, IRS status, foreign organizations, and 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?		
b	A family member of a person described on line 11a above?		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	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
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
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
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	0
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0
6	Multiply line 5 by 0.035.	6	0
7	Recoveries of prior-year distributions	7	0
8	Minimum Asset Amount (add line 7 to line 6)	8	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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7 0
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2024 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-2024	Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019	0		
b	From 2020	0		
c	From 2021	0		
d	From 2022	0		
e	From 2023	0		
f	Total of lines 3a through 3e	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2024 distributable amount			0
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f	0		
4	Distributions for 2024 from Section D, line 7:	\$ 0		
a	Applied to underdistributions of prior years		0	
b	Applied to 2024 distributable amount			0
c	Remainder. Subtract lines 4a and 4b from line 4	0		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		0	
6	Remaining underdistributions for 2024. 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 2025. Add lines 3j and 4c.	0		
8	Breakdown of line 7			
a	Excess from 2020	0		
b	Excess from 2021	0		
c	Excess from 2022	0		
d	Excess from 2023	0		
e	Excess from 2024	0		

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)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements

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

Table with 2 columns: Question, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Question, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items, b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items, 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.

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

Schedule D (Form 990) (Rev. 12-2024)

HTA

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 | 0 |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | 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	0				
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 | | |
| (ii) Related organizations | | |
- b** If "Yes" on line 3a, 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	0	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	1,316	184
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)).				184

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.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and numerical values. Row 1: Total revenue, gains, and other support per audited financial statements. Row 2: Amounts included on line 1 but not on Form 990, Part VIII, line 12. Sub-rows 2a-2d: Net unrealized gains, Donated services, Recoveries of prior year grants, Other. Row 2e: Add lines 2a through 2d. Row 3: Subtract line 2e from line 1. Row 4: Amounts included on Form 990, Part VIII, line 12, but not on line 1. Sub-rows 4a-4b: Investment expenses, Other. Row 4c: Add lines 4a and 4b. Row 5: Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and numerical values. Row 1: Total expenses and losses per audited financial statements. Row 2: Amounts included on line 1 but not on Form 990, Part IX, line 25. Sub-rows 2a-2d: Donated services, Prior year adjustments, Other losses, Other. Row 2e: Add lines 2a through 2d. Row 3: Subtract line 2e from line 1. Row 4: Amounts included on Form 990, Part IX, line 25, but not on line 1. Sub-rows 4a-4b: Investment expenses, Other. Row 4c: Add lines 4a and 4b. Row 5: Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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.

Lined area for providing supplemental information descriptions.

Part XIII Supplemental Information *(continued)*

Electronic Filing Only

**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

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 Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of nongovernment grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1					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	(b) Event #2	(c) Other events	(d) Total events
		CRAFT SHOWS (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	312,719	0	312,719
	2	Less: Contributions		0	0
	3	Gross income (line 1 minus line 2)	312,719	0	312,719
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	104,803	0	104,803
	10	Direct expense summary. Add lines 4 through 9 in column (d)			(104,803)
11	Net income summary. Subtract line 10 from line 3, column (d)			207,916	

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

		(a) Bingo	(b) Pull tabs/instant bingo, progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue			
Direct Expenses	2	Cash prizes				0
	3	Noncash prizes				0
	4	Rent/facility costs				0
	5	Other direct expenses				0
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7	Direct expense summary. Add lines 2 through 5 in column (d)				(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: _____

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 the 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, 10, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Multiple horizontal dashed lines for supplemental information.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

GREATER COCOA COMMUNITY PARTNERSHIP, INC

Employer identification number

59-3392795

Form 990, Part VI, Line 11A: FORM 990, PART IV, LINE 11A: COPIES AVAILABLE UPON REQUEST. FORM
990 PREPARED BY INDEPENDANT ACCOUNTANT CPA WITH ANY QUESTIONS ANSWERED BY THE ASSOCIATION
TREASURER.

Electronic Filing Only

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2024, or fiscal year beginning _____, 2024, and ending _____, 20_____

2024

Department of the Treasury
Internal Revenue Service

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

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

Name of filer **GREATER COCOA COMMUNITY PARTNERSHIP, INC** EIN or SSN **59-3392795**

Name and title of officer or person subject to tax **CHRIS STAGMAN** **PRESIDENT**

Part I Type of Return and Return Information

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

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	240,743
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) **GREATER COCOA COMMUNITY PARTNERSHIP, (EIN) 59-3392795** and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **ROWLEY & ROWLEY, CPAs** to enter my PIN **12345** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date _____

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.

59408032955
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature _____ Date **5/14/2025**

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

IRS E-file Signature Authorization for a Tax Exempt Entity

Department of the Treasury
Internal Revenue Service

For calendar year 2024, or fiscal year beginning _____, 2024, and ending _____, 20_____

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

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

2024

Name of filer **GREATER COCOA COMMUNITY PARTNERSHIP, INC** EIN or SSN **59-3392795**

Name and title of officer or person subject to tax **CHRIS STAGMAN** **PRESIDENT**

Part I Type of Return and Return Information

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

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input checked="" type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____ 0
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) **GREATER COCOA COMMUNITY PARTNERSHIP, (EIN) 59-3392795** and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **ROWLEY & ROWLEY, CPAs** to enter my PIN as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date _____

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.

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature **C. EDWIN ROWLEY** Date **5/14/2025**

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

Form 4562 Statement - 990

GREATER COCOA COMMUNITY PARTNERSHIP, INC 59-3392795

12/31/2024

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	Convention Code	Prior Accum. Deprec., 179, Bonus	2024 Deprec.	2024 Accum. Deprec.
1	OFFICE EQUIPMENT	7/1/2023	F-11	100.00%	1,500	0	0	1,200	0	300	7.0	200DB	HY	1,243	73	1,316
Total MACRS deductions for prior years (Line 17)																
					1,500	0	0	1,200	0	300						
Subtotal Depreciation					1,500	0	0	1,200	0	300						
Total Depreciation and Amortization					1,500	0	0	1,200	0	300						

Depreciation Detail

MACRS deductions for prior years (Line 17)

1 OFFICE EQUIPMENT 7/1/2023 F-11 100.00%

Total MACRS deductions for prior years (Line 17)

Subtotal Depreciation

Total Depreciation and Amortization

Summary of Unadjusted Basis of Qualified Property (4562)

12/31/2024

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	2	1,500	100.00%	1,500

Request for Taxpayer Identification Number and Certification

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

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Greater Cocoa Community Partnership, Inc

2 Business name/disregarded entity name, if different from above
Historic Cocoa Village Main Street

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Other (see Instructions) ▶ **NON Profit Corporation**

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

5 Address (number, street, and apt. or suite no.) See instructions.
434 Delannoy Ave

6 City, state, and ZIP code
Cocoa, FL 32922

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

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

Social security number

--	--	--	--	--	--	--	--	--	--

or

Employer identification number

5	9	-	3	3	9	2	7	9	5
---	---	---	---	---	---	---	---	---	---

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

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here Signature of U.S. person ▶ Date ▶ **10-22-24**

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.

Purpose of Form

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

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

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

Marketing Support Program - COCOA VILLAGE MAIN STREET							
FY 2025-2026							
Event Income/Expense Report Fall, Spring & Summer Arts/Craft Fairs							
Expenses	2025-2026 projection	2024-2025 actuals	VAR+10% Increase	Income	2025-2026 projection	2024-2025 actuals	VAR
Hub Spot Fees	\$5,000.00	\$4,338.16	\$661.84	Craft Vendor Fees	\$150,000.00	\$145,720.00	\$4,280.00
Sanatation	\$12,000.00	\$10,081.00	\$1,919.00				
Event Insurance	\$12,000.00	\$9,125.27	\$2,874.73				
City Fees/Police EMT	\$16,000.00	\$14,860.00	\$1,140.00				
Entertainment	\$5,000.00	\$4,550.00	\$450.00				
Supplies/Food/Rentals	\$15,000.00	\$13,500.00	\$1,500.00				
Subtotal Expense	\$65,000.00	\$56,454.43	\$8,545.57				
Other Expenses							
				Subtotal Income	\$150,000.00	\$145,720.00	\$4,280.00
				Income Sponsors	\$10,000.00	\$9,000.00	\$1,000.00
				<i>Cash in Bank to start</i>			
				TDC grant funding	\$12,500.00	\$15,000.00	-\$2,500.00
				Total Income	\$172,500.00	\$169,720.00	\$2,780.00
				Total Expenses Paid	\$90,000.00	\$78,722.36	\$11,277.64
				Profit/Loss	\$82,500.00	\$90,997.64	
Marketing - please specify Brevard/Out-of-County							
Marketing in-county	\$25,000.00	\$22,267.93	\$2,732.07				
Marketing Subtotal	\$25,000.00	\$22,267.93	\$2,732.07				
Marketing Expense							
Total Expenses 2025-2026	\$90,000.00	\$78,722.36					

Space Coast FLORIDA

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

Applicant organization name: Historic Cocoa Village Main Street

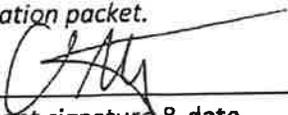
Applicant event name: Fall, Spring, and Summer Art & Craft Fairs

Applicant name completing this form: Christopher Stegeman

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

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

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

 5/30/25
Applicant signature & date

Marketing Support Program – FY 2025-26

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

Cultural events

- Field Manor
- Native Rhythm Festival
- Space Coast Art Festival
- 38th Annual Vietnam Reunion/MemorialWall
- Wizard of Oz
- Green Gables
- Melbourne Art Festival
- Space Coast Birding & Wildlife Festival
- Small SAT Conference at KSC CSE

Field Manor

[Return to Table of Contents](#)



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

Applicant Organization Name: Field Manor Foundation

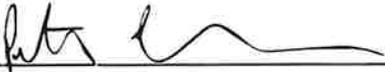
Applicant Event Name: Year-round programming

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

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

YES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
-----	-------------------------------------	--------------------------

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

 7/2/2025

Peter Cranis, Executive Director

FY 2025-2026 Marketing Support Program application

Response ID:47 Data

2. (untitled)

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



Signature of: Korinn Braden

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

Field Manor Foundation, Inc.

Organization address

750 Field Manor Drive

State

FL

City

Merritt Island

Zip

32953

Primary contact name

Korinn Braden

Primary contact phone number

3218480365

Primary contact email

k.braden@fieldmanor.org

Secondary contact name

Korinn Braden

Secondary contact phone number

3212435218

Secondary contact email

fieldmanor@gmail.com

Organization website address

www.fieldmanor.org

5. (untitled)

4. Which best describes your organization?

501(C)(3)

6. (untitled)

5. What is your Federal Employee ID number?

59-3517194

7. (untitled)

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

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

8. (untitled)

1. EVENT INFORMATION - #1

Name of event

Event website address (if different from organization website)

Event location

9. (untitled)

What is the first date of your event?

10. (untitled)

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

11. (untitled)

7. Do you have a second event?

No

12. (untitled)

4. EVENT INFORMATION - #2

Name of event

Event website address (if different from organization website)

Event location

13. (untitled)

What is the first date of your event?

14. (untitled)

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

15. (untitled)

Do you have a third event?

16. (untitled)

8. EVENT INFORMATION - #3

Name of event

Event website address (if different from organization website)

Event location

17. (untitled)

What is the first date of your event?

18. (untitled)

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

19. (untitled)

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

20. (untitled)

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

Social hashtags

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

Other - Please be specific.....: Website, email campaigns, community calendars, partners

21. (untitled)

9. What are your social media handles?

Facebook : Field Manor, Field Manor Weddings and Events

Instagram : Fieldmanorhomestead, Fieldmanorweddings, Fieldmanorevents

YouTube : fieldmanor3906

22. (untitled)

10. What hashtags do you currently use?

#spacecoast #floridapioneers #indianriverlagoon #brevardcounty #merrittisland #floridahomesteads #maconga
#floridapioneerfamilies #brevardpioneers #fieldmanor #fieldmanorevents #fieldmanorweddings #brevardweddings
#orlandoweddings, and within that we will tag the featured artifact, animal, or plant and for the events we tag vendors and partners

23. (untitled)

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

[14_Full_copy_of_IRS_Letter_of_Determination_from_2000_2022_AUG.pdf](#)

24. (untitled)

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

[15_2023_Tax_Return_\(Field_Manor_Foundation_-_Client_Copy\).pdf](#)

25. (untitled)

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

26. (untitled)

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

[17_Detail_by_Entity_Name.pdf](#)

27. (untitled)

14. Upload your completed W-9 form.

[18_2025_W9.pdf](#)

28. (untitled)

15. Upload your completed Event Income/Expense report.

[19_Field_Manor_Event_Income_Expense_Report_FY25-26.pdf](#)

29. (untitled)

16. Upload your completed Checklist.

[20_Completed_checklist.pdf](#)

30. (untitled)

17.

ATTESTATION

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



Signature of: Korinn Braden

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

DEPARTMENT OF THE TREASURY

05/05/84

FIELD MANOR INC
C/O ADRIENNE V SCHMITZ
LESLIE ROBERT EVANS & ASSOCS PA
214 BRAZILIAN STE 200
PALM BEACH, FL 33480

Employer Identification Number:
59-3517194
DIN:
17053215012040
Contact Person:
GLENN W COLLINS ID# 31392
Contact Telephone Number:
(877) 629-5500
Accounting Period Ending:
June 30
Addendum Applies:
No

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

We have further determined that, as indicated in your application, you are a private foundation within the meaning of section 509(a) of the Code. In this letter we are not determining whether you are an operating foundation as defined in section 4542(j)(3).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA). However, since you are a private foundation, you are subject to excise taxes under chapter 42 of the Code. You also may be subject to 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.

Contribution deductions are allowable to donors 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 circum-

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FIELD MANOR INC

stances. See Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, which sets forth guidelines regarding the deductibility, as charitable contributions, of payments made by taxpayers for admission to or other participation in fundraising activities for charity.

You are required to file Form 990-PF, Return of Private Foundation or Section 4947(a) (1) Trust Treated as a Private Foundation. Form 990-PF 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 certain returns available for public inspection for three years after the later of the due date of the return or the date the return is filed. The returns required to be made available for public inspection are Form 990-PF, Return of Private Foundation or Section 4947(a) (1) Nonexempt Charitable Trust Treated as a Private Foundation, and Form 4720, Return of Certain Excise Taxes on Charities and Other Persons Under Chapters 41 and 42 of the Internal Revenue Code. You are also required to make available for public inspection your exemption application, any supporting documents, and your exemption letter. Copies of these documents must 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, 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.

If we have indicated 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 resolve any questions about your exempt

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FIELD MANOR INC

status and foundation status, you should keep it in your permanent records.

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

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

Sincerely yours,

~~STEVEN T. MILLER~~

Steven T. Miller
Director, Exempt Organizations

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005 0002



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Detail by Entity Name

Florida Not For Profit Corporation
FIELD MANOR FOUNDATION, INC.

Filing Information

Document Number	N98000003454
FEI/EIN Number	59-3517194
Date Filed	06/12/1998
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	07/15/2024
Event Effective Date	NONE

Principal Address

750 FIELD MANOR DRIVE
MERRITT ISLAND, FL 32953

Changed: 03/24/2025

Mailing Address

750 FIELD MANOR DRIVE
MERRITT ISLAND, FL 32953

Changed: 03/24/2025

Registered Agent Name & Address

COUNTING COPPERS, LLC
881 BARTON BLVD
STE 3

ROCKLEDGE, FL 32955

Name Changed: 03/24/2025

Address Changed: 03/24/2025

Officer/Director Detail

Name & Address

Title PRESIDENT

LAWRENCE, SUE NISBET
750 FIELD MANOR DRIVE
MERRITT ISLAND, FL 32953

Title SD

CRISS, JESSICA
750 FIELD MANOR DRIVE
MERRITT ISLAND, FL 32953

Title VD

NELSON, CHUCK
750 FIELD MANOR DRIVE
MERRITT ISLAND, FL 32953

Title TD

GRESHES, RACHEL BETH
750 FIELD MANOR DRIVE
MERRITT ISLAND, FL 32953

Annual Reports

Report Year	Filed Date
2023	01/31/2023
2024	03/14/2024
2025	03/24/2025

Document Images

03/24/2025 -- ANNUAL REPORT	View image in PDF format
07/15/2024 -- Amendment	View image in PDF format
03/14/2024 -- ANNUAL REPORT	View image in PDF format
01/31/2023 -- ANNUAL REPORT	View image in PDF format
06/13/2022 -- Amendment	View image in PDF format

02/03/2022 -- ANNUAL REPORT	View image in PDF format
01/15/2021 -- ANNUAL REPORT	View image in PDF format
02/10/2020 -- ANNUAL REPORT	View image in PDF format
12/10/2019 -- Amendment	View image in PDF format
06/14/2019 -- ANNUAL REPORT	View image in PDF format
03/09/2018 -- ANNUAL REPORT	View image in PDF format
01/17/2017 -- ANNUAL REPORT	View image in PDF format
01/23/2016 -- ANNUAL REPORT	View image in PDF format
01/12/2015 -- ANNUAL REPORT	View image in PDF format
06/13/2014 -- Name Change	View image in PDF format
01/16/2014 -- ANNUAL REPORT	View image in PDF format
11/27/2013 -- Amendment	View image in PDF format
02/11/2013 -- ANNUAL REPORT	View image in PDF format
02/29/2012 -- ANNUAL REPORT	View image in PDF format
03/03/2011 -- ANNUAL REPORT	View image in PDF format
02/22/2010 -- ANNUAL REPORT	View image in PDF format
02/24/2009 -- ANNUAL REPORT	View image in PDF format
03/07/2008 -- ANNUAL REPORT	View image in PDF format
03/16/2007 -- ANNUAL REPORT	View image in PDF format
03/15/2006 -- ANNUAL REPORT	View image in PDF format
03/22/2005 -- ANNUAL REPORT	View image in PDF format
02/04/2004 -- ANNUAL REPORT	View image in PDF format
03/10/2003 -- ANNUAL REPORT	View image in PDF format
01/30/2002 -- ANNUAL REPORT	View image in PDF format
01/22/2001 -- ANNUAL REPORT	View image in PDF format
01/20/2000 -- ANNUAL REPORT	View image in PDF format
05/10/1999 -- ANNUAL REPORT	View image in PDF format
06/12/1998 -- Domestic Non-Profit	View image in PDF format

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Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation

2023

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

For calendar year **2023** or tax year beginning , **2023**, and ending , **20**

Name of foundation: **Field Manor Foundation Inc**

Number and street (or P.O. box number if mail is not delivered to street address): **750 Field Manor Drive**

Room/suite: _____

City or town, state or province, country, and ZIP or foreign postal code: **Merritt Island, FL 32953-4915**

A Employer identification number: **59-3517194**

B Telephone number (see instructions): **(321) 848-0365**

C If exemption application is pending, check here

D 1. Foreign organizations, check here
2. Foreign organizations meeting the 85% test, check here and attach computation

E If private foundation status was terminated under section 507(b)(1)(A), check here

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

G Check all that apply: Initial return Initial return of a former public charity
 Final return Amended return
 Address change Name change

H Check type of organization: Section 501(c)(3) exempt private foundation
 Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ **2,654,913**

J Accounting method: Cash Accrual
 Other (specify) _____

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	42,802			
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	513	513		
	4 Dividends and interest from securities	24,911	24,911		
	5a Gross rents	800			
	b Net rental income or (loss)	800			
	6a Net gain or (loss) from sale of assets not on line 10	(575)			
	b Gross sales price for all assets on line 6a	160,860			
	7 Capital gain net income (from Part IV, line 2)				
	8 Net short-term capital gain			982	
	9 Income modifications				
	10a Gross sales less returns and allowances	1,301			
b Less: Cost of goods sold	33				
c Gross profit or (loss) (attach schedule)	STM102	1,268	1,268		
11 Other income (attach schedule)	STM106	180,795			
12 Total. Add lines 1 through 11		250,514	25,424	2,250	
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages	157,902			86,164
	15 Pension plans, employee benefits	12,231			7,056
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	STM108	4,300		2,666
	c Other professional fees (attach schedule)	STM109	12,571	12,571	
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	STM110	2,121		1,315
	19 Depreciation (attach schedule) and depletion	STM126	26,901		
	20 Occupancy				
	21 Travel, conferences, and meetings		907		907
	22 Printing and publications				
	23 Other expenses (attach schedule)	STM103	96,647		46,024
	24 Total operating and administrative expenses. Add lines 13 through 23		313,580	12,571	144,142
	25 Contributions, gifts, grants paid		0		0
26 Total expenses and disbursements. Add lines 24 and 25		313,580	12,571	144,142	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements		(63,066)			
b Net investment income (if negative, enter -0-)			12,853		
c Adjusted net income (if negative, enter -0-)				2,250	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)			
		Beginning of year	End of year		
		(a) Book Value	(b) Book Value	(c) Fair Market Value	
Assets	1	Cash - non-interest-bearing	96,184	92,676	92,676
	2	Savings and temporary cash investments	81,898	41,309	41,309
	3	Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less: allowance for doubtful accounts			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges	214	535	
	10a	Investments - U.S. and state government obligations (attach schedule)			
	b	Investments - corporate stock (attach schedule)			
	c	Investments - corporate bonds (attach schedule)			
	11	Investments - land, buildings, and equipment: basis			
	Less: accumulated depreciation (attach schedule)				
12	Investments - mortgage loans				
13	Investments - other (attach schedule) STM118	903,213	874,609	1,020,928	
14	Land, buildings, and equipment: basis 2,218,495 STM119				
	Less: accumulated depreciation (attach schedule) 196,033	2,020,498	2,022,462	1,500,000	
15	Other assets (describe)				
16	Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	3,102,007	3,031,591	2,654,913	
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe STM121)	23,391	16,041	
23	Total liabilities (add lines 17 through 22)	23,391	16,041		
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30 <input checked="" type="checkbox"/>				
	24	Net assets without donor restrictions	1,037,466	971,278	
	25	Net assets with donor restrictions	2,041,150	2,044,272	
	Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30 <input type="checkbox"/>				
	26	Capital stock, trust principal, or current funds			
	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
28	Retained earnings, accumulated income, endowment, or other funds				
29	Total net assets or fund balances (see instructions)	3,078,616	3,015,550		
30	Total liabilities and net assets/fund balances (see instructions)	3,102,007	3,031,591		

Part III Analysis of Changes in Net Assets or Fund Balances			
1	Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	3,078,616
2	Enter amount from Part I, line 27a	2	(63,066)
3	Other increases not included in line 2 (itemize)	3	
4	Add lines 1, 2, and 3	4	3,015,550
5	Decreases not included in line 2 (itemize)	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	3,015,550

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs, MLC Co.)		(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a Publicly Traded Security 015565419		P	12-16-2022	11-08-2023
b Publicly Traded Security 015565419		P	05-12-2020	11-08-2023
c Publicly Traded Security 464287614		P	05-12-2020	11-08-2023
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g))	
a 4,480		3,498	982	
b 111,562		126,875	(15,313)	
c 44,818		31,062	13,756	
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.				(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a			982	
b			(15,313)	
c			13,756	
d				
e				
2	Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	(575)
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8	}	3	982

Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)	1	179
b	All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2	0
3	Add lines 1 and 2	3	179
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	179
6	Credits/Payments:		
a	2023 estimated tax payments and 2022 overpayment credited to 2023	6a	714
b	Exempt foreign organizations - tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d	7	714
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	535
11	Enter the amount of line 10 to be: Credited to 2024 estimated tax Refunded	11	535

Part VI-A Statements Regarding Activities

1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? 1c Did the foundation file Form 1120-POL for this year? 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4b If "Yes," has it filed a tax return on Form 990-T for this year? 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: 7 Did the foundation have at least \$5,000 in assets at any time during the year? 8a Enter the states to which the foundation reports or with which it is registered. 8b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2023 or the tax year beginning in 2023? 10 Did any persons become substantial contributors during the tax year? 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 14 The books are in care of COUNTING COPPERS, LLC Telephone no. 321-236-8014 Located at PO BOX 561223, Rockledge, FL ZIP+4 32956 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year 16 At any time during calendar year 2023, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country

Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

Table with columns for question ID, question text, Yes, and No. Rows include 1a(1) through 4b, with 'X' marks in the 'No' column for 1a(1), 1a(2), 1a(3), 1a(4), 1a(5), 1a(6), 1d, 2a, 2b, 3a, 4a, and 4b.

Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

	Yes	No
5a During the year, did the foundation pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d) (4)(A)? See instructions		X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		X
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions		
c Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
d If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d).		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?		
8 Is the foundation 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?		X

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See 990 OFOV				
SUE NISBET LAWRENCE 750 Field Manor Drive Merritt FL 32953	PRESIDENT 1.00	0	0	0
CHUCK NELSON 750 Field Manor Drive Merritt FL 32953	VICE PRESIDENT 2.00	0	0	0
LAURIE MCTAVISH 750 Field Manor Drive Merritt FL 32953	DIRECTOR 5.00	0	0	0
FRANK ROGERS-WITTE 750 Field Manor Drive Merritt FL 32953	DIRECTOR 5.00	0	0	0

2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000 0

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		

Part VIII-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 EDUCATE RESIDENTS AND VISITORS ABOUT THE AGRICULTURAL AND SOCIAL HISTORY OF FIELD MANOR	144,142
2	
3	
4	

Part VIII-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1 N/A	
2	0
3 All other program-related investments. See instructions.	
Total. Add lines 1 through 3	

Part IX Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

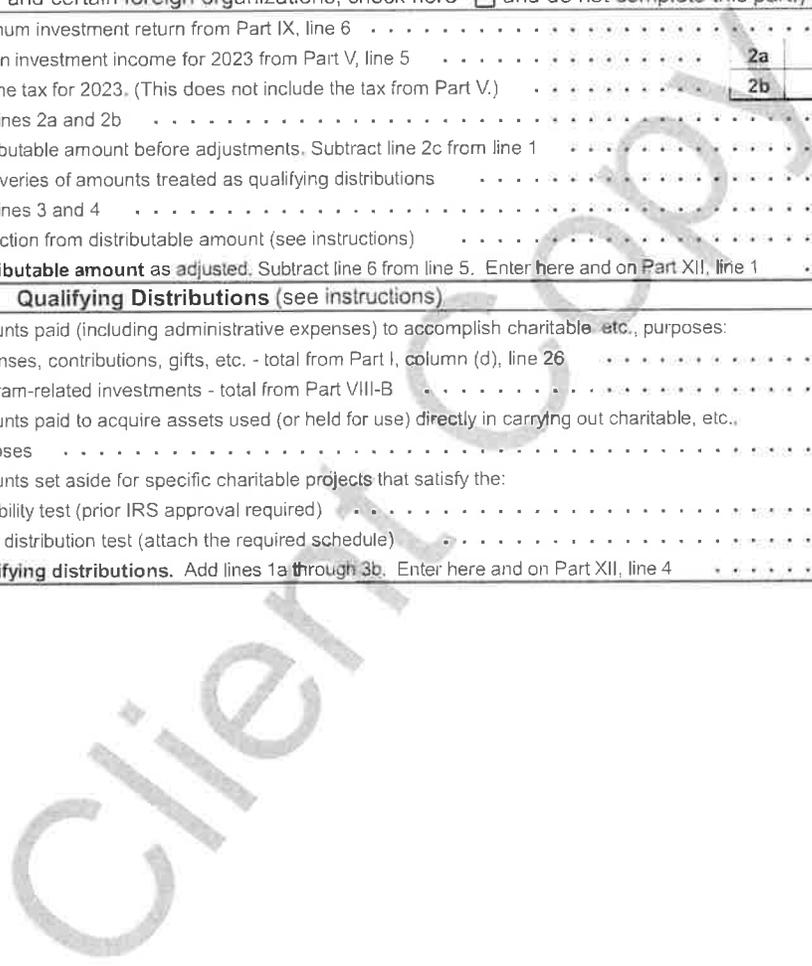
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	980,668
b	Average of monthly cash balances	1b	164,084
c	Fair market value of all other assets (see instructions)	1c	2,154,817
d	Total (add lines 1a, b, and c)	1d	3,299,569
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	3,299,569
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount. see instructions)	4	49,494
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	3,250,075
6	Minimum investment return. Enter 5% (0.05) of line 5	6	162,504

Part X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here and do not complete this part.)

1	Minimum investment return from Part IX, line 6	1	162,504
2a	Tax on investment income for 2023 from Part V, line 5	2a	179
b	Income tax for 2023. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b	2c	179
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	162,325
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	162,325
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	162,325

Part XI Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	144,142
b	Program-related investments - total from Part VIII-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	144,142



Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2022	(c) 2022	(d) 2023
1 Distributable amount for 2023 from Part X, line 7 . . .				162,325
2 Undistributed income, if any, as of the end of 2023:				
a Enter amount for 2022 only				
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2023:				
a From 2018	117,997			
b From 2019				
c From 2020	15,124			
d From 2021				
e From 2022				
f Total of lines 3a through e	133,121			
4 Qualifying distributions for 2023 from Part XI, line 4: \$ 144,142				
a Applied to 2022, but not more than line 2a				
b Applied to undistributed income of prior years (Election required - see instructions)				
c Treated as distributions out of corpus (Election required - see instructions)				
d Applied to 2023 distributable amount				144,142
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2023 (If an amount appears in column (d), the same amount must be shown in column (a).)	18,183			18,183
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	114,938			
b Prior years' undistributed income. Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount - see instructions				
e Undistributed income for 2022. Subtract line 4a from line 2a. Taxable amount - see instructions				
f Undistributed income for 2023. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2024				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)				
8 Excess distributions carryover from 2018 not applied on line 5 or line 7 (see instructions)	99,814			
9 Excess distributions carryover to 2024. Subtract lines 7 and 8 from line 6a	15,124			
10 Analysis of line 9:				
a Excess from 2019				
b Excess from 2020	15,124			
c Excess from 2021				
d Excess from 2022				
e Excess from 2023				

Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2023, enter the date of the ruling

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed

	Tax year	Prior 3 years			(e) Total
	(a) 2023	(b) 2022	(c) 2021	(d) 2020	
b 85% (0.85) of line 2a					
c Qualifying distributions from Part XI, line 4, for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XIV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NA

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NA

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XIV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
Total				3a
b Approved for future payment				
Total				3b

Client Copy

Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

- 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
a Transfers from the reporting foundation to a noncharitable exempt organization of:
(1) Cash
(2) Other assets
b Other transactions:
(1) Sales of assets to a noncharitable exempt organization
(2) Purchases of assets from a noncharitable exempt organization
(3) Rental of facilities, equipment, or other assets
(4) Reimbursement arrangements
(5) Loans or loan guarantees
(6) Performance of services or membership or fundraising solicitations
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
d If the answer to any of the above is "Yes," complete the following schedule.

Table with 2 columns: Yes, No. Rows correspond to items 1a(1), 1a(2), 1b(1), 1b(2), 1b(3), 1b(4), 1b(5), 1b(6), and 1c.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

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.

Sign Here

SUE NISBET LAWRENCE
Signature of officer or trustee

Date

PRESIDENT
Title

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

Paid Preparer Use Only

Form fields for paid preparer: 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.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2023

For calendar year 2023 or other tax year beginning 2023, and ending 2023

Department of the Treasury Internal Revenue Service

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).

Open to Public Inspection for 501(c)(3) Organizations Only

Header section containing organization name (Field Manor Foundation Inc), address (750 Field Manor Drive, Merritt Island, FL 32953-4915), EIN (59-3517194), and various checkboxes for organization type and filing status.

Part I: Total Unrelated Business Taxable Income. Table with 11 rows for calculating taxable income, starting with total unrelated business taxable income and ending with net unrelated business taxable income of 0.

Part II: Tax Computation. Table with 7 rows for calculating tax, including organizations taxable as corporations, trusts, proxy tax, and other tax amounts, ending with a total tax of 0.

Part III: Tax and Payments. Table with 5 main rows for foreign tax credits, other credits, and tax payments, including sub-rows for amounts due from various forms (4255, 8611, 8697, 8866).

Part III Tax and Payments (continued)

Table with 11 rows (6a-6j, 7-11) and 3 columns. Rows include: 6a Payments: Preceding year's overpayment credited to the current year; 6b Current year's estimated tax payments; 6c Tax deposited with Form 8868; 6d Foreign organizations: Tax paid or withheld at source; 6e Backup withholding; 6f Credit for small employer health insurance premiums; 6g Elective payment election amount from Form 3800; 6h Payment from Form 2439; 6i Credit from Form 4136; 6j Other (see instructions); 7 Total payments; 8 Estimated tax penalty; 9 Tax due; 10 Overpayment; 11 Enter the amount of line 10 you want: Credited to 2024 estimated tax Refunded.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

Table with 5 main rows and a sub-table for NOL carryovers. Rows include: 1 At any time during the 2023 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?; 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?; 3 Enter the amount of tax-exempt interest received or accrued during the tax year; 4 Enter available pre-2018 NOL carryovers here; 5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Sub-table for NOL carryovers: Business Activity Code (532000 FACILITY RENTALS), Available post-2017 NOL carryover (\$ 36,363).

Part V Supplemental Information

Provide any 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: Michelle Bonnett, EA; Date: 04-29-2025; Title: PRESIDENT. Box: May the IRS discuss this return with the preparer shown below (see instructions)? Yes [X] No []

Paid Preparer Use Only

Print/Type preparer's name: Michelle Bonnett, EA; Preparer's signature; Date: 04-29-2025; Check [X] if self-employed; PTIN: P01711606; Firm's name: Counting Coppers, LLC; Firm's EIN: 84-1855186; Firm's address: 881 Barton Blvd Ste 3 Rockledge FL 32955; Phone no.: 321-236-8014

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2023

Department of the Treasury
Internal Revenue Service

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).

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization Field Manor Foundation Inc	B Employer identification number 59-3517194
C Unrelated business activity code (see instructions) 532000	D Sequence: 1 of 1

E Describe the unrelated trade or business **FACILITY RENTALS**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales <u>132,012</u>			
b Less returns and allowances <u> </u> c Balance	1c <u>132,012</u>		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3 <u>132,012</u>		<u>132,012</u>
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 <u>800</u>		<u>800</u>
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)	12		
13 Total. Combine lines 3 through 12	13 <u>132,812</u>		<u>132,812</u>

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.		(A) Income	(B) Expenses	(C) Net
1 Compensation of officers, directors, and trustees (Part X)	1			
2 Salaries and wages	2		<u>68,436</u>	
3 Repairs and maintenance	3		<u>9,917</u>	
4 Bad debts	4			
5 Interest (attach statement). See instructions	5			
6 Taxes and licenses	6		<u>5,971</u>	
7 Depreciation (attach Form 4562). See instructions	7	<u>7</u>		
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		<u>3,302</u>	
12 Excess exempt expenses (Part VIII)	12			
13 Excess readership costs (Part IX)	13			
14 Other deductions (attach statement) Statement #9	14		<u>42,340</u>	
15 Total deductions. Add lines 1 through 14	15		<u>129,966</u>	
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16			<u>2,846</u>
17 Deduction for net operating loss. See instructions	17			<u>2,846</u>
18 Unrelated business taxable income. Subtract line 17 from line 16	18			

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 FARM COOPERATIVE, Address: 750 FIELD MANOR DRIVE Merritt Island FL 32953
 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)	800			
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D	800			
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)				800
4 Deductions directly connected with the income in lines 2a and 2b (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)				

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).

Totals

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)				

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).

Totals

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

Form **1118**
 (Rev. December 2022)
 Department of the Treasury
 Internal Revenue Service

Foreign Tax Credit - Corporations

Attach to the corporation's tax return.

Go to www.irs.gov/Form1118 for instructions and the latest information.

OMB No. 1545-0123

Attachment
 Sequence No. **118**

For calendar year 20 **20**, or other tax year beginning **20**, and ending **20**

Name of corporation

Employer identification number

Field Manor Foundation Inc

59-3517194

Use a separate Form 1118 for each applicable category of income (see instructions).

- a Separate Category (Enter code - see instructions.) **PAS**
- b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions)
- c If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions)

Schedule A Income or (Loss) Before Adjustments (Report all amounts in U.S. dollars. See Specific Instructions.)

1. EIN or Reference ID Number (see instructions)		2. Foreign Country or U.S. Possession (enter two-letter code - use a separate line for each) (see instructions)	Gross Income or (Loss) From Sources Outside the United States					
			3. Inclusions Under Sections 951(a)(1) and 951A (see instructions)		4. Dividends (see instructions)	5. Interest		
			(a) Exclude Gross-Up	(b) Gross-Up (section 78)				
A		RICs			1,613			
B								
C								
Totals (add lines A through C)						1,613		
6. Gross Rents, Royalties, and License Fees		7. Sales	8. Gross Income From Performance of Services	9. Currency Gain	10. Currency Gain Code (see instructions)	11. Other (attach schedule)	12. Total (add columns 3(a) through 9 and 11)	
A							1,613	
B								
C								
Totals								
13. Allocable Deductions								
(a) Dividends Received Deduction (see instructions)		(b) Deduction Allowed Under Section 250(a)(1)(A) - Foreign Derived Intangible Income	(c) Deduction Allowed Under Section 250(a)(1)(B) - Global Intangible Low-Taxed Income	Rental, Royalty, and Licensing Expenses		(f) Expenses Allocable to Sales Income	(g) Expenses Allocable to Gross Income From Performance of Services	
				(d) Depreciation, Depletion, and Amortization	(e) Other Allocable Expenses			
A								
B								
C								
Totals								
13. Allocable Deductions (continued)				14. Apportioned Share of Deductions (enter amount from allocable line of Schedule M, Part I, column (c), Part II, column (f), and Part III, column (g))		15. Net Operating Loss Deduction	16. Total Deductions (add columns 13(k) through 15)	17. Total Income or (Loss) Before Adjustments (subtract column 16 from column 12)
(h) Currency Loss	(i) Currency Loss Code (see instructions)	(j) Other Allocable Deductions (attach schedule) (see instructions)	(k) Total Allocable Deductions (add columns 13(a) through 13(h) and 13(j))					
A								1,613
B								
C								
Totals								

* For section 853(b) income, NOLs, income from RICs, high-taxed income, section 951A, and reallocation of income by reason of disregarded payments, use a single line (see instructions). Also, for reporting branches that are QBUs, use a separate line for each such branch.

For Paperwork Reduction Act Notice, see separate instructions.

EEA

Schedule B Foreign Tax Credit (Report all foreign tax amounts in U.S. dollars.)

Part I - Foreign Taxes Paid, Accrued, and Deemed Paid (see instructions)

1. Credit Is Claimed for Taxes (check one)		2. Foreign Taxes Paid or Accrued (attach schedule showing amounts in foreign currency and conversion rate(s) used)					
<input checked="" type="checkbox"/> Paid <input type="checkbox"/> Accrued		Tax Withheld at Source on:					
Date Paid	Date Accrued	(a) Dividends	(b) Distributions of Previously Taxed Earnings and Profits	(c) Branch Remittances	(d) Interest	(e) Rents, Royalties, and License Fees	(f) Other
A 12-28-2023		243					
B							
C							
Totals (add lines A through C)		243					

2. Foreign Taxes Paid or Accrued (attach schedule showing amounts in foreign currency and conversion rate(s) used) (continued)				3. Tax Deemed Paid (see instructions)
Other Foreign Taxes Paid or Accrued on:			(j) Total Foreign Taxes Paid or Accrued (add columns 2(a) through 2(i))	
(g) Sales	(h) Services Income	(i) Other		
A			243	
B				
C				
Totals			243	

Part II - Separate Foreign Tax Credit (Complete a separate Part II for each applicable category of income.)

1a	Total foreign taxes paid or accrued (total from Part I, column 2(j))	1a	243
b	Foreign taxes paid or accrued by the corporation during prior tax years that were suspended due to the rules of section 909 and for which the related income is taken into account by the corporation during the current tax year (see instructions)	1b	
2	Total taxes deemed paid (total from Part I, column 3)	2	
3	Reductions of taxes paid, accrued, or deemed paid (enter total from Schedule G, Part I)	3	
4	Taxes reclassified under high-tax kickout	4	
5	Enter the sum of any carryover of foreign taxes (from Schedule K, line 3, column (xiv), and from Schedule I, Part III, line 3) plus any carrybacks to the current tax year	5	
6	Total foreign taxes (combine lines 1a through 5)	6	243
7	Enter the amount from the applicable column of Schedule J, Part I, line 11 (see instructions). If Schedule J is not required to be completed, enter the result from the "Totals" line of column 17 of the applicable Schedule A	7	1,613
8a	Total taxable income from all sources (enter taxable income from the corporation's tax return)	8a	
b	Adjustments to line 8a (see instructions)	8b	
c	Subtract line 8b from line 8a	8c	
9	Divide line 7 by line 8c. Enter the resulting fraction as a decimal (see instructions). If line 7 is greater than line 8c, enter 1	9	1.0000000
10	Total U.S. income tax against which credit is allowed (regular tax liability (see section 26(b)) minus American Samoa economic development credit)	10	
11	Multiply line 9 by line 10	11	
12	Increase in limitation (section 960(c))	12	
13	Credit limitation (add lines 11 and 12) (see instructions)	13	
14	Separate foreign tax credit (enter the smaller of line 6 or line 13). Enter here and on the appropriate line of Part III	14	

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form4562 for instructions and the latest information.

Attach to your tax return.

Name(s) shown on return Field Manor Foundation Inc	Business or activity to which this form relates FORM 990PF - 1	Identifying number 59-3517194
--	--	---

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		
15	Property subject to section 168(f)(1) election		15
16	Other depreciation (including ACRS)		16 11,744

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 12,973
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property		12,949	15	HY	150 DB	647
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property	08-2023	16,069	39 yrs.	MM	S/L	155

Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

20a	Class life		
b	12-year		S/L
c	30-year		S/L
d	40-year		S/L

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28		21 1,382
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 26,901
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. 26 Property used more than 50% in a qualified business use: Farm Tractor 07-16-2020 100.0% 12,000 12,000 5 200 DB-HY 1,382 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 1,382 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.

30 Total business/investment miles driven during the year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(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 2023 tax year (see instructions): 43 Amortization of costs that began before your 2023 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

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	Name of exempt organization, employer, or other filer, see instructions. Field Manor Foundation Inc	Taxpayer identification number (TIN) 59-3517194
	Number, street, and room or suite no, If a P.O. box, see instructions. 750 Field Manor Drive	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Merritt Island FL 32953-4915	

Enter the Return Code for the return that this application is for (file a separate application for each return)

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 COUNTING COPPERS, LLC, PO BOX 561223 Rockledge FL 32956
 Telephone No. 321-236-8014 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.

- I request an automatic 6-month extension of time until 11-15, 2024, to file the **exempt organization return** for the organization named above. The extension is for the organization's return for:
 calendar year 2023 or
 tax year beginning _____, 20____, and ending _____, 20____.
- 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	\$	0
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	\$	0
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	\$	n

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

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

2023

Department of the Treasury
Internal Revenue Service

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

Name of filer

EIN or SSN

Field Manor Foundation Inc

59-3517194

Name and title of officer or person subject to tax

SUE NISBET LAWRENCE, PRESIDENT

Part I Type of Return and Return Information

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

1a	Form 990 check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	_____
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	_____
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b	_____
5a	Form 8868 check here	<input checked="" type="checkbox"/>	b	Balance due (Form 8868, line 3c)	5b	0
6a	Form 990-T check here	<input type="checkbox"/>	b	Total tax (Form 990-T, Part III, line 4)	6b	_____
7a	Form 4720 check here	<input type="checkbox"/>	b	Total tax (Form 4720, Part III, line 1)	7b	_____
8a	Form 5227 check here	<input type="checkbox"/>	b	FMV of assets at end of tax year (Form 5227, item D)	8b	_____
9a	Form 5330 check here	<input type="checkbox"/>	b	Tax due (Form 5330, Part II, line 19)	9b	_____
10a	Form 8038-CP check here	<input type="checkbox"/>	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	_____

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the

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

PIN: check one box only

I authorize Counting Coppers, LLC to enter my PIN 84651 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

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

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

Signature of officer or person subject to tax _____

Date 04-30-2025

Part III Certification and Authentication

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

619588 68014

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 _____

Date 04-29-2025

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

For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

Form 8879-TE **861235**

EEA

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

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

2023

Department of the Treasury
Internal Revenue Service

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

Name of filer

EIN or SSN

Field Manor Foundation Inc

59-3517194

Name and title of officer or person subject to tax

SUE NISBET LAWRENCE, PRESIDENT

Part I Type of Return and Return Information

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

1a	Form 990 check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	_____
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	_____
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b	_____
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance due (Form 8868, line 3c)	5b	_____
6a	Form 990-T check here	<input checked="" type="checkbox"/>	b	Total tax (Form 990-T, Part III, line 4)	6b	0
7a	Form 4720 check here	<input type="checkbox"/>	b	Total tax (Form 4720, Part III, line 1)	7b	_____
8a	Form 5227 check here	<input type="checkbox"/>	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	_____
9a	Form 5330 check here	<input type="checkbox"/>	b	Tax due (Form 5330, Part II, line 19)	9b	_____
10a	Form 8038-CP check here	<input type="checkbox"/>	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	_____

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____ (EIN) _____ and that I have examined a copy of the

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

PIN: check one box only

I authorize Counting Coppers, LLC to enter my PIN 84651 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

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

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

Signature of officer or person subject to tax

Date 04-30-2025

Part III Certification and Authentication

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

619588 68014

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

Date 04-29-2025

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

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

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

2023

Department of the Treasury
Internal Revenue Service

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

Name of filer Field Manor Foundation Inc EIN or SSN 59-3517194

Name and title of officer or person subject to tax SUE NISBET LAWRENCE, PRESIDENT

Part I Type of Return and Return Information

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

1a	Form 990 check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input checked="" type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b	179
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	<input type="checkbox"/>	b	Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here	<input type="checkbox"/>	b	Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	<input type="checkbox"/>	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	<input type="checkbox"/>	b	Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here	<input type="checkbox"/>	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____ (EIN) _____ and that I have examined a copy of the

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

PIN: check one box only

I authorize Counting Coppers, LLC to enter my PIN 84651 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

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

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

Signature of officer or person subject to tax _____ Date 04-30-2025

Part III Certification and Authentication

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

619588 68014

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 _____ Date 04-29-2025

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

For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

Form 8879-TE **861237**

Elections

(This page is e-filed with the return. Include it if paper-filing.)

2023 PG01

Name(s) as shown on return

Field Manor Foundation Inc

Tax ID Number

59-3517194

Section 1.263(a)-3(h) Safe Harbor Election for Small Taxpayers

NAME: Field Manor Foundation Inc

ADDRESS: 750 Field Manor Drive, Merritt Island, FL 32953-4915

SSN/EIN: 59-3517194

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: AC Unit

Client Copy

Federal Supporting Statements

2023 PG01

Name(s) as shown on return

Tax ID Number

Field Manor Foundation Inc

59-3517194

**Form 990PF - Part VII
Compensation Explanation**

Statement #A09

Name

LISA GLOVER

Explanation

Compensated indirectly through related party rules by holding assets as a financial advisor in a managed investment account. AUM Fees are paid to the financial advisor directly from the investment account to the broker.

**Form 990PF - Part I - Line 10
Sales of Inventory Schedule**

PG01
Statement #102

<u>Category</u>	<u>Gross Sales</u>	<u>COGS</u>	<u>Net</u>
Inventory Sales	1,301	33	1,268
Total	1,301	33	1,268

**Form 990PF - Part II - Line 13
Investments: Other Schedule**

PG01
Statement #118

<u>Category</u>	<u>Book value (BOY)</u>	<u>Book value (EOY)</u>	<u>FMV (EOY)</u>
473.000 ETF IWF Aq05/12/20LT	83,958	52,895	90,345
750.000 ETF EFA Aq05/12/20LT	42,439	42,439	56,513
395.000 ETF XLV Aq05/12/20LT	36,272	36,272	48,960
320.000 ETF SPDR DIA Aq05/12/20L	77,129	77,129	120,598
577.000 ETF XLE Aq12/07/22L	49,094	49,094	48,376
104.000 ETF IWF Aq12/07/22L	23,268	23,268	31,530
1465.000 ETF BND Vang Aq 04/06/22L	114,497	114,497	107,751
5,204.206 MF ACAZZ	130,373		
2,551.750 MF MDIJX	45,106	47,358	56,674
21,245.869 MF MHYIX	102,849	102,899	109,629
5098.533 MF HLIEX	80,504	83,578	117,164
13,569.854 MF PICYX	117,724	128,318	112,494
5204.206 MF LSGRX		116,862	120,894
Total	903,213	874,609	1,020,928

Federal Supporting Statements

2023 PG01

Name(s) as shown on return

Tax ID Number

Field Manor Foundation Inc

59-3517194

**Form 990PF - Part II - Line 22
Other Liabilities Schedule**

Statement #121

<u>Description</u>	<u>BOY Amount</u>	<u>EOY Amount</u>
Payroll Liability	4,158	
Security Deposits	19,124	7,524
Sales Tax Payable	109	323
Unrealized investment activity		<u>8,194</u>
Total	<u><u>23,391</u></u>	<u><u>16,041</u></u>

**990-T Schedule A Part II - Line 14
Other Deductions**

PG01
Statement #9

Form 990-T Schedule A: FACILITY RENTALS

Description	Amount
DUES & SUBSCRIPTIONS	1,105
INSURANCE	2,041
MEALS	11
MUSEUM & HOUSE SUPPLIES	1,640
UTILITIES	2,466
EVENT EXPENSES	29,316
PROFESSIONAL FEES	1,634
PAYMENT PROCESSING FEES	3,837
SECURITY	<u>290</u>
Total	<u><u>42,340</u></u>

PG01
Statement #EL43

Section 1.263(a)-1(f) de minimis safe harbor election

Name: Field Manor Foundation Inc

Address: 750 Field Manor Drive, Merritt Island, FL 32953-4915

EIN: 59-3517194

Statement: Taxpayer is making the de minimis safe harbor election under §1.263(a)-1(f).

Federal Supporting Statements

2023 PG01

(Name(s) as shown on return)

Tax ID Number

Field Manor Foundation Inc

59-3517194

Form 990PF - Part I - Line 23 - Other Expenses Schedule

Statement #103-

Description	Revenue and expenses	Net investment	Adjusted net income	Charitable purpose
MUSEUM SUPPLIES	651	0	0	404
DUES/LICENSE	1,271	0	0	1,165
MEALS	29	0	0	19
INSURANCE	5,371	0	0	3,330
OFFICE SUPPLIES	3,463	0	0	2,071
BANK FEES	0	0	0	0
UTILITIES	6,489	0	0	4,023
PAYMENT FEES	3,983	0	0	146
EVENT EXPENSES	18,054	0	0	19,739
SECURITY	754	0	0	473
GROUND/BUILDING MAINT SUPPLIES	25,077	0	0	15,160
DONATIONS TO OTHER ORG	495	0	0	495
Totals	<u>96,647</u>	<u>0</u>	<u>0</u>	<u>46,024</u>

PG01

Form 990PF - Part I - Line 11 - Other Income Schedule

Statement #106-

Description	Revenue and expenses	Net investment	Adjusted net income
WEDDING EVENTS	132,012	0	0
BUMENSBAD PROGRAM REVENUE	48,783	0	0
SALES TAX COLLECTION ALLOWANCE	0	0	0
Totals	<u>180,795</u>	<u>0</u>	<u>0</u>

Federal Supporting Statements

2023 PG01

Name(s) as shown on return

Tax ID Number

Field Manor Foundation Inc

59-3517194

Form 990PF - Part I - Line 16(b) - Accounting Fees Schedule

Statement #108-

Description	Revenue and expenses	Net investment	Adjusted net income	Charitable purpose
INDIRECT ACCOUNTING FEES	4,300	0	0	2,666
Totals	<u>4,300</u>	<u>0</u>	<u>0</u>	<u>2,666</u>

Form 990PF - Part I - Line 16(c) - Other Professional Fees Schedule

PG01
Statement #109-

Description	Revenue and expenses	Net investment	Adjusted net income	Charitable purpose
INVESTMENT ADVISOR FEES	12,571	12,571	0	0
Totals	<u>12,571</u>	<u>12,571</u>	<u>0</u>	<u>0</u>

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Federal Supporting Statements

2023 PG01

Name(s) as shown on return

Tax ID Number

Field Manor Foundation Inc

59-3517194

Form 990PF - Part I - Line 18 - Taxes Schedule

Statement #110-

Description	Revenue and expenses	Net investment	Adjusted net income	Charitable purpose
OTHER TAXES/BUIS LLC	518	0	0	321
PROPERTY TAXES	1,603	0	0	994
INV INC TAX	0	0	0	0
Totals	2,121	0	0	1,315

Form 990PF - Part II - Line 14 - Land Str. Schedule

PG01
Statement #119-

Description	Beginning of year book value	Cost or other basis	Accumulated depreciation	End of year book value	FMV
SIGN					
FURNITURE	6,435	10,993	6,355	4,638	
Air Conditioner		12,949	152	12,797	
IMPROVEMENTS	89,848	102,592	17,293	85,299	
EQUIPMENT	4,758	23,667	20,361	3,306	
BUILDING	419,457	552,225	151,069	401,156	
LAND	1,500,000	1,500,000		1,500,000	1,500,000
Sidewalk		16,069	803	15,266	
Total	2,020,498	2,218,495	196,033	2,022,462	1,500,000

Federal Supporting Statements

2023 PG01

Name(s) as shown on return
Field Manor Foundation Inc

Tax ID Number
59-3517194

Form 990PF - Part I - Line 19 - Depreciation Schedule

Statement #126

Description	Date Acquired	Cost or Other basis	Prior year Depreciation	Computation Method	Rate	Life	Current Year Depreciation	Net Investment Income	Adjusted Net Income
Equipment	04-30-2015	679	563	M	4.46	7	30	0	0
Restaurant Equipment	10-16-2018	450	327	M	8.92	7	10	0	0
Land	05-01-2014	2,500,000		NDA	0		0	0	0
Furniture	06-30-2016	3,402	2,811	M	4.46	7	152	0	0
Windows	09-06-2019	8,205	709	SL	2.564	39	210	0	0
Farm Tractor	07-16-2020	12,000	8,544	M	7.142	5	1,392	0	0
Building	05-01-2014	400,000	89,892	SL	2.254	33	10,356	0	0
Building Improvements	06-30-2016	49,899	8,307	SI	1.644	39	1,279	0	0
Pole Barn	05-22-2019	152,225	43,876	SL	2.765	20	8,045	0	0
Furniture	04-30-2015	875	975	M	4.46	7	0	0	0
Mower	03-25-2015	10,538	10,538	M	4.46	7	0	0	0
Pole Barn Pannels	12-10-2021	44,549	1,128	SL	2.502	20	3,061	0	0
Folding Chairs	06-23-2022	6,716	960	M	24.49	7	1,645	0	0
AC Unit	07-27-2021	12,949		SL	5	15	617	0	0
Sidewalk Around house	08-03-2023	16,059		ARP	1.952	15	155	0	0
Totals		2,218,495	170,129				26,901		

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990

Overflow Statement

2023

Page 1

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return

Field Manor Foundation Inc

FEIN

59-3517194

Taxes and Licenses for 990T, schedule A

Description	Amount
RE and property tax	\$ 609
Share of payroll taxes	5,165
Taxes, license and fees, other	197
Total:	\$ 5,971

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Estimated Tax Worksheet on Unrelated Business Taxable Income for Tax-Exempt Organizations

(and on Investment Income for Private Foundations)

2024

(This page is not filed with the return. It is for your records only.)

1	Unrelated business taxable income expected in the tax year	1	
2	Tax on the amount on line 1. See instructions for tax computation	2	
3	Alternative minimum tax for trusts. See instructions	3	
4	Total. Add lines 2 and 3	4	
5	Estimated tax credits. See instructions	5	
6	Subtract line 5 from line 4	6	
7	Other taxes. See instructions	7	
8	Total. Add lines 6 and 7	8	
9	Credit for federal tax paid on fuels. See instructions	9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	179
b	Enter the tax shown on the 2023 return. See instructions. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	179
c	2024 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	179

		(a)	(b)	(c)	(d)
11 Installment due dates. See instructions	11	05-15-2024	06-17-2024	09-16-2024	12-16-2024
12 Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization."	12	45	45	45	44
13 2023 Overpayment. See instructions	13				
14 Payment due (Subtract line 13 from line 12)	14	45	45	45	44

* Item is included in UBIG
for Section 199A calculations.
See "UBIA" in lower right corner.

Depreciation Detail Listing

990 PF

2023

PAGE 1

(This page is not filed with the return, it is for your records only.)

Field Manor Foundation Inc												Social Security number/EIN			
												59-3517194			
No.	Description	Date	Cost	Basis Adjustment	Business Percentage	Section	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	Equipment	06-30-2016	679		100.00	179		679	7	200 DB HY	4.46	562	30	592	
2	Restaurant Equipment	10-16-2018	450		100.00			450	7	200 DB HY	8.92	327	40	367	
3	Land	05-01-2014	1,500,000	500,000	100.00			0			0				
4	Furniture	06-30-2016	3,402		100.00			3,402	7	200 DB HY	4.46	2,811	152	2,963	
5	Windows	08-06-2019	8,205		100.00			8,205	39	SL MM	2.564	709	210	919	
6	Farm Tractor	07-16-2020	12,000		100.00			12,000	5	200 DB HY	11.52	8,544	1,382	9,926	
7	Building	05-01-2014	400,000		100.00			400,000	39	SL MM	2.564	33,892	10,256	44,148	
8	Building Improvements	06-30-2016	49,838		100.00			49,838	39	SL MM	2.564	3,307	1,278	4,585	
9	Pole Barn	05-22-2018	152,225		100.00			152,225	20	150 DB HY	5.285	43,876	8,045	51,921	
10	Furniture	04-30-2015	875		100.00			875	7		0		875	875	
11	Mower	09-15-2015	10,538		100.00			10,538	7		0	10,538		10,538	
12	Pole Barn Pannels	12-10-2021	44,549		100.00			44,549	20	150 DB MQ	6.872	3,728	3,061	6,789	
13	Folding Chairs	06-23-2022	6,716		100.00			6,716	7	200 DB HY	24.49	950	1,645	2,605	
14	AC Unit	07-27-2023	12,949		100.00			12,949	15	150 DB HY	5		647	647	
15	Sidewalk Around House	08-03-2023	16,069		100.00			16,069	15	SL MM	.962		155	155	
Totals			2,218,495					718,495				170,129	26,901	197,030	
Land Amount															
Net Depreciable Cost			2,218,495												
												CY 179 and CY Bonus		ST ADJ:	
												TOTAL CY Depr including 179/bonus		26,901	

Next Year's Depreciation Worksheet

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

Tax ID Number

Field Manor Foundation Inc

59-3517194

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
PF	1	Equipment	06-30-2016	679	200 DBHY	7	
PF	1	Restaurant Equipment	10-16-2018	450	200 DBHY	7	40
PF	1	Land	05-01-2014			0	
PF	1	Furniture	06-30-2016	3,402	200 DBHY	7	
PF	1	Windows	08-06-2019	8,205	SL MM	39	210
PF	1	Farm Tractor	07-16-2020	12,000	200 DBHY	5	1,382
PF	1	Building	05-01-2014	400,000	SL MM	39	10,256
PF	1	Building Improvements	06-30-2016	49,838	SL MM	39	1,278
PF	1	Pole Barn	05-22-2018	152,225	150 DBHY	20	7,441
PF	1	Furniture	04-30-2015	875		7	
PF	1	Mower	09-25-2015	10,538		7	
PF	1	Pole Barn Pannels	12-10-2021	44,549	150 DBMQ	20	2,832
PF	1	Folding Chairs	06-23-2022	6,716	200 DBHY	7	1,175
PF	1	AC Unit	07-27-2023	12,949	150 DBHY	15	1,230
PF	1	Sidewalk Around House	08-03-2023	16,069	SL MM	15	1,071
		TOTAL					26,915

Client Copy

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.) Field Manor Foundation, Inc.	
	2	Business name/disregarded entity name, if different from above.	
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input checked="" type="checkbox"/> Other (see instructions) 501(c)(3)	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>
	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. <input type="checkbox"/>	
	5	Address (number, street, and apt. or suite no.). See instructions. 750 Field Manor Drive	Requester's name and address (optional)
	6	City, state, and ZIP code Merritt Island, FL 32953	
	7	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

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

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

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

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here	Signature of U.S. person	<i>Michelle Barnett, Accountant</i>	Date	6/3/2025
------------------	--------------------------	-------------------------------------	------	----------

General Instructions

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

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

What's New

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

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

Purpose of Form

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

Marketing Support Program - FIELD MANOR FOUNDATION							
FY 2025-2026							
Event Income/Expense Report							
Expenses	2025 projection	2024 actuals	VAR+10% Increase	Income	2025 projection	2024 actuals	VAR
Personnel - Administrative	\$194,952.67	\$191,130.07	\$3,822.60	Donated goods/services	\$4,363.59	\$4,278.03	\$85.56
Travel	\$800.00	\$943.94	-\$143.94	Donations & public support	\$56,832.78	\$55,718.41	\$1,114.37
Collections/Acquisitions	\$2,000.00	\$1,416.84	\$583.16	Memberships	\$7,404.16	\$7,258.98	\$145.18
Insurance	\$6,874.56	\$7,124.56	-\$250.00	Program Revenue	\$21,501.86	\$21,080.25	\$421.61
Advertising - brochures, rackcards	\$9,810.05	\$2,114.36	\$7,695.69	Revenue from other sources	\$88,109.74	\$86,382.10	\$1,727.64
Other Event Expenses	\$34,096.17	\$33,427.62	\$668.55	Investment Income	\$56,625.67	\$55,515.36	\$1,110.31
Processing Fees	\$2,098.58	\$2,057.43	\$41.15				
Subtotal Expenses	\$250,632.03	\$238,214.82	\$12,417.21				
Other Expenses							
Other G&A	\$19,621.05	\$19,236.32	\$384.73				
Grove & Museum Repairs & Maintenance	\$23,384.91	\$22,926.38	\$458.53	Subtotal Incomes	\$234,837.79	\$230,233.13	\$4,604.66
				Income Sponsors			
				Cash in Bank to start	\$184,829.28	\$133,985.82	\$50,843.46
				Income Other			
				TDC grant funding	\$0.00	\$10,000.00	-\$10,000.00
				Florida DOS (projected)	\$ 73,000.00	\$0.00	\$73,000.00
				Total Income	\$307,837.79	\$240,233.13	-\$67,604.66
				Total Expenses Paid	\$293,637.99	\$280,377.52	-\$13,260.47
				Profit/Loss	\$14,199.81	-\$40,144.39	
Subtotal Other Expenses	\$43,005.95	\$42,162.70	-\$843.25				
Marketing - please specify Brevard/Out-of-County				Field Manor Foundation's Fiscal Year runs January-December			
Out-of-County	\$0.00	\$7,970.00	-\$7,970.00				
In County	\$1,700.00	\$1,200.00	\$500.00				
			\$0.00				
			\$0.00				
			\$0.00				
			\$0.00				
Subtotal Marketing	\$1,700.00	\$9,170.00	\$7,470.00				
Total Expenses 2025	\$293,637.99	\$280,377.52					

Space Coast FLORIDA

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

Applicant organization name: Field Manor Foundation, Inc.

Applicant event name: Seasonal

Applicant name completing this form: Korinn Braden

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

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

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

Korinn Braden June 4, 2025
Applicant signature & date

Native Rhythm Festival

[Return to Table of Contents](#)



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

Applicant Organization Name: Native Heritage Gathering INC

Applicant Event Name: Native Rhythms Festival

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

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

YES	NO
-----	----

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

 7/2/2025

Peter Cranis, Executive Director

FY 2025-2026 Marketing Support Program application

Response ID:42 Data

2. (untitled)

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



Signature of: Martha Pessaro

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

Native Heritage Gathering, Inc.

Organization address

1280 Marshall Court

State

FL

City

Merritt Island

Zip

32953

Primary contact name

Martha Pessaro

Primary contact phone number

3215052418

Primary contact email

Martha@nativeRhythmsFestival.com

Secondary contact name

John Ellis

Secondary contact phone number

3219170276

Secondary contact email

John@Nativerhythmsfestival.com

Organization website address

<https://NativeRhythmsFestival.com>

5. (untitled)

4. Which best describes your organization?

501(C)(3)

6. (untitled)

5. What is your Federal Employee ID number?

36-4508361

7. (untitled)

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

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

8. (untitled)

7. EVENT INFORMATION - #1

Name of event

Native Rhythms Festival

Event website address (if different from organization website)

same

Event location

Wickham Park 2500 Parkway Drive Melbourne, FL

9. (untitled)

8. What is the first date of your event?

11/13/2025

10. (untitled)

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

4

11. (untitled)

10. Do you have a second event?

No

12. (untitled)

1. **EVENT INFORMATION - #2**

Name of event

Event website address (if different from organization website)

Event location

13. (untitled)

What is the first date of your event?

14. (untitled)

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

15. (untitled)

Do you have a third event?

16. (untitled)

5. **EVENT INFORMATION - #3**

Name of event

Event website address (if different from organization website)

Event location

17. (untitled)

What is the first date of your event?

18. (untitled)

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

19. (untitled)

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

Billboards
Digital advertising (banner ads, etc.)
Direct mail
Radio
Search advertising (pay-per-click, etc.)
Social hashtags
Social media (Facebook, Instagram, YouTube, etc.)
TV/Video
Other - Please be specific.....: PowWow highway (cultural communications)

20. (untitled)

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

21. (untitled)

12. What are your social media handles?

Facebook : NativeRhythmsFestival
Instagram : N/A
YouTube : NativeRhythmsFestival

22. (untitled)

13. What hashtags do you currently use?

#NativeRhythmsFestival

23. (untitled)

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

[NHGI_501C3.pdf](#)

24. (untitled)

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

[e-Postcard_View9902025.pdf](#)

25. (untitled)

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

26. (untitled)

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

[NHGIFLAnnualReport.pdf](#)

27. (untitled)

17. Upload your completed W-9 form.

[W9March2024.pdf](#)

28. (untitled)

18. Upload your completed Event Income/Expense report.

[NHGISCOTEventIncomeExpense.pdf](#)

29. (untitled)

19. Upload your completed Checklist.

[NHGISCOTChecklist.pdf](#)

30. (untitled)

20.

ATTESTATION

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

A handwritten signature in black ink that reads "Martha Pessaro". The script is cursive and fluid.

Signature of: Martha Pessaro

31. Thank You!

New Send Email

Jun 02, 2025 09:52:17 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com;
Terrence.Parks@VisitSpaceCoast.com

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

DEPARTMENT OF THE TREASURY

Date:

NOV 12 2009

NATIVE HERITAGE GATHERING INC
1280 MARSHALL CT
MERRITT ISLAND, FL 32953

Employer Identification Number:
36-4508361

DLN:

209314022

Contact Person:

JOHN JENNEWEIN

ID# 31307

Contact Telephone Number:

(877) 829-5500

Public Charity Status:

170(b)(1)(A)(vi)

Dear Applicant:

Our letter dated May 2003, 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)

831260

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007847

Entity Name: NATIVE HERITAGE GATHERING, INC.

Current Principal Place of Business:

1280 MARSHALL COURT
MERRITT ISLAND, FL 32953

Current Mailing Address:

1280 MARSHALL COURT
MERRITT ISLAND, FL 32953

FEI Number: 36-4508361

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PESSARO, MARTHA S
1280 MARSHALL COURT
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 D
Name ELLIS, JOHN
Address 3641 TURTLEMOUND ROAD
City-State-Zip: MELBOURNE FL 32934

Title T
Name PESSARO, MARTHA
Address 1280 MARSHALL CT
City-State-Zip: MERRITT ISLAND FL 32953

Title D
Name ELLIS, CLAIRE
Address 3641 TURTLEMOUND RD.
City-State-Zip: MELBOURNE FL 32934

Title DIRECTOR
Name RANSOM, TOM R
Address 1008 SHAWNDA LANE
City-State-Zip: KISSIMMEE FL 34744

Title DIRECTOR
Name BUGAISKI, JOYCE JR.
Address 4709 S. DOSSEY ROAD
City-State-Zip: LAKELAND FL 33811

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: MARTHA PESSARO

TREASURER

02/11/2025

Electronic Signature of Signing Officer/Director Detail

Date

Department of the Treasury
Internal Revenue Service

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2024

Open to Public Inspection

A For the **2024** Calendar year, or tax year beginning **2024-01-01** and ending **2024-12-31****B** Check if available

-
- Terminated for Business
-
-
- Gross receipts are normally \$50,000 or less

C Name of Organization: **NATIVE HERITAGE GATHERING****1280 Marshall Court, Merritt
Island, FL, US, 32953****D** Employee Identification
Number **36-4508361****E** Website:<https://www.NativeRhythmsFestival.com>**F** Name of Principal Officer: **Martha Pessaro****1280 Marshall Court, Merritt
Island, FL, US, 32953**

Privacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.

**Request for Taxpayer
Identification Number and Certification**

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

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

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

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.)
Native Heritage Gathering, Inc.

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

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.
 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) _____

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.
1280 Marshall Court

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

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the 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										
3	6		-	4	5	0	8	3	6	1

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here Signature of U.S. person *Mantha S. Pessano* Date *6-2-2025*

General Instructions

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

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

What's New

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

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

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).

Marketing Support Program - NATIVE HERITAGE GATHERING							
FY 2025-2026							
Event Income/Expense Report							
Expenses	2025-2026 projection	2024-2025 actuals	VAR+10% Increase	Income	2025-2026 projection	2024-2025 actuals	VAR
Contracted Services	\$30,000.00	\$23,850.00	\$6,150.00	Contracted Fees	\$13,500.00	\$7,215.00	\$6,285.00
Equipment	\$2,000.00	\$7,572.00	-\$5,572.00	Individual Contributions	\$11,000.00	\$23,942.00	-\$12,942.00
Insurance	\$400.00	\$505.00	-\$105.00	Corporate Contributions	\$12,000.00	\$6,314.00	\$5,686.00
Materials	\$1,000.00	\$5,707.00	-\$4,707.00	Foundations	\$5,000.00	\$6,500.00	-\$1,500.00
Outside Artistic Services	\$7,900.00	\$8,873.00	-\$973.00	State Support	\$0.00	\$12,500.00	-\$12,500.00
Space Rentals	\$2,500.00	\$4,771.00	-\$2,271.00				
Subtotal Expense	\$43,800.00	\$51,278.00	-\$7,478.00				
Other Expenses							
Corporate fees, etc.	\$200.00	\$230.00	-\$30.00				
			\$0.00	Subtotal Income	\$41,500.00	\$56,471.00	-\$14,971.00
			\$0.00				
			\$0.00	Cash in Bank to start	\$2,000.00	\$2,000.00	\$0.00
			\$0.00	Other Income	\$5,500.00	\$1,024.00	\$4,476.00
			\$0.00	TDC grant funding	\$0.00	\$5,000.00	-\$5,000.00
			\$0.00	Total Income	\$47,000.00	\$62,495.00	-\$15,495.00
			\$0.00	Total Expenses Paid	\$47,000.00	\$57,658.00	-\$10,658.00
Subtotal Other Expenses	\$200.00	\$230.00	-\$30.00	Profit/Loss	\$0.00	\$4,837.00	
Marketing - please specify Brevard/Out-of-County							
Brevard County	\$2,000.00	\$3,000.00	-\$1,000.00				
Out of County	\$1,000.00	\$3,150.00	-\$2,150.00				
Subtotal Marketing	\$3,000.00	\$6,150.00	-\$3,150.00				
Total Expenses 2025-2026	\$47,000.00	\$57,658.00					

Space Coast FLORIDA

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

Applicant organization name: NATIVE HERITAGE GATHERING, INC.

Applicant event name: 17TH ANNUAL NATIVE RHYTHMS FESTIVAL

Applicant name completing this form: MARTHA PESSARO

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

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

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

Martha S. Pessaro
Applicant signature & date

Space Coast Art Festival

[Return to Table of Contents](#)



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

Applicant Organization Name: Space Coast Art Festival

Applicant Event Name: Space Coast Art Festival

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

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

YES	<input checked="" type="checkbox"/>
-----	-------------------------------------

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

 7/6/2025

Peter Cranis, Executive Director

FY 2025-2026 Marketing Support Program application

Response ID:14 Data

2. (untitled)

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



Signature of: Steven Izzo

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 Art Festival, Inc.

Organization address

P.O. Box 146

State

FL

City

Cape Canaveral

Zip

32920

Primary contact name

Steve Izzo

Primary contact phone number

862-222-4820

Primary contact email

steve@spacecoastartfestival.com

Secondary contact name

Marilyn Grigsby

Secondary contact phone number

321-543-0891

Secondary contact email

info@spacecoastartfestival.com

Organization website address

www.spacecoastartfestival.com

5. (untitled)

4. Which best describes your organization?

501(C)(3)

6. (untitled)

5. What is your Federal Employee ID number?

59-1562006

7. (untitled)

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

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

8. (untitled)

7. EVENT INFORMATION - #1

Name of event

Space Coast Art Festival

Event website address (if different from organization website)

www.spacecoastartfestival.com

Event location

The Avenue Viera

9. (untitled)

8. What is the first date of your event?

11/08/2025

10. (untitled)

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

2

11. (untitled)

10. Do you have a second event?

No

12. (untitled)

1. **EVENT INFORMATION - #2**

Name of event

Event website address (if different from organization website)

Event location

13. (untitled)

What is the first date of your event?

14. (untitled)

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

15. (untitled)

Do you have a third event?

16. (untitled)

5. **EVENT INFORMATION - #3**

Name of event

Event website address (if different from organization website)

Event location

17. (untitled)

What is the first date of your event?

18. (untitled)

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

19. (untitled)

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

Social hashtags

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

Other - Please be specific.....: Direct email to artists, paid social media, print ads

20. (untitled)

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

21. (untitled)

12. What are your social media handles?

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

Instagram : <https://www.instagram.com/spacecoastartfestival/>

YouTube : na

22. (untitled)

13. What hashtags do you currently use?

#SpaceCoastArtFestival #FreeAdmission #SupportLocalArtists #HappeningNow #VieraCommunity #ArtsBrevard

#BrevardCountyEvents #SpaceCoastEvents #ThingsToDoInBrevard

23. (untitled)

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

[SCAF_IRS_Non-Profit_Determination_Feb1996.pdf](#)

24. (untitled)

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

[SCAF_990_ez\(2022\).pdf](#)

25. (untitled)

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

26. (untitled)

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

[SCAF_Florida_Annual_Report_2025_Sunbiz.pdf](#)

27. (untitled)

17. Upload your completed W-9 form.

[SCAF_IRS_W-9_Form_2025_Filled_in.pdf](#)

28. (untitled)

18. Upload your completed Event Income/Expense report.

[SCAF_Event_Income_Expense_Report_template_FY25-26_filled.pdf](#)

29. (untitled)

19. Upload your completed Checklist.

[SCAF_MSP_applicant_checklist_4.30.2025_filled.pdf](#)

30. (untitled)

20.

ATTESTATION

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

A handwritten signature in black ink, appearing to read "Steven Izzo". The signature is stylized with a large, looped "S" and a distinct "I" and "Z" that are connected to the "I" and "O".

Signature of: Steven Izzo

31. Thank You!

New Send Email

May 20, 2025 11:43:04 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com;
Terrence.Parks@VisitSpaceCoast.com

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
401 W. PEACHTREE ST. NW
ATLANTA, GA 30365

DEPARTMENT OF THE TREASURY

Date: FEB. 16 1996

SPACE COAST ART FESTIVAL INC
C/O RONALD E BRAY
P O BOX 521057
COCOA BEACH, FL 32932-1057

Employer Identification Number:
59-1562006
Case Number:
585334036
Contact Person:
GERALD MURPHY
Contact Telephone Number:
(770) 593-7491
Accounting Period Ending:
January 31
Foundation Status Classification:
509(a)(2)
Advance Ruling Period Begins:
November 21, 1995
Advance Ruling Period Ends:
January 31, 2000
Addendum Applies:
Yes

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).

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

Letter 1045 (00/CG)

SPACE COAST ART FESTIVAL INC

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.

If you are required to file a return you must file it by the 15th day of the fifth month after the end of your annual accounting period. We charge a penalty of \$10 a day when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty we charge cannot exceed \$5,000 or 5 percent of your gross receipts for the year, whichever is less. We may also charge this penalty if a return is not complete. So, please be sure your return is complete before you file it.

SPACE COAST ART FESTIVAL INC

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 990-1, 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 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.

This determination is based on evidence that your funds are dedicated to the purposes listed in section 501(c)(3) of the Code. To assure your continued exemption, you should keep records to show that funds are spent only for those purposes. If you distribute funds to other organizations, your records should show whether they are exempt under section 501(c)(3). In cases where the recipient organization is not exempt under section 501(c)(3), you must have evidence that the funds will remain dedicated to the required purposes and that the recipient will use the funds for those purposes.

If you distribute funds to individuals, you should keep case histories showing the recipients' names, addresses, purposes of awards, manner of selection, and relationship (if any) to members, officers, trustees or donors of funds to you, so that you can substantiate upon request by the Internal Revenue Service any and all distributions you made to individuals. (Revenue Ruling 56-304, C.B. 1956-2, page 306.)

If we said in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

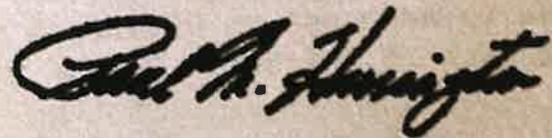
Because this letter could help us resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

-4-

SPACE COAST ART FESTIVAL 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,

A handwritten signature in black ink, appearing to read "Paul A. Hovington". The signature is written in a cursive style with a large, prominent initial "P".

District Director

Enclosure(s):
Addendum
Form 872-C

SPACE COAST ART FESTIVAL INC

You are required to make your annual return available for public inspection for three years after the return is due. You are also required to make available a copy of your exemption application, and supporting documents, and this exemption letter. Failure to make these documents available for public inspection may subject you to a penalty of \$10 per day for each day there is failure to comply (up to a maximum of \$5,000 in the case of an annual return). See Internal Revenue Service Notice 88-120, 1988-2 C.B. 454, for additional information.

If your organization conducts fund-raising events such as benefit dinners, auctions, membership drives, etc., where something of value is received in return for contributions, you can help your donors avoid difficulties with their income tax returns by assisting them in determining the proper tax treatment of their contributions. To do this you should, in advance of the event, determine the fair market value of the benefit received and state it in your fund-raising materials such as solicitations, tickets, and receipts in such a way that your donors can determine how much is deductible and how much is not. To assist you in this, the Service has issued Publication 1391, Deductibility of Payments Made to Charities Conducting Fund-Raising Events. You may obtain copies of Publication 1391 from your local IRS Office. Guidelines for deductible amounts are also set forth in Revenue Ruling 67-246, 1967-2 C.B. 104 and Revenue Procedure 90-12, 1990-1 C.B. 471 and Revenue Procedure 92-49, 1992-26 I.R.B. 18.

Short Form
Return of Organization Exempt From Income Tax
 Under section 601(c), 627, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

2021

Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

▶ 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.

A For the 2021 calendar year, or tax year beginning 02/01/21, and ending 01/31/22

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

C Name of organization
SPACE COAST ART FESTIVAL INC

D Employer identification number
****-***2006**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 146

E Telephone number
321-543-0891

City or town, state or province, country, and ZIP or foreign postal code
CAPE CANAVERAL FL 32920

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

I Website: ▶ **N/A**

H Check if the organization is not required to attach Schedule B (Form 990).

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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **50,961**

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

		1	2	3	4	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received																								15,000	
	2	Program service revenue including government fees and contracts																								35,961	
	3	Membership dues and assessments																									
	4	Investment income																									
	5a	Gross amount from sale of assets other than inventory																									
	5b	Less: cost or other basis and sales expenses																									
	5c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)																									
	6	Gaming and fundraising events:																									
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)																									
6b	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)																										
6c	Less: direct expenses from gaming and fundraising events																										
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																										
7a	Gross sales of inventory, less returns and allowances																										
7b	Less: cost of goods sold																										
7c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)																										
8	Other revenue (describe in Schedule O)																										
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																								50,961		
Expenses	10	Grants and similar amounts paid (list in Schedule O)																									
	11	Benefits paid to or for members																									
	12	Salaries, other compensation, and employee benefits																									
	13	Professional fees and other payments to independent contractors																									
	14	Occupancy, rent, utilities, and maintenance																								6,494	
	15	Printing, publications, postage, and shipping																									
	16	Other expenses (describe in Schedule O)																								34,001	
	17	Total expenses. Add lines 10 through 16																								40,495	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)																								10,466	
	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)																								10,417	
	20	Other changes in net assets or fund balances (explain in Schedule O)																								-1,400	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																								19,483	

or Paperwork Reduction Act Notice, see the separate instructions.

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

-*2006

	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		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		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)?		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		X
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		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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions		X
b Did the organization file Form 1120-POL for this year?		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?		X
b If "Yes," complete Schedule L, Part II, and enter the total amount involved		X
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 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		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		X
41 List the states with which a copy of this return is filed	NONE	
42a The organization's books are in care of	Marilyn Grigsby	
26 Danube Rd	Cocoa Beach, FL ZIP + 4 32931	
Located at	Cocoa Beach, FL ZIP + 4 32931	
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		X
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 United States? If "Yes," enter the name of the foreign country		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		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		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		X
c Did the organization receive any payments for indoor tanning services during the year?		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		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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		X

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

	Yes	No
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

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

	Yes	No
47		X
48		X
49a		X
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

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) (if not paid, enter -0-)	(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: **MARILYN GRIGSBY** Date: **PRESIDENT**
 Type or print name and title

Paid Preparer Use Only Print/Type preparer's name: **CHRISTOPHER DAVIS** Preparer's signature: **CHRISTOPHER DAVIS** Date: **05/26/22** Check if self-employed PTIN: *********
 Firm's name: **BREVARD ACCOUNTING GROUP, CPA'S, PA** Firm's EIN: ****--***8410**
 Firm's address: **150 FORTENBERRY RD STE A MERRITT ISLAND, FL 32952-3681** Phone no.: **321-452-5061**

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

Marketing Support Program - SPACE COAST ART FESTIVAL								
FY 2025-2026								
Event Income/Expense Report								
Expenses	2025-2026 projection	2024-2025 actuals	VAR+10% Increase	Income	2025-2026 projection	2024-2025 actuals	VAR	
Festival Expense	\$12,225.00	\$12,987.00	-\$762.00	Artists	\$23,950.00	\$28,637.00	-\$4,687.00	
Artist Awards	\$6,000.00	\$6,428.00	-\$428.00	Food Vendors	\$1,000.00	\$900.00	\$100.00	
Schools Awards	\$1,500.00	\$1,500.00	\$0.00	Other Grants	\$3,000.00	\$3,045.00	-\$45.00	
Student Awards	\$1,980.00	\$1,980.00	\$0.00	Merchandise Sales	\$500.00	\$400.00	\$100.00	
Student Art Festival Expense	\$2,600.00	\$2,073.00	\$527.00	Other New Donations	\$750.00	\$0.00	\$750.00	
Expense Subtotal	\$24,305.00	\$24,968.00	-\$663.00					
Other Expenses								
Refunds (due to reschedule)	\$0.00	\$5,550.00	-\$5,550.00	Income Subtotal	\$29,200.00	\$32,982.00	-\$3,782.00	
Corporate Insurance	\$1,250.00	\$1,339.00	-\$89.00					
Office Rent	\$1,000.00	\$6,690.00	-\$5,690.00					
Other Office Expenses	\$525.00	\$886.00	-\$361.00	Income Sponsors	\$9,000.00	\$9,696.00	-\$696.00	
Accountant (CPA)	\$550.00	\$530.00	\$20.00					
Storage Space Rental	\$1,200.00	\$0.00	\$1,200.00	Cash in Bank to start	\$26,082.00	\$18,047.00	\$8,035.00	See Note 2
			\$0.00	Income Other				
			\$0.00	TDC grant funding	\$0.00	\$6,667.00	-\$6,667.00	
			\$0.00	Total Income	\$38,200.00	\$49,345.00	-\$11,145.00	
			\$0.00	Total Expenses Paid	\$38,930.00	\$50,877.00		
Other Expenses Subtotal	\$4,525.00	\$14,995.00	-\$10,470.00	Profit/Loss	-\$730.00	-\$1,532.00		
Marketing Expense								
Advertising	\$10,100.00	\$10,914.00	-\$814.00					
			\$0.00					
Marketing Subtotal	\$10,100.00	\$10,914.00	-\$814.00					
Total Expenses 2025-2026	\$38,930.00	\$50,877.00						
Notes Added								
1. VAR is calculated as 2025-2026 minus 2024-2025 to see the net change								
2. Bank Balance in 2025 includes pre-paid artist fees that were rolled over from 2024 due to reschedule								
3. Refunds: paid to some Artists due to reschedule in 2024								
4. Office Rent: Vacated physical office space to reduce Administrative expenses								
5. Amounts rounded, primary line items shown, but small expense categories not included								
6. Categorization of expenses may vary slightly from year to year but do not impact overall summary								
7. 2025-2026 Budget Plan reduced to impact of likely no TDC direct funding								



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

Applicant organization name: Space Coast Art Festival, Inc.

Applicant event name: Space Coast Art Festival

Applicant name completing this form: Steven Izzo

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

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

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

Applicant signature & date

19 May 2025

38th Annual Veterans Reunion/Memorial Wall

[Return to Table of Contents](#)



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

Applicant Organization Name: Veterans Memorial Reunion Inc

Applicant Event Name: Traveling Wall exhibit

	Yes	No	Comment
1. Completed application	X		
2. Copy of IRS Articles of Incorporation – (if applicable)		X	N/A
3. Copy of IRS Determination letter – (if applicable)	X		
4. Copy of SunBiz.org (if applicable)	X		
5. Copy of 990 (if applicable)		X	Did not submit the document
6. Copy of completed W-9 (March 2024)	X		
7. Income/Expense worksheet (required for all applicants)	X		
8. Copy of the Applicant checklist	X		

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

YES	NO
------------	-----------

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

Peter Cranis *7/2/2025*

Peter Cranis, Executive Director

FY 2025-2026 Marketing Support Program application

Response ID:73 Data

2. (untitled)

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



Signature of: Michael K Roman

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

Veterans Memorial Reunion Inc

Organization address

PO Box 110801

State

FL

City

Palm Bay

Zip

32911

Primary contact name

Charles Heywood IV

Primary contact phone number

561-445-8503

Primary contact email

coo@veteransmemorialreunioninc.org

Secondary contact name

Kennian T Torres

Secondary contact phone number

321-458-5852

Secondary contact email

vp@veteransmemorialreunioninc.org

Organization website address

www.veteransmemorialreunioninc.org

5. (untitled)

4. Which best describes your organization?

501(C)(3)

6. (untitled)

5. What is your Federal Employee ID number?

93-4441136

7. (untitled)

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

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

8. (untitled)

7. EVENT INFORMATION - #1

Name of event

38th Annual Veterans Reunion

Event website address (if different from organization website)

same

Event location

Wickham Park, Melbourne, FL

9. (untitled)

8. What is the first date of your event?

05/02/2026

10. (untitled)

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

11

11. (untitled)

10. Do you have a second event?

No

12. (untitled)

1. **EVENT INFORMATION - #2**

Name of event

Event website address (if different from organization website)

Event location

13. (untitled)

What is the first date of your event?

14. (untitled)

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

15. (untitled)

Do you have a third event?

16. (untitled)

5. **EVENT INFORMATION - #3**

Name of event

Event website address (if different from organization website)

Event location

17. (untitled)

What is the first date of your event?

18. (untitled)

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

19. (untitled)

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

Billboards

Digital advertising (banner ads, etc.)

Radio

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

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

TV/Video

20. (untitled)

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

21. (untitled)

12. What are your social media handles?

Facebook : veteransmemorialreunioninc

Instagram : veteransmemorialreunioninc

YouTube : NA

22. (untitled)

13. What hashtags do you currently use?

NA

23. (untitled)

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

[501c3_letter.pdf](#)

24. (untitled)

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

[990pf_extension.pdf](#)

25. (untitled)

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

26. (untitled)

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

[Detail_by_Entity_Name.pdf](#)

27. (untitled)

17. Upload your completed W-9 form.

[W-9_FORM_June_2025.pdf](#)

28. (untitled)

18. Upload your completed Event Income/Expense report.

[Event_Income_Expense_Report_FY25-26.pdf](#)

29. (untitled)

19. Upload your completed Checklist.

[checklist.pdf](#)

30. (untitled)

20.

ATTESTATION

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

A handwritten signature in black ink, appearing to read 'M Roman', with a long horizontal stroke extending to the right.

Signature of: Michael Roman

31. Thank You!

New Send Email

Jun 07, 2025 20:46:29 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com;
Terrence.Parks@VisitSpaceCoast.com



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

VETERANS MEMORIAL REUNION INC
2290 N RONALD REAGAN BLVD SUITE 140
LONGWOOD, FL 32750

Date:
02/22/2024
Employer ID number:
93-4441136
Person to contact:
Name: Customer Service
ID number: 31954
Telephone: 877-829-5500
Accounting period ending:
December 31
Form 990-PF required:
Yes
Effective date of exemption:
January 1, 2024
Addendum applies:
No
DLN:
26053436009944

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 private foundation within the meaning of Section 509(a).

You're required to file Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation, annually, whether or not you have income or activity during the year. 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-PF" in the search bar to view Publication 4221-PF, Compliance Guide for 501(c)(3) Private Foundations, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

Stephen A. Martin

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements



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

Detail by Entity Name

Florida Not For Profit Corporation
 VETERANS MEMORIAL REUNION INC.

Filing Information

Document Number N23000013030
FEI/EIN Number 93-4441136
Date Filed 10/27/2023
Effective Date 01/01/2024
State FL
Status ACTIVE

Principal Address

740 Glendale Ave NW
 Palm Bay, FL 32907

Changed: 06/07/2024

Mailing Address

PO Box. 110801
 Palm Bay, FL 32911

Changed: 06/07/2024

Registered Agent Name & Address

ROMAN, MICHAEL K
 740 Glendale Ave NW
 Palm Bay, FL 32907

Address Changed: 03/25/2025

Officer/Director Detail

Name & Address

Title P

ROMAN, MICHAEL K
 740 GLENDALE AVE NW
 PALM BAY, FL 32907

Title VP

TORRES, KENNIAN C
2702 CARLSON CIRCLE APT 202
202 MELBOURNE, FL 32901

Title COO

HEYWOOD, CHARLES H, IV
106 HURWOOD AVE
MERRITT ISLAND, FL 32953

Annual Reports

Report Year	Filed Date
2025	03/25/2025

Document Images

[03/25/2025 -- ANNUAL REPORT](#)

[View image in PDF format](#)

[10/27/2023 -- Domestic Non-Profit](#)

[View image in PDF format](#)

SEND E THIS SECTION	COMPLETE THIS SECTION ON DELIVERY														
<ul style="list-style-type: none">■ Complete items 1, 2, and 3.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.	<p>A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee</p>														
<p>1. Article Addressed to: <i>Internal Revenue Service MAIL STOP 6054 1973 N Rulon White Blvd Ogden UT 84201-0045</i></p>  <p>9590 9402 9253 4295 3517 01</p>	<p>B. Received by <i>(Printed Name)</i> C. Date of Delivery</p>														
<p>2. Article Number <i>(Transfer from service label)</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> 														
<p>9589 0710 5270 2428 9182 09</p> <p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	<p>3. Service Type</p> <table border="0"><tr><td><input type="checkbox"/> Adult Signature</td><td><input type="checkbox"/> Priority Mail Express®</td></tr><tr><td><input type="checkbox"/> Adult Signature Restricted Delivery</td><td><input type="checkbox"/> Registered Mail™</td></tr><tr><td><input type="checkbox"/> Certified Mail®</td><td><input type="checkbox"/> Registered Mail Restricted Delivery</td></tr><tr><td><input type="checkbox"/> Certified Mail Restricted Delivery</td><td><input type="checkbox"/> Signature Confirmation™</td></tr><tr><td><input type="checkbox"/> Collect on Delivery</td><td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td></tr><tr><td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td><td></td></tr><tr><td><input type="checkbox"/> Insured Mail</td><td></td></tr></table> <p>Restricted Delivery</p> <p>Domestic Return Receipt</p>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®														
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™														
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery														
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™														
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery														
<input type="checkbox"/> Collect on Delivery Restricted Delivery															
<input type="checkbox"/> Insured Mail															

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.) Veterans Memorial Reunion Inc (VMRI)		
	2	Business name/disregarded entity name, if different from above. NA		
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____
	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>		<i>(Applies to accounts maintained outside the United States.)</i>
	5	Address (number, street, and apt. or suite no.). See instructions. PO Box 110801	Requester's name and address (optional)	
	6	City, state, and ZIP code Palm Bay, FL, 32911		
	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									
9	3	-	4	4	4	1	1	3	6

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here	Signature of U.S. person <i>Michael K Roman</i>	Date 03 June 2025
------------------	--	-----------------------------

General Instructions

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

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

What's New

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

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

Purpose of Form

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

Marketing Support Program - VETERANS MEMORIAL REUNION							
FY 2025-2026							
Event Income/Expense Report							
Expenses	2025-2026 projection	2024-2025 actuals	VAR+10% increase	Income	2025-2026 projection	2024-2025 actuals	VAR
Delivery	\$100.00	\$123.74	-\$23.74	Donations	\$7,960.00	\$5,314.00	\$2,646.00
Event Contractors	\$9,000.00	\$2,631.40	\$6,368.60	Fundraising	\$2,390.00	\$9,160.00	-\$6,770.00
Bank Internet Service Fees	\$500.00	\$0.00	\$500.00	Vendor Donations	\$4,001.00	\$800.00	\$3,201.00
Business License Fees	\$2,500.00	\$225.00	\$2,275.00	Operating	\$602.84	\$0.00	\$602.84
Event Insurance	\$2,400.00	\$0.00	\$2,400.00				
Software Subscriptions	\$250.00	\$43.12	\$206.88				
Event Equipment	\$12,000.00	\$2,268.24	\$9,731.76				
Postage	\$225.00	\$182.00	\$43.00				
Fuel	\$250.00	\$0.00	\$250.00				
Subtotal Expense	\$27,225.00	\$5,473.50	\$21,751.50				
				Subtotal Income	\$14,953.84	\$15,274.00	-\$320.16
				Income Sponsors			
				Cash in Bank to start	\$18,692.54	\$275.00	\$18,417.54
				TDC grant funding	\$0.00	\$9,334.74	(\$9,334.74)
				Total Income	\$33,646.38	\$24,883.74	\$8,762.64
				Total Expenses Paid	\$31,125.00	\$6,181.48	\$24,943.52
Subtotal Other Expenses	\$0.00	\$0.00	\$0.00	Profit/Loss	\$2,521.38	\$24,883.74	
Marketing - please specify Brevard/Out-of-County							
Advertising	\$1,500.00	\$171.74	-\$1,328.26				
Printing and Publication	\$400.00	\$384.74	-\$15.26				
Booth and Event Fees	\$2,000.00	\$151.50	-\$1,848.50				
Subtotal Marketing	\$3,900.00	\$707.98	-\$3,192.02				
Total Expenses 2025-2026	\$31,125.00	\$6,181.48					

Space Coast FLORIDA

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

Applicant organization name: Veterans Memorial Reunion Inc

Applicant event name: 38th Annual All Veterans Reunion

Applicant name completing this form: Michael Roman

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

	Applicant initial	TDO staff initial	TDO staff comments
1. Application –	MKR	DW	
2. Copy of IRS Articles of Incorporation – (submit if for-profit)		DW	N/A
3. Copy of IRS Determination Letter – (submit if 501(c)(3))	MKR	DW	
4. Copy of SunBiz.com - (if applicable, see application for details)	MKR	DW	
5. Copy of 990 form (if applicable, see application)	MKR	DW	did not submit a copy of 990
6. Copy of completed W-9 form (March 2024)	MKR	DW	
7. Income/Expense worksheet (required for all applicants)	MKR	DW	
8. Copy of this checklist – (completed, initialed, and signed by applicant)	MKR	DW	

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



7 June 2025

Applicant signature & date

Wizard of OZ Museum

[Return to Table of Contents](#)



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

Applicant Organization Name: OZ Store LLC

Applicant Event Name: Year-round programming

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

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

YES	<input checked="" type="checkbox"/>
------------	-------------------------------------

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

 7/2/2025

Peter Cranis, Executive Director

FY 2025-2026 Marketing Support Program application

Response ID:20 Data

2. (untitled)

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

3053546787

Secondary contact email

palinatrust@gmail.com

Organization website address

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 application for an event or year-round programming?

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

8. (untitled)

1. EVENT INFORMATION - #1

Name of event

Event website address (if different from organization website)

Event location

9. (untitled)

What is the first date of your event?

10. (untitled)

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

11. (untitled)

7. Do you have a second event?

No

12. (untitled)

4. **EVENT INFORMATION - #2**

Name of event

Event website address (if different from organization website)

Event location

13. (untitled)

What is the first date of your event?

14. (untitled)

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

15. (untitled)

Do you have a third event?

16. (untitled)

8. **EVENT INFORMATION - #3**

Name of event

Event website address (if different from organization website)

Event location

17. (untitled)

What is the first date of your event?

18. (untitled)

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

19. (untitled)

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

20. (untitled)

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

Digital advertising (banner ads, etc.)

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

21. (untitled)

9. What are your social media handles?

Facebook : @wizardefozmuseum

Instagram : NA

YouTube : NA

22. (untitled)

10. What hashtags do you currently use?

#wizardefozmuseum

23. (untitled)

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

24. (untitled)

Upload a copy of your organization's 990 form.

25. (untitled)

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

[corporation.pdf](#)

26. (untitled)

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

[SunBiz.pdf](#)

27. (untitled)

13. Upload your completed W-9 form.

[w9.pdf](#)

28. (untitled)

14. Upload your completed Event Income/Expense report.

[Event_Income_Expense_Report_template_FY25-26-Test.pdf](#)

29. (untitled)

15. Upload your completed Checklist.

[MSP_applicant_checklist_5.21.2025.pdf](#)

30. (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: Fred Trust

31. Thank You!

New Send Email

May 21, 2025 15:19:03 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com;
Terrence.Parks@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

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

L20000064047
FILED 8:00 AM
February 26, 2020
Sec. Of State
cmwood

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.

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02/03/2025

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: PALINA TRUST

OWNER

02/03/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date

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.) THE WIZARD OF OZ MUSEUM
	2	Business name/disregarded entity name, if different from above. OZ STORE LLC
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions)
	4	Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>
	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>
	5	Address (number, street, and apt. or suite no.). See instructions. 7099 N. ATLANTIC AVE
	6	City, state, and ZIP code CAPE CANAVERAL FL 32920
7	List account number(s) here (optional)	Requester's name and address (optional)

Taxpayer Identification Number (TIN)

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

Social security number	
[] [] [] - [] [] [] - [] [] [] []	
OR	

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.

Employer identification number	
85 - 0822863	

Certification

Under penalties of perjury, I certify that:

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

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

Sign Here	Signature of U.S. person	Date 4-7-2025
------------------	--------------------------	----------------------

General Instructions

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

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

What's New

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

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

Purpose of Form

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

Marketing Support Program - WIZARD OF OZ							
FY 2025-2026							
Event Income/Expense Report							
Expenses	2025-2026 projection	2024-2025 actuals	VAR+10% increase	Income	2025-2026 projection	2024-2025 actuals	VAR
Museum Operation	\$593,000.00	\$0.00	\$54,031.00	Museum Gross Income	\$ 612,000.00	\$556,301.00	\$55,699.00
Advertising		\$18,558.00	\$18,558.00				
Labor		\$51,338.00	\$51,338.00				
Depreciation		\$17,725.00	\$17,725.00				
Insurance		\$3,347.00	\$3,347.00				
Interest		\$15,310.00	\$15,310.00				
Office Expenses		\$6,302.00	\$6,302.00				
Repairs and Maintenance		\$7,060.00	\$0.00				
Other Expenses	\$593,000.00	\$119,640.00	\$54,031.00				
Other Business Property		\$85,116.00	\$85,116.00				
Supplies and Products		\$107,216.00	\$107,216.00				
Taxes and Licenses		\$26,297.00	\$26,297.00				
Utilities		\$12,719.00	\$12,719.00	Income Sponsors	\$0.00	\$0.00	
Other expenses			\$0.00				
Collectible for the museum		\$174,983.00	\$174,983.00	Cash in Bank to start	\$18,507.00	\$23,236.00	
Truck rental expenses		\$4,020.00	\$4,020.00	Income Other			
Rent and Lease		\$85,116.00	\$85,116.00	TDC grant funding	\$17,500.00	\$15,000.00	
Travel		\$8,878.00	\$8,878.00	Total Income	\$648,007.00	\$597,037.00	
Cost of goods		\$53,420.00	\$53,420.00				
			\$0.00	Total Expenses Paid	\$618,000.00	\$138,198.00	\$479,802.00
			\$0.00				
			\$0.00	Profit/Loss	\$30,007.00	\$458,839.00	-\$428,832.00
Marketing - please specify Brevard/Out-of-County	\$0.00	\$326,417.00	\$326,417.00				
Facebook, Google, Magazine	\$25,000.00	\$18,558.00	\$6,442.00				
			\$0.00				
			\$0.00				
			\$0.00				
			\$0.00				
			\$0.00				
			\$0.00				
Marketing Expense	\$25,000.00	\$18,558.00	\$6,442.00				
Total Expenses 2025-2026	\$618,000.00	\$138,198.00	\$479,802.00				

Green Gables

[Return to Table of Contents](#)



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

Applicant Organization Name: Green Gables

Applicant Event Name: Year-round programming

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

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

YES	<input checked="" type="checkbox"/>	NO
-----	-------------------------------------	----

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

Peter Cranis 7/12/2025

Peter Cranis, Executive Director

FY 2025-2026 Marketing Support Program application

Response ID:31 Data

2. (untitled)

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



Signature of: Annita Full

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

Green Gables at Historic Riverview Village, Inc

Organization address

Po Box 1086

State

FL

City

Melbourne

Zip

32902

Primary contact name

Annita Full

Primary contact phone number

321-432-0848

Primary contact email

annita@greengables.org

Secondary contact name

Sue Fallon

Secondary contact phone number

321-536-6357

Secondary contact email

sue@greengables.org

Organization website address

greengables.org

5. (untitled)

4. Which best describes your organization?

501(C)(3)

6. (untitled)

5. What is your Federal Employee ID number?

27-4206685

7. (untitled)

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

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

8. (untitled)

1. EVENT INFORMATION - #1

Name of event

Event website address (if different from organization website)

Event location

9. (untitled)

What is the first date of your event?

10. (untitled)

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

11. (untitled)

7. Do you have a second event?

Yes

12. (untitled)

4. **EVENT INFORMATION - #2**

Name of event

Event website address (if different from organization website)

Event location

13. (untitled)

What is the first date of your event?

14. (untitled)

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

15. (untitled)

8. Do you have a third event?

No

16. (untitled)

7. **EVENT INFORMATION - #3**

Name of event

Event website address (if different from organization website)

Event location

17. (untitled)

What is the first date of your event?

18. (untitled)

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

19. (untitled)

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

20. (untitled)

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

Radio

Social hashtags

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

21. (untitled)

10. What are your social media handles?

Facebook : SaveGreenGables

Instagram : @greengables.org

YouTube : @greengables8868

22. (untitled)

11. What hashtags do you currently use?

NA

23. (untitled)

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

[IRS_Determination_Green_Gables.pdf](#)

24. (untitled)

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

[990-Tax_Return_2023-Green_Gables.pdf](#)

25. (untitled)

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

26. (untitled)

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

[SunBiz_2025-Green_Gables.pdf](#)

27. (untitled)

15. Upload your completed W-9 form.

[W9_Green_Gables.pdf](#)

28. (untitled)

16. Upload your completed Event Income/Expense report.

[Event_Income_Expense_Report__FY25-26_Green_Gables.pdf](#)

29. (untitled)

17. Upload your completed Checklist.

[Checklist-Green_Gables.pdf](#)

30. (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: Annita Full

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

DEPARTMENT OF THE TREASURY

Date: **JUL 24 2011**

GREEN GABLES AT HISTORIC RIVERVIEW
VILLAGE INC
C/O JOHN B DALY
PO BOX 500856
MALABAR, FL 32950

Employer Identification Number:
27-4206685
DLN:
17053174335001
Contact Person: DEL TRIMBLE ID# 31309
Contact Telephone Number:
(877) 829-5500

Accounting Period Ending:
December 31

Public Charity Status:
170(b)(1)(A)(vi)

Form 990 Required:
Yes

Effective Date of Exemption:
November 29, 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)

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000011155

Entity Name: GREEN GABLES AT HISTORIC RIVERVIEW VILLAGE, INC.

Current Principal Place of Business:

ANNITA FULL
2478 LAKES OF MELBOURNE DRIVE
WEST MELBOURNE , FL 32904

Current Mailing Address:

GREEN GABLES AT HISTORIC RIVERVIEW VILLAGE, INC.
POB 1086
MELBOURNE, FL 32902 US

FEI Number: 27-4206685

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BACCUS HORSLEY, DIANE ESQ.
25W NEW HAVEN AVE
SUITE G
MELBOURNE, FL 32901 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: DIANE BACCUS HORSLEY

02/15/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, EDUCATION
Name AMBROSE, MARION
Address 1262 CIMARRON CIRCKE NE
City-State-Zip: PALM BAY FL 32905

Title DIRECTOR
Name BACCUS HORSLEY, DIANE
Address P. O. BOX 33572.
City-State-Zip: INDIALANTIC FL 32903

Title DIRECTOR
Name FARRINGTON, ANNE
Address 611 XAVIER AVENUE
City-State-Zip: MELBOURNE FL 32935

Title DIRECTOR, TREASURER
Name FULL, ANNITA
Address 2478 LAKES OF MELBOURNE DRIVE
City-State-Zip: MELBOURNE FL 32904

Title DIRECTOR
Name SMITH, DOUG
Address 2585 WILDWOOD DRIVE
City-State-Zip: MELBOURNE FL 32940

Title DIRECTOR
Name CAMARGO, MAURICIO
Address 527 MELANIE CIRCLE
City-State-Zip: MELBOURNE FL 32901

Title DIRECTOR, VP
Name FALLON, SUE
Address 1733 GREYTWIG PLACE
City-State-Zip: GRANT-VALKARIA FL 32950

Title DIRECTOR
Name MELORO, MARIANNE
Address 195 SUNRISE AVE
City-State-Zip: SATELLITE BEACH FL 32937

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: ANNITA FULL

TREASURER

02/15/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR, PRESIDENT
Name SZELAG, EDWINA
Address 4335 LAKEGLEN DRIVE
City-State-Zip: MELBOURNE FL 32934

Title DIRECTOR, SECRETARY
Name RODRIGUEZ, CATHY
Address 609 HAWKSBILL ISLAND DR
City-State-Zip: SATELLITE BEACH FL 32937

Title DIRECTOR
Name FLETCHER, DAVID
Address 1440 EAST COAST DR
City-State-Zip: ATLANTIC BEACH FL 32233

Title DIRECTOR
Name WISDOM, SAMANTHA
Address 2674 KINGMAN AVE SE
City-State-Zip: PALM BAY FL 32909

FOR TAX YEAR 2023

GREEN GABLES AT HISTORIC RIVERVIEW VILLAGE INC

Boehm & Associates, Inc.

1934 Dairy Road

W Melbourne, FL 32904

(321) 956-1800

Return of Organization Exempt From Income Tax

2023

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2023 calendar year, or tax year beginning , 2023, **and ending** , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Green Gables at Historic Riverview Village Inc Doing business as		D Employer identification number 27-4206685
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO Box 1086		E Telephone number (321) 794-8901
	City or town, state or province, country, and ZIP or foreign postal code Melbourne, FL 32902		G Gross receipts \$ 796,170
	F Name and address of principal officer:		

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527
J Website: **www.greengables.org**
K Form of organization: Corporation Trust Association Other
L Year of formation: **2011** **M State of legal domicile:** **FL**
H(c) Group exemption number

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: To preserve and restore the historical landmark and surrounding green space known as Green Gables which represents the legacy of the early developers of South Brevard and to create there a living history museum and center for community engagement.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	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	0
	6 Total number of volunteers (estimate if necessary)	6	45
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	108,026	796,083
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	126	87
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	108,152	796,170
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)	3,050	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	70,891	46,038	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	70,891	46,038	
19 Revenue less expenses. Subtract line 18 from line 12	37,261	750,132	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	326,688	1,076,721
	21 Total liabilities (Part X, line 26)	112	16
	22 Net assets or fund balances. Subtract line 21 from line 20	326,576	1,076,705

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	Annita Full Signature of officer	Date
	Annita Full, Treasurer Type or print name and title	

Print/Type preparer's name Jacquelyn Boehm	Preparer's signature	Date 10-18-2024	Check <input type="checkbox"/> if self-employed <input type="checkbox"/> PTIN P01367298
Firm's name Boehm & Associates, Inc.	Firm's EIN		Phone no. 321-956-1800
Firm's address 1934 Dairy Road W Melbourne FL 32904			

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 preserve and restore the historical landmark and surrounding green space known as Green Gables which represents the legacy of the early developers of South Brevard and to create there a living history museum and center for community engagement.

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

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

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

4a (Code:) (Expenses \$ 39,938 including grants of \$) (Revenue \$ 31,645) Green Gables offered an education program for home school groups, school classes and scouts. They provided living history experiences which included learning some history, playing games of the late 1800s, making goat milk soap, and kite making. Volunteers from Green Gables also presented the Green Gables history to senior citizens, both on and off the property. Additionally, 2 Eagle Scouts completed their Eagle projects for the organization.

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 39,938

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding grants, compensation, bond issues, and organizational compliance.

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]

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		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			
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			

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

Section A. Governing Body and Management

Table with columns 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9 and Yes/No columns. Contains questions about voting members, family relationships, management duties, and documentation.

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

Table with columns 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b and Yes/No columns. Contains questions about local chapters, conflict of interest policies, whistleblower policies, and compensation.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed Florida
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records. Annita Full (321) 432-0848, PO Box 1086, Melbourne, FL 32902

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) Mauricio Camargo Director	10.00	X					0	0	0	
(2) Doug Smith Director of Operations	20.00	X					0	0	0	
(3) Lenora Grimm Director	10.00	X					0	0	0	
(4) Edwina Szelag President	30.00	X					0	0	0	
(5) David Fletcher Director	5.00	X					0	0	0	
(6) Marianne Meloro Director	15.00	X					0	0	0	
(7) Richard Szelag Director	5.00	X					0	0	0	
(8) Diane Baccus Horsley Director	10.00	X					0	0	0	
(9) Sue Fallon Director	30.00	X					0	0	0	
(10) Marion Ambrose President/Living History Education	30.00	X					0	0	0	
(11) Annita Full Treasurer	30.00	X					0	0	0	
(12) Anne Raley Flotte Director	10.00	X					0	0	0	
(13) Yuliya Gabbasova Director of Hospitality	20.00	X					0	0	0	
(14) Anne Farrington Director of Technology	20.00	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) -----										
(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? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 31,645				
	d Related organizations	1d				
	e Government grants (contributions) . .	1e 492,500				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 271,938				
	g Noncash contributions included in lines 1a-1f	1g \$ 241,340				
	h Total. Add lines 1a-1f		796,083			
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)		87	87		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real	6a			
		(ii) Personal				
		b Less: rental expenses	6b			
	c Rental income or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	7a			
		(ii) Other				
		b Less: cost or other basis and sales expenses	7b			
	c Gain or (loss)	7c				
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ 31,645 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		796,170	87	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 (nonemployees):				
a Management				
b Legal				
c Accounting	400	280	60	60
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	1,671	1,170	251	250
13 Office expenses	4,514	3,160	677	677
14 Information technology	677	474	102	101
15 Royalties				
16 Occupancy	22,416	22,416		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,289	3,289		
23 Insurance	1,280	896	192	192
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 and Merchant Fees	343	240	52	51
b Postage and Printing	1,616	1,130	242	244
c License and Permits	186	131	27	28
d Event Expenses	9,646	6,752	1,447	1,447
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	46,038	39,938	3,050	3,050
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing	300,209	1	71,360
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	753	4	616
	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	2,239
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	977,045	10a	
	b	Less: accumulated depreciation	3,289	10b	973,756
	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	25,726	15	28,750
16	Total assets. Add lines 1 through 15 (must equal line 33)	326,688	16	1,076,721	
Liabilities	17	Accounts payable and accrued expenses	112	17	16
	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	112	26	16
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	326,576	27	1,076,705
	28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	326,576	32	1,076,705	
33	Total liabilities and net assets/fund balances	326,688	33	1,076,721	

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	796,170
2	Total expenses (must equal Part IX, column (A), line 25)	2	46,038
3	Revenue less expenses. Subtract line 2 from line 1	3	750,132
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	326,576
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)
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	1,076,705

Part XII Financial Statements and Reporting

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

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

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization Green Gables at Historic Riverview Village Inc	Employer identification number 27-4206685
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14,546	186,569	85,322	59,791	764,438	1,110,666
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	14,546	186,569	85,322	59,791	764,438	1,110,666
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)						211,172
6 Public support. Subtract line 5 from line 4.						899,494

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	14,546	186,569	85,322	59,791	764,438	1,110,666
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	17	259	201	126	87	690
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.)	9,109	17,827	32,671	20,396		80,003
11 Total support. Add lines 7 through 10						1,191,359
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	75.50 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	80.54 %
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 <input checked="" type="checkbox"/>		
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. <input type="checkbox"/>		
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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

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

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

Green Gables at Historic Riverview Village Inc

Employer identification number

27-4206685

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).

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

Schedule B (Form 990) (2023)

EEA

Name of organization

Employer identification number

Green Gables at Historic Riverview Village Inc

27-4206685

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	Homeowners of Property 1501 S Harbor City Blvd Melbourne FL 32901	\$ 234,999	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Green Gables at Historic Riverview Village Inc

Employer identification number

27-4206685

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
1	Percentage of fair market value of property	\$ 234,999	06-12-2023
—	_____	\$ _____	_____
—	_____	\$ _____	_____
—	_____	\$ _____	_____
—	_____	\$ _____	_____
—	_____	\$ _____	_____
—	_____	\$ _____	_____
—	_____	\$ _____	_____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

Green Gables at Historic Riverview Village Inc

27-4206685

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year, and two questions about donor information with Yes/No checkboxes.

Part II Conservation Easements

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: Purpose(s) of conservation easements, Total number of conservation easements (2a), Total acreage restricted by conservation easements (2b), Number of conservation easements on a certified historic structure (2c), 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), and several other questions about monitoring and expenses with Yes/No checkboxes.

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

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

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

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

Schedule D (Form 990) 2023

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table.
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|------------------------------|--------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 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		815,000		815,000
b Buildings		150,000	2,084	147,916
c Leasehold improvements				
d Equipment		12,045	1,205	10,840
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 973,756

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) Construction in Progress	28,750
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, line 15 col. (B))	28,750

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, line 25 col. (B))	

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		HOFB 23 (event type)	(event type)	None (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	12,820		12,820
	2	Less: Contributions	1,136		1,136
	3	Gross income (line 1 minus line 2)	11,684		11,684
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	68		68
	8	Entertainment			
	9	Other direct expenses	1,932		1,932
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				9,684

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

**Open to Public
Inspection**

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

Name of the organization

Employer identification number

Green Gables at Historic Riverview Village Inc

27-4206685

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	X	1	234,999	Fair Market Value
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 (Supplies)	X	12	6,341	Purchase Price
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**

	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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		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?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		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.		

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

Schedule M (Form 990) 2023

EEA

**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

Green Gables at Historic Riverview Village Inc

Employer identification number

27-4206685

01. Unrelated business income explanation (Part V, line 3b)

All of the work for Green Gables is completed by volunteers, thus a 990T is not required.

02. Officer, directors, etc. family relationship (Part VI, line 2)

2 board members are related

03. Form 990 governing body review (Part VI, line 11)

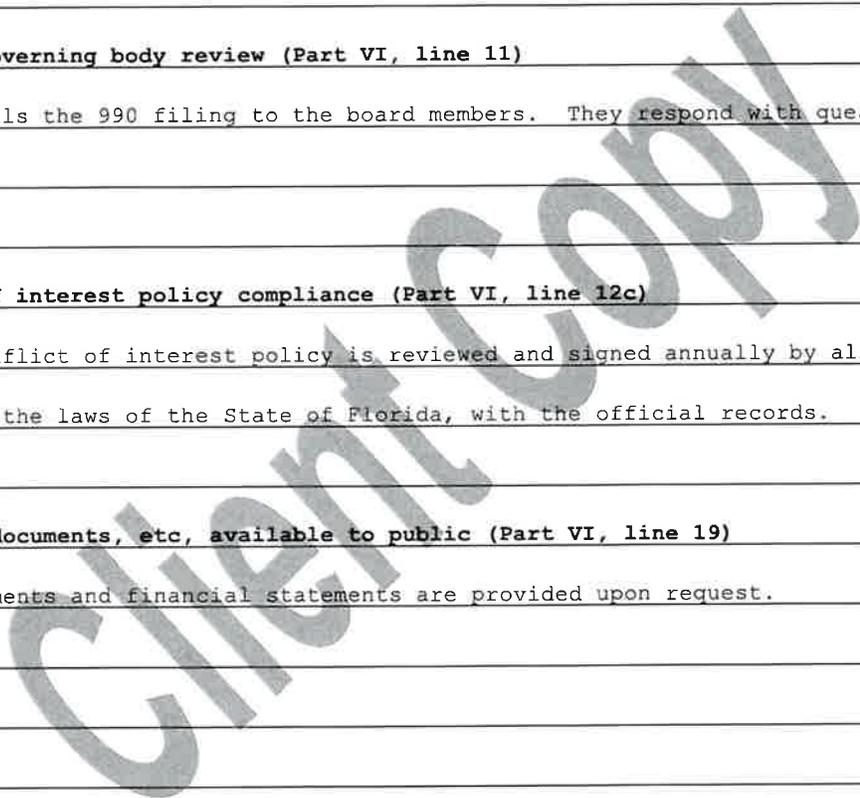
Accountant emails the 990 filing to the board members. They respond with questions or concurrence.

04. Conflict of interest policy compliance (Part VI, line 12c)

The written conflict of interest policy is reviewed and signed annually by all board members as per the laws of the State of Florida, with the official records.

05. Governing documents, etc, available to public (Part VI, line 19)

Governing documents and financial statements are provided upon request.



Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return: Green Gables at Historic Rivervi; Business or activity to which this form relates: FORM 990 - 1; Identifying number: 27-4206685

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.

Table with 13 rows for Part I. Line 1: Maximum amount; Line 2: Total cost of section 179 property; Line 3: Threshold cost; Line 4: Reduction in limitation; Line 5: Dollar limitation; Line 6-7: Description and cost of listed property; Line 8: Total elected cost; Line 9: Tentative deduction; Line 10: Carryover of disallowed deduction; Line 11: Business income limitation; Line 12: Section 179 expense deduction; Line 13: Carryover of disallowed deduction to 2024.

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.)

Table with 3 rows for Part II. Line 14: Special depreciation allowance; Line 15: Property subject to section 168(f)(1) election; Line 16: Other depreciation (including ACRS).

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 rows for Section A. Line 17: MACRS deductions for assets placed in service in tax years beginning before 2023; Line 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

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year properties, and residential/nonresidential rental properties.

Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

Table with 4 rows for Section C. Line 20a: Class life; Line 20b: 12-year; Line 20c: 30-year; Line 20d: 40-year.

Part IV Summary (See instructions.)

Table with 3 rows for Part IV. Line 21: Listed property; Line 22: Total; Line 23: For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

For Paperwork Reduction Act Notice, see separate instructions.

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

**File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.**

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. Green Gables at Historic Riverview Village Inc	Taxpayer identification number (TIN) 27-4206685
	Number, street, and room or suite no. If a P.O. box, see instructions. PO Box 1086	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Melbourne FL 32902	

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 Annita Full, PO Box 1086 Melbourne FL 32902
 Telephone No. 321-432-0848 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.

- 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 _____.
- 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	\$

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.) Green Gables at Hstoric Riverview Village, Inc	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input checked="" type="checkbox"/> Other (see instructions) 501(c)(3)	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions. PO Box 1086	Requester's name and address (optional)
	6 City, state, and ZIP code Melbourne, FL 32902-1086	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

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

Social security number									
OR									
Employer identification number									
2	7	-	4	2	0	6	6	8	5

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

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here	Signature of U.S. person <i>Annita Full</i>	Date <i>3-15-2025</i>
------------------	--	------------------------------

General Instructions

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

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

What's New

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

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

Purpose of Form

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

Marketing Support Program - GREEN GABLES							
FY 2025-2026							
Event Income/Expense Report							
Expenses	2025-2026 projection	2024-2025 actuals	VAR+10% increase	Income	2025-2026 projection	2024-2025 actuals	VAR
Event Advertisement/Signs	\$2,400.00	\$1,833.00	\$567.00	Events	\$63,000.00	\$59,937.00	\$3,063.00
Catering/Venue	\$13,000.00	\$12,518.00	\$482.00	Education Program	\$2,400.00	\$1,992.00	\$408.00
Educational Supplies	\$525.00	\$324.00	\$201.00	Donations	\$40,000.00	\$32,814.00	\$7,186.00
Entertainment	\$3,675.00	\$1,350.00	\$2,325.00	Grants	\$15,000.00	\$3,022.00	\$11,978.00
City Permits	\$900.00	\$450.00	\$450.00	In-Kind	\$4,000.00	\$3,882.00	\$118.00
Event Supplies	\$7,470.00	\$7,233.00	\$237.00				\$0.00
Event Security	\$840.00	\$840.00	\$0.00				\$0.00
Subtotal Expense	\$28,810.00	\$24,548.00	\$4,262.00				\$0.00
Other Expenses							\$0.00
Acct Fees	\$10,500.00	\$10,225.00	\$275.00				\$0.00
Dues	\$1,700.00	\$1,025.00	\$675.00	Subtotal Income	\$124,400.00	\$101,647.00	\$22,753.00
Insurance	\$1,600.00	\$1,460.00	\$140.00	Income Sponsors	\$20,000.00	\$10,750.00	\$9,250.00
Printing/Copying	\$3,000.00	\$3,024.00	-\$24.00	TDC grant funding	\$0.00	\$10,000.00	-\$10,000.00
Promo/Advertising	\$4,500.00	\$2,649.00	\$1,851.00	Cash in Bank to start	\$125,301.77	\$99,663.37	\$25,638.40
Other	\$3,500.00	\$1,000.00	\$2,500.00				
Depreciation	\$6,000.00	\$6,300.00	-\$300.00	Total Income	\$144,400.00	\$122,397.00	\$22,003
Equip Rental	\$3,000.00	\$2,900.00	\$100.00	Total Expenses Paid	\$70,835.00	\$69,492.00	\$1,343
Lawn Maintenance	\$3,325.00	\$2,425.00	\$900.00				
Utilities	\$1,800.00	\$1,520.00	\$1,805.00				
Other	0	\$948.00	\$852.00				
Subtotal Other Expenses	\$38,925.00	\$33,476.00	\$8,774.00	Profit/Loss	\$73,565.00	\$69,492.00	
Marketing - please specify Brevard/Out-of-County							
Out of county - radio	\$0.00	\$0.00	\$0.00				
Print ads	\$0.00	\$8,470.00	\$8,470.00				
Brevard County - print ads	\$3,000.00	\$2,881.00	-\$119.00				
social media	\$100.00	\$117.00	\$17.00				
			\$0.00				
			\$0.00				
			\$0.00				
Subtotal Marketing	\$3,100.00	\$11,468.00	\$8,368.00				
Total Expenses 2025-2026	\$70,835.00	\$69,492.00					



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

Applicant organization name: Green Gables at Historic Riverview Village, Inc.

Applicant event name: Season

Applicant name completing this form: Annita Full

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

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

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

Annita Full 5-30-2025
 Applicant signature & date

Melbourne Art Festival

[Return to Table of Contents](#)



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

Applicant Organization Name: Melbourne Art Festival

Applicant Event Name: Melbourne Art Festival

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

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

YES
 NO

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

Peter Cranis 7/2/2025

Peter Cranis, Executive Director

FY 2025-2026 Marketing Support Program application

Response ID:46 Data

2. (untitled)

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



Signature of: Douglas Taylor

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 Art Festival, Inc.

Organization address

PO Box 611

State

FL

City

Melbourne

Zip

32902

Primary contact name

Doug Taylor

Primary contact phone number

3212887429

Primary contact email

news@melbournearts.org

Secondary contact name

Martha Case

Secondary contact phone number

716-523-1578

Secondary contact email

martha@melbournearts.org

Organization website address

<http://www.melbournearts.org/>

5. (untitled)

4. Which best describes your organization?

501(C)(3)

6. (untitled)

5. What is your Federal Employee ID number?

F52VVZY1N5H9

7. (untitled)

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

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

8. (untitled)

7. EVENT INFORMATION - #1

Name of event

Melbourne Art Festival

Event website address (if different from organization website)

<https://melbourneartsfestival.org/>

Event location

Wickham Park, Melbourne, FL

9. (untitled)

8. What is the first date of your event?

04/25/2026

10. (untitled)

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

2

11. (untitled)

10. Do you have a second event?

No

12. (untitled)

1. **EVENT INFORMATION - #2**

Name of event

Event website address (if different from organization website)

Event location

13. (untitled)

What is the first date of your event?

14. (untitled)

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

15. (untitled)

Do you have a third event?

16. (untitled)

5. **EVENT INFORMATION - #3**

Name of event

Event website address (if different from organization website)

Event location

17. (untitled)

What is the first date of your event?

18. (untitled)

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

19. (untitled)

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

Billboards
Digital advertising (banner ads, etc.)
Direct mail
Radio
Social hashtags
Social media (Facebook, Instagram, YouTube, etc.)
TV/Video
Other - Please be specific.....: Print Advertising

20. (untitled)

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

21. (untitled)

12. What are your social media handles?

Facebook : <https://www.facebook.com/MelbourneArtFestival>
Instagram : <https://www.instagram.com/melbournearfestival/>
YouTube : <https://www.youtube.com/@melbournearfestival5424>

22. (untitled)

13. What hashtags do you currently use?

#VisitSpaceCoast #MelbourneArtFestival #SpaceCoastArt #MAF41 #SupportArt #SupportArists

23. (untitled)

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

[MAF_IRS_non-profit_letter_small_size_file.pdf](#)

24. (untitled)

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

[Melbourne_Art_Festival_2020_990_form.pdf](#)

25. (untitled)

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

26. (untitled)

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

[MAF_2023_SunBiz_Detail_by_Entity_Name.pdf](#)

27. (untitled)

17. Upload your completed W-9 form.

[MAF_Sub_W9_Form.pdf](#)

28. (untitled)

18. Upload your completed Event Income/Expense report.

[Melbourne_Art_Festival_FY23-24_Budget.pdf](#)

29. (untitled)

19. Upload your completed Checklist.

[Checklist_for_MAF_2025-26_.pdf](#)

30. (untitled)

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:

Internal Revenue Service

Department of the Treasury

Washington, DC 20224

▷ Melbourne Art Festival, Inc.
P. O. Box 611
Melbourne, FL 32902

Person to Contact: Mr. Friedlander
Telephone Number: (202) 566-3712
Refer Reply to: E:EO:R:1-1
Date: **MAY 31 1991**

Employer Identification Number: 59-2525180
Key District: Atlanta
Accounting Period Ending: March 31
Foundation Status Classification: 509(a)(2)
Effective Date of Ruling: October 2, 1990
Advance Ruling Period Begins: October 2, 1990
Advance Ruling Period Ends: March 31, 1995
Form 990 Required: Yes

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code.

You have agreed on your application for exemption under section 501(c)(3) of the Code that your exemption is effective October 2, 1990, the date your completed application was filed.

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, beginning with the effective date of this ruling, we have determined that you can reasonably be expected to be a publicly supported organization described in the section(s) of the Code shown above.

Accordingly, you will be treated as a publicly supported organization, and not as a private foundation, during the advance ruling period. This advance ruling period begins on the date your exemption under section 501(c)(3) of the Code is effective and ends on the date shown above.

Within 90 days after the end of your advance ruling period, you must submit to your key District Director information needed to determine whether you have met the

Melbourne Art Festival, Inc.

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 effective date of this ruling for purposes of sections 507(d) and 4940.

Donors may deduct contributions to you made on or after the effective date shown above, 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, effective as of the date shown above.

Donors (including private foundations) may rely on the advance ruling that you are not a private foundation until 90 days after your advance ruling period ends. If you submit the required information within 90 days, donors may continue to rely on the advance ruling until we make a final determination of your foundation status. However, if notice that you will no longer be treated as the type of organization shown above is published in the Internal Revenue Bulletin, donors may not rely on the advance ruling after the date of such publication. Also, donors (other than private foundations) may not rely on the classification shown above if they were in part responsible for, or were aware of, the act that resulted in your loss of that classification, or if they acquired knowledge that the Internal Revenue Service had given notice that you would be removed from that classification. Private foundations may rely on the classification shown above whether or not they were responsible for an act or failure to act that caused you to lose your classification as long as you were not directly or indirectly controlled by them or by disqualified persons with respect to them. However, private foundations may not rely on the classification shown above if they acquired knowledge that the Internal Revenue Service had given notice that you would be removed from that classification.

Melbourne Art Festival, Inc.

If your sources of support, or your purposes, character, or methods of operation change, please let your key district know so that office can consider the effect of the change on your exempt status and foundation status. In the case of an amended document or bylaws, please send a copy of the amended document or bylaws to your key district. Also, you should inform your key District Director of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other federal excise taxes. If you have questions about excise, employment, or other federal taxes, please contact your key District Director.

If your organization conducts fund-raising events such as benefit dinners, auctions, membership drives, etc., where something of value is received in return for contributions, you can help your contributors avoid difficulties with their income tax returns by assisting them in determining the proper tax treatment of their contributions. To do this you should, in advance of the event, determine the fair-market value of the benefit received and state it in your fund-raising materials such as solicitations, tickets and receipts in such a way that your contributors can determine how much is deductible and how much is not. To assist you in this, the Service has issued Publication 1391, Deductibility of Payments Made to Organizations Conducting Fund-Raising Events. You may obtain copies of Publication 1391 from your key district office.

In the heading of this letter we have indicated whether you must file Form 990, Return of Organization Exempt From Income Tax. If Yes is indicated, you are required to file Form 990 only if your gross receipts each year normally are more than \$25,000. If your gross receipts each year are not normally more than \$25,000, we ask that you establish that you

Melbourne Art Festival, Inc.

are not required to file Form 990 by completing Part I of that Form for your first year. Thereafter, you will not be required to file a return until your gross receipts normally exceed the \$25,000 minimum. For guidance in determining if your gross receipts are "normally" not more than the \$25,000 limit, see the instructions for the Form 990. 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 \$10 a day is charged when a return is filed late, unless there is reasonable cause for the delay. The maximum penalty charged cannot exceed \$5,000 or 5 percent of your gross receipts for the year, whichever is less. 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 required to make your annual return available for public inspection for three years after the return is due. You are also required to make available a copy of your exemption application and supporting documents, and this exemption letter. Failure to make these documents available for public inspection may subject you to a penalty of \$10 per day for each day there is a failure to comply (up to a maximum of \$5,000 in the case of an annual return). See Internal Revenue Service Notice 88-120, 1988-2 C.B. 454, for additional information.

You are not required to file federal income tax returns unless you are subject to the tax on unrelated business income under Code section 511. 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.

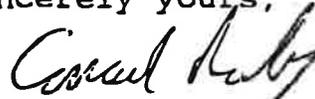
You need an employer identification number even if you have no employees. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

We are informing your key District Director of this ruling. Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

Melbourne Art Festival, Inc.

If you have any questions about this ruling, please contact the person whose name and telephone number are shown in the heading of this letter. For other matters, including questions concerning reporting requirements, please contact your key District Director.

Sincerely yours,



Conrad Rosenberg
Chief, Exempt Organizations
Rulings Branch 1

Enclosure: Form 872-C



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

Detail by Entity Name

Florida Not For Profit Corporation
 MELBOURNE ART FESTIVAL, INC.

Filing Information

Document Number N08464
FEI/EIN Number 59-2525180
Date Filed 04/01/1985
State FL
Status ACTIVE
Last Event AMENDMENT
Event Date Filed 11/20/2019
Event Effective Date NONE

Principal Address

2013 MELBOURNE COURT
 MELBOURNE, FL 32901

Changed: 11/20/2019

Mailing Address

PO BOX 611
 MELBOURNE, FL 32902

Changed: 08/27/1991

Registered Agent Name & Address

Gant, Johana G
 207 Buffett Ln
 West Melbourne, FL 32904

Name Changed: 02/18/2016

Address Changed: 02/18/2016

Officer/Director Detail

Name & Address

Title President, Director

GANT, JOHANA G
207 BUFFET LN
WEST MELBOURNE, FL 32904

Title VP, Director

VAUGHN, ELISE
2013 MELBOURNE COURT
MELBOURNE, FL 32901

Title VP, Director

CASTELLI, LINDA
2570 PINEAPPLE AVE
MELBOURNE, FL 32935

Title Treasurer, Director

BELL, GREGORY
115 HICKORY STREET
STE 106
MELBOURNE, FL 32904

Title Secretary, Director

CASE, MARTHA
1972 SAGO PALM STREET NE
PALM BAY, FL 32905

Title Director

VANSTRUM, MARK
509 S PALM AVE
INDIALANTIC, FL 32903

Title Director

KETCHEL, JOHN
1700 BROOKSHIRE CIRCLE
WEST MELBOURNE, FL 32904

Title Director

D'AMATO, SALVATORE
827 E MELBOURNE AVE
MELBOURNE, FL 32901

Title Director

HUCKABEE, RHONDA
2330 STRATFORD POINTE DR
MELBOURNE, FL 32904

Title Director

TAYLOR, DOUG
 5011 DIXIE HWY NE
 APT A309
 PALM BAY, FL 32905

Title Director

LECLAIR, PATRICIA
 2481 CROOKED ANTLER DR
 MELBOURNE, FL 32934

Title Director

Bird, Cathleen
 255 River Road Circle
 Rockledge, FL 32955

Annual Reports

Report Year	Filed Date
2020	06/27/2020
2021	04/30/2021
2022	05/02/2022

Document Images

05/02/2022 -- ANNUAL REPORT	View image in PDF format
04/30/2021 -- ANNUAL REPORT	View image in PDF format
06/27/2020 -- ANNUAL REPORT	View image in PDF format
11/20/2019 -- Amendment	View image in PDF format
03/05/2019 -- ANNUAL REPORT	View image in PDF format
02/13/2018 -- ANNUAL REPORT	View image in PDF format
09/04/2017 -- ANNUAL REPORT	View image in PDF format
02/18/2016 -- ANNUAL REPORT	View image in PDF format
02/22/2015 -- ANNUAL REPORT	View image in PDF format
01/19/2014 -- ANNUAL REPORT	View image in PDF format
01/06/2013 -- ANNUAL REPORT	View image in PDF format
03/09/2012 -- ANNUAL REPORT	View image in PDF format
09/19/2011 -- ANNUAL REPORT	View image in PDF format
01/14/2011 -- ANNUAL REPORT	View image in PDF format
01/20/2010 -- ANNUAL REPORT	View image in PDF format
01/07/2009 -- ANNUAL REPORT	View image in PDF format
01/14/2008 -- ANNUAL REPORT	View image in PDF format
02/12/2007 -- ANNUAL REPORT	View image in PDF format
08/03/2006 -- ANNUAL REPORT	View image in PDF format
01/14/2005 -- ANNUAL REPORT	View image in PDF format
04/02/2004 -- ANNUAL REPORT	View image in PDF format

01/09/2003 -- ANNUAL REPORT	View image in PDF format
02/13/2002 -- ANNUAL REPORT	View image in PDF format
03/05/2001 -- ANNUAL REPORT	View image in PDF format
05/22/2000 -- ANNUAL REPORT	View image in PDF format
02/26/1999 -- ANNUAL REPORT	View image in PDF format
03/05/1998 -- ANNUAL REPORT	View image in PDF format
05/08/1997 -- ANNUAL REPORT	View image in PDF format
04/19/1996 -- ANNUAL REPORT	View image in PDF format
05/01/1995 -- ANNUAL REPORT	View image in PDF format

Print/Download/printing & save options (help)

Forms 990 / 990-EZ Return Summary

For calendar year 2019, or tax year beginning **10/01/19** , and ending **09/30/20**

59-2525180

MELBOURNE ART FESTIVAL, INC.

Net Asset / Fund Balance at Beginning of Year		<u>101,924</u>
Revenue		
Contributions	<u>15,383</u>	
Program service revenue	<u>34,114</u>	
Investment income	<u>10</u>	
Capital gain / loss	<u> </u>	
Fundraising / Gaming:		
Gross revenue	<u> </u>	
Direct expenses	<u> </u>	
Net income	<u> </u>	
Other income	<u> </u>	
Total revenue	<u>49,507</u>	
Expenses		
Program services	<u> </u>	
Management and general	<u> </u>	
Fundraising	<u> </u>	
Total expenses	<u>27,783</u>	
Excess / (deficit)		<u>21,724</u>
Changes		<u> </u>
Net Asset / Fund Balance at End of Year		<u>123,648</u>

Client Copy

Reconciliation of Revenue

Total revenue per financial statements	<u> </u>
Less:	
Unrealized gains	<u> </u>
Donated services	<u> </u>
Recoveries	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total revenue per return	<u> </u>

Reconciliation of Expenses

Total expenses per financial statements	<u> </u>
Less:	
Donated services	<u> </u>
Prior year adjustments	<u> </u>
Losses	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total expenses per return	<u> </u>

	Beginning	Ending	Differences
Assets	<u>111,561</u>	<u>133,285</u>	
Liabilities	<u>9,637</u>	<u>9,637</u>	
Net assets	<u>101,924</u>	<u>123,648</u>	<u>21,724</u>

Miscellaneous Information

Amended return _____

Return / extended due date 08/16/21

Failure to file penalty _____



State of Florida

Chief Financial Officer
Department of Financial Services
Bureau of Accounting
200 East Gaines Street
Tallahassee, FL 32399-0354
Telephone: (850) 413-5519 Fax:(850) 413-5550

Substitute Form W-9

In order to comply with Internal Revenue Service (IRS) regulations, we require Taxpayer Identification information that will be used to determine whether you will receive a Form 1099 for payment(s) made to you by an agency of the State of Florida, and whether payments are subject to Federal withholding. The information provided below must match the information that you provide to the IRS for income tax reporting. Federal law requires the State of Florida to take backup withholding from certain future payments if you fail to provide the information requested.

Taxpayer Identification Number (FEIN): 59-2525180
IRS Name: MELBOURNE ART FESTIVAL INC

Address: PO BOX 611
MELBOURNE, FL
32902-0000

Business Designation: Not For Profit

Certification Statement:

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer information **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 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 (including U.S. resident alien)

Preparer's Name: DOUGLAS TAYLOR
Preparer's Title: MELBOURNE ART FESTIVAL
Phone: 321-288-7429
Email: news@melbournearts.org

Date Submitted: 06/01/2022

Marketing Support Program - MELBOURNE ART FESTIVAL							
FY 2025-2026							
Event Income/Expense Report							
Expenses	2025-2026 projection	2024-2025 actuals	VAR+10% increase	Income	2025-2026 projection	2024-2025 actuals	VAR
Outside Aritsit Servives/Fees	\$2,500.00	\$2,500.00	\$0.00	Sales - Beverages	\$22,000.00	\$19,800.00	\$2,200.00
Wickham Park & Services	\$9,000.00	\$8,840.00	\$160.00	Sales - Shirts/Posters	\$7,500.00	\$7,100.00	\$400.00
Insurance	\$11,250.00	\$11,009.00	\$241.00	Patron Tent Admission	\$2,500.00	\$2,100.00	\$400.00
Equipment	\$1,250.00	\$1,250.00	\$0.00	Raffles	\$850.00	\$850.00	\$0.00
Police / Security / Parking	\$15,000.00	\$14,555.00	\$445.00	Food / Concessions	\$8,500.00	\$8,132.00	\$368.00
Carts / Radios	\$6,850.00	\$6,825.00	\$25.00				
Rentals - TentLogix	\$25,200.00	\$24,045.00	\$1,155.00				
Subtotal Expenses	\$71,050.00	\$69,024.00	\$2,026.00				
Other Expenses							
Music and Production	\$15,250.00	\$15,041.00	\$209.00				
Porta-Potty	\$7,500.00	\$7,325.00	\$175.00				
Kids World	\$4,400.00	\$4,390.00	\$10.00	Subtotal Income	\$41,350.00	\$37,982.00	\$3,368.00
Storage	\$4,680.00	\$4,680.00	\$0.00				
Florida Sales Tax	\$6,600.00	\$6,440.00	\$160.00	Income Sponsors	\$25,000.00	\$23,000.00	\$2,000.00
Fees - State & Licensing	\$650.00	\$650.00	\$0.00	Cash in Bank to start			
Artist Awards / Judges / Reception	\$19,100.00	\$19,100.00	\$0.00	Income Other			
Miscellaneous	\$2,000.00	\$2,000.00	\$0.00	TDC grant funding	\$0.00	\$15,000.00	-\$15,000.00
Student Scholarships	\$1,750.00	\$1,500.00	\$250.00	Total Income	\$66,350.00	\$75,982.00	-\$9,632.00
				Total Expenses Paid	\$204,030.00	\$199,174.00	\$4,856.00
Subtotal Other Expenses	\$204,030.00	\$199,174.00	\$804.00	Profit/Loss	-\$137,680.00	-\$123,192.00	
Marketing - please specify Brevard/Out-of-County							
Artist Advertising (Out)	\$3,000.00	\$2,247.00	\$753.00				
Radio (Brev & Indian River)	\$500.00	\$500.00	\$0.00				
Facebook and Social (Out)	\$3,250.00	\$2,300.00	\$950.00				
Florida Today / Brev Bus New (Br	\$2,500.00	\$2,350.00	\$150.00				
Evvnt Florida Today Online (Out)	\$895.00	\$895.00	\$0.00				
Spectrum TV (Brev)	\$1,000.00	\$1,000.00	\$0.00				
Brevard Live/Spotlight (Brev)	\$1,400.00	\$900.00	\$500.00				
Artist Directory / Posters	\$2,798.00	\$2,798.00	\$0.00				
Subtotal Marketing	\$15,343.00	\$12,990.00					
Marketing Expense							
Total Expenses 2025-2026	\$204,030.00	\$199,174.00					

Space Coast FLORIDA

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

Applicant organization name: MELBOURNE ART FESTIVAL, INC

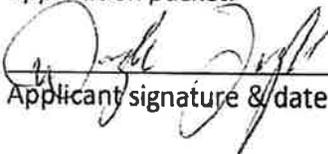
Applicant event name: 41st Melbourne Art Festival

Applicant name completing this form: DOUGLAS TAYLOR

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

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

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


Applicant signature & date

Space Coast Birding and Wildlife Festival

[Return to Table of Contents](#)



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

Applicant Organization Name: Space Coast Birding & Wildlife

Applicant Event Name: Space Coast Birding & Wildlife Festival

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

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

YES	<input checked="" type="checkbox"/>
------------	-------------------------------------

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

 7/2/2025

Peter Cranis, Executive Director

FY 2025-2026 Marketing Support Program application

Response ID:86 Data

2. (untitled)

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



Signature of: Brittany Jones

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 Birding & Wildlife Asso

Organization address

P.O. Box 74

State

FL

City

Mims

Zip

32754

Primary contact name

Brittany Jones

Primary contact phone number

904-885-0043

Primary contact email

director@scbwa.net

Secondary contact name

Linda McMahan

Secondary contact phone number

(863) 712-4500

Secondary contact email

linda@scbwa.net

Organization website address

https://scbwa.net

5. (untitled)

4. Which best describes your organization?

501(C)(3)

6. (untitled)

5. What is your Federal Employee ID number?

92-2238262

7. (untitled)

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

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

8. (untitled)

7. EVENT INFORMATION - #1

Name of event

Space Coast Birding & Wildlife Festival

Event website address (if different from organization website)

https://scbwa.net

Event location

Radisson Resort at the Port & across the Space Coast

9. (untitled)

8. What is the first date of your event?

01/21/2026

10. (untitled)

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

5

11. (untitled)

10. Do you have a second event?

No

12. (untitled)

1. **EVENT INFORMATION - #2**

Name of event

Event website address (if different from organization website)

Event location

13. (untitled)

What is the first date of your event?

14. (untitled)

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

15. (untitled)

Do you have a third event?

16. (untitled)

5. **EVENT INFORMATION - #3**

Name of event

Event website address (if different from organization website)

Event location

17. (untitled)

What is the first date of your event?

18. (untitled)

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

19. (untitled)

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

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

20. (untitled)

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

21. (untitled)

12. What are your social media handles?

Facebook : Space Coast Birding and Wildlife Festival
Instagram : @spacecoastbirdingfestival

22. (untitled)

13. What hashtags do you currently use?

#scbwa #spacecoast # spacecoastwildlife #birdbehavior #wildlifephotography

23. (untitled)

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

[IRS_DeterminationFinalLetter_92-2238262_SPACECOASTBIRDINGANDWILDLIFEASSOCIATIONINC_04202023_00.pdf](#)

24. (untitled)

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

[SC_Birding_990.pdf](#)

25. (untitled)

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

26. (untitled)

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

[SCBWA_Detail_by_Entity.pdf](#)

27. (untitled)

17. Upload your completed W-9 form.

[SCBWA_W9.pdf](#)

28. (untitled)

18. Upload your completed Event Income/Expense report.

[SCBWA_Terry_Event_Income_Expense_Report_template_FY25-26.xls.pdf](#)

29. (untitled)

19. Upload your completed Checklist.

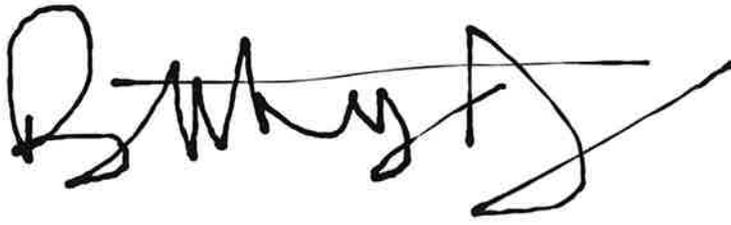
[SCBWA_Checklist.pdf](#)

30. (untitled)

20.

ATTESTATION

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

A handwritten signature in black ink, appearing to read 'Brittany Jones', enclosed in a thin black rectangular border.

Signature of: Brittany Jones

31. Thank You!

New Send Email

Jun 09, 2025 13:15:34 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com;
Terrence.Parks@VisitSpaceCoast.com



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

SPACE COAST BIRDING AND WILDLIFE
ASSOCIATION INC
PO BOX 956
CAPE CANAVERAL, FL 32920

Date:
04/26/2023
Employer ID number:
92-2238262
Person to contact:
Name: Customer Service
ID number: 31954
Telephone: 877-829-5500
Accounting period ending:
April 30
Public charity status:
509(a)(2)
Form 990 / 990-EZ / 990-N required:
Yes
Effective date of exemption:
January 3, 2023
Contribution deductibility:
Yes
Addendum applies:
No
DLN:
26053514005413

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.

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.

Sincerely,

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements



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

[Previous On List](#) [Next On List](#) [Return to List](#)

No Events **No Name History**

Detail by Entity Name

Florida Not For Profit Corporation
SPACE COAST BIRDING AND WILDLIFE ASSOCIATION, INC.

Filing Information

Document Number N23000001177FEI/EIN Number 92-2238262 Date Filed 01/03/2023 Effective Date 01/01/2023 State FL Status ACTIVE

Principal Address

P.O. Box 74
Mims, FL 32754

Changed: 05/31/2024

Mailing Address

P.O. Box 74
Mims, FL 32754

Changed: 05/31/2024

Registered Agent Name & Address Jones, Brittany

207 Woodland Ave
St. Augustine, FL 32080

Name Changed: 05/28/2025

Address Changed: 05/28/2025

Officer/Director Detail Name & Address

Title VP

Hood, Rochelle

1940 Tranquility Lane
Titusville, FL 32796

Title Treasurer

LINTEREUR, PHILIP
4465 BRIGHTON BLVD.
MIAMI, FL 32754

Title Other

SIMPSON, DEE FAIRBANKS
139 S. WILLOW ST
FELLSMERE, FL 32948

Title P.

MCPAHAN, LINDA
2920 SANCTUARY CIRCLE
LAKELAND, FL 33803

Title Secretary

JANTZER, CATHERINE
3036 Elder Street
Titusville, FL 32796

Title Director

Jones, Brittany
207 Woodland Ave
St. Augustine, FL 32080

Annual Reports

Report Year	Filed Date
2024	03/05/2024
2024	06/12/2024
2025	05/28/2025

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

January 2, 2025

CONFIDENTIAL

Space Coast Birding and Wildlife
Association, Inc.
P.O. Box 74
Mims, FL 32754

Dear Philip:

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

Short Form of Organization Exempt From Income Tax (Form 990-EZ)

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

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

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

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

Sincerely,

Taylor & Lockard, PA.

Filing Instructions

Space Coast Birding and Wildlife Association, Inc.

Short Form Exempt Organization Tax Return

Taxable Year Ended April 30, 2024

Date Due: AS SOON AS POSSIBLE

Remittance: None is required. Your Form 990-EZ for the tax year ended 4/30/24 shows no balance due.

Mail To: Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

If a private delivery service is used, mail to:
OSPC
1973 Rulon White Blvd.
Ogden, UT 84201-1000

Signature: The return should be signed and dated on Page 4 by an officer representing the organization.

Space Coast Birding and Wildlife
Association, Inc.
P.O. Box 74
Mims, FL 32754

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027
|||

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)

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

A For the 2023 calendar year, or tax year beginning **05/01/23**, and ending **04/30/24**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SPACE COAST BIRDING AND WILDLIFE ASSOCIATION, INC. Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 74 City or town, state or province, country, and ZIP or foreign postal code MIMS FL 32754	D Employer identification number 92-2238262 E Telephone number 386-690-4705 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).

I Website: **SCBWA.NET**

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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ **161,160**

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	6,161
	2	Program service revenue including government fees and contracts	2	
	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	
	5c	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 \$ 6,161 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	154,999	
c	Less: direct expenses from gaming and fundraising events	6c	145,084	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	9,915	
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	16,076	
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	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	20,129
	17	Total expenses. Add lines 10 through 16	17	20,129
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	-4,053
	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	5,000
	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	947

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2023)

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

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
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
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)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
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?
38b If "Yes," complete Schedule L, Part II, and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40b 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
40c 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
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e 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
41 List the states with which a copy of this return is filed NONE
42a The organization's books are in care of DEBORAH GREEN Telephone no. 386-690-4705
P.O. BOX 74 Located at MIMS FL ZIP + 4 32754
42b 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).
42c 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
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
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
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

	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	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 PHILIP LINTEREUR, Date, Title: TREASURER

Paid Preparer Use Only: Print/Type preparer's name ERROL BANNISTER, Preparer's signature ERROL BANNISTER, Date 01/02/25, Check self-employed, PTIN P03175232, 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 Yes No

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization SPACE COAST BIRDING AND WILDLIFE ASSOCIATION, INC.	Employer identification number 92-2238262
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

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

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

Schedule A (Form 990) 2023

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

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

Section A. Public Support

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

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Description. Rows include: 14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2022 Schedule A, Part II, line 14; 16a 33 1/3% support test — 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 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.")					6,161	6,161
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					154,999	154,999
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					161,160	161,160
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.)						161,160

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					161,160	161,160
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.)					161,160	161,160
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

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

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

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

**SCHEDULE 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

**SPACE COAST BIRDING AND WILDLIFE
ASSOCIATION, INC.**

Employer identification number

92-2238262

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

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

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

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

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

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		BIRDING & WILDL (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	161,160			161,160
	2 Less: Contributions	6,161			6,161
	3 Gross income (line 1 minus line 2)	154,999			154,999
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	22,071			22,071
	8 Entertainment	28,780			28,780
	9 Other direct expenses	94,233			94,233
	10 Direct expense summary. Add lines 4 through 9 in column (d)				145,084
11 Net income summary. Subtract line 10 from line 3, column (d)				9,915	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE O
(Form 990)**

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 BIRDING AND WILDLIFE
ASSOCIATION, INC.**

Employer identification number
92-2238262

FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES

DESCRIPTION	AMOUNT
BIRDING & WILDLIFE FESTIVAL	
	\$ 8,387
HOTELS	\$ 10,018
MEALS	\$ 297
TRANSPORTATION	\$ 1,427
TOTAL	\$ 20,129

FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES

DESCRIPTION	BEG. OF YEAR	END OF YEAR
CREDIT CARD PAYABLE	\$ 0	\$ 12

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

**SPACE COAST BIRDING AND WILDLIFE ASSOCIATION'S (SCBWA) SOLE PURPOSE IS TO
ENCOURAGE AWARENESS, APPRECIATION, EDUCATION, PRESERVATION, AND PROTECTION
OF THE DIVERSITY OF BIRDS, WILDLIFE, AND HABITAT THE SPACE COAST HAS TO
OFFER.**

W-9

Form 1041-0108
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

1 Name (see instructions on page 2) (do not include suffixes) (do not include titles and honorifics)

Brittany Jones

2 Business name (including any suffix) (do not include titles and honorifics)

SPACE COAST BIRDING AND WILDLIFE ASSOCIATION INC

3 Check appropriate box to indicate the classification (check only one of the following boxes) (see instructions on page 2)

Individual sole proprietor or single-member LLC

Limited liability company (check the tax classification (S or C corporation, S or partnership))

Other (see instructions)

4 Address (number, street, and apt. or suite no.)

PO BOX 74

5 City, state, and ZIP code

MIMS, FL 32754

6 Taxpayer's name and address (optional)

Part I Taxpayer Identification Number (TIN)

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

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

Social security number

	-		-	
--	---	--	---	--

OR

Employer identification number

7	2	-	7	2	3	8	1	6	2
---	---	---	---	---	---	---	---	---	---

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here Signature of U.S. person *Brittany Jones* Date 06/04/2025

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislative proposals) will appear on releases 911 or 999 in your product.

Purpose of Form

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

- Form 1099-DIV (dividend or stock)
- Form 1099-INT (interest earned or paid)
- Form 1099-CAP (capital gains, including from the sale of stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (proceeds from the sale of certain other investments)
- Form 1099-9 (miscellaneous income and other information)
- Form 1099-K (merchant card and card payment network transactions)

• Form 1099-INT (interest earned or paid)

• Form 1099-CAP (capital gains, including from the sale of stocks or mutual funds)

• Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)

• Form 1099-B (proceeds from the sale of certain other investments)

• Form 1099-9 (miscellaneous income and other information)

• Form 1099-K (merchant card and card payment network transactions)

• Form 1099-INT (interest earned or paid)

• Form 1099-CAP (capital gains, including from the sale of stocks or mutual funds)

• Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)

• Form 1099-B (proceeds from the sale of certain other investments)

• Form 1099-9 (miscellaneous income and other information)

• Form 1099-K (merchant card and card payment network transactions)

Marketing Support Program - SPACE COAST BIRDING AND WILDLIFE							
FY 2025-2026							
Event Income/Expense Report							
Expenses	2025-2026 projection	2024-2025 actuals	VAR+10% increase	Income	2025-2026 projection	2024-2025 actuals	VAR
Venue + F&B	\$17,553.62	\$17,553.00	\$0.62	Registration	\$27,000.00	\$26,288.10	\$711.90
Hotel Rooms	\$9,261.00	\$9,261.00	\$0.00	Exhibitors	\$15,000.00	\$15,030.00	-\$30.00
Pipe & Drape	\$5,259.00	\$5,259.30	-\$0.30	Field Trips	\$68,000.00	\$63,510.00	\$4,490.00
Audio Visual	\$6,521.00	\$6,521.00	\$0.00	Keynotes/Workshops	\$6,000.00	\$5,710.00	\$290.00
Ticket Platform	\$2,625.00	\$5,840.50	-\$3,215.50				
Website Hosting & Support	\$1,626.28	\$1,626.28	\$0.00				
PO Box	\$464.00	\$464.00	\$0.00				
Admin/Paid Staff Compensation	\$56,769.41	\$56,769.41	\$0.00				
Subtotal Expense	\$100,079.31	\$103,294.49	-\$3,215.18				
Other Expenses							
Insurance	\$2,399.42	\$2,399.42	\$0.00				
Rentals	\$450.00	\$450.00	\$0.00				
Quickbooks & Microsoft	\$174.99	\$174.99	\$0.00	Subtotal Income	\$116,000.00	\$110,538.10	\$5,461.90
Taxes & Licenses	\$71.25	\$71.25	\$0.00	Income Sponsors			
Credit Card Fees	\$3,591.35	\$3,591.35	\$0.00				
Keynote/Trip Leader	\$3,131.68	\$3,131.68	\$0.00	Cash in Bank to start	\$12,141.68	\$10,000.00	\$2,141.68
Transportation	\$28,780.10	\$28,780.10	\$0.00				
Water & Outside F & B	\$4,119.32	\$4,119.32	\$0.00	TDC grant funding	\$0.00	\$0.00	\$0.00
Printing	\$1,154.14	\$1,154.14	\$0.00	Total Income	\$116,000.00	\$110,538.10	\$5,461.90
Membership & Subscriptions	\$510.00	\$510.00	\$0.00	Total Expenses Paid	\$157,837.29	\$159,849.08	-\$2,011.79
Supplies	\$1,375.73	\$1,375.73	\$0.00	Profit/Loss	-\$41,837.29	-\$49,310.98	
Subtotal Other Expenses	\$45,757.98	\$45,757.98	\$0.00				
Marketing - please specify Brevard/Out-of-County							
Advertising (Brevard)	\$9,000.00	\$8,386.62	\$613.38				
Promotion (out of county)	\$3,000.00	\$2,409.99	\$590.01				
Subtotal Marketing	\$12,000.00	\$10,796.61	\$1,203.39				
Marketing Expense							
Total Expenses 2025-2026	\$157,837.29	\$159,849.08					

Space Coast FLORIDA

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

Applicant organization name: space coast Birding + wildlife Ass

Applicant event name: space coast Birding + wildlife Festival

Applicant name completing this form: Brittany Jones

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

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

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

Brittany Jones 06/07/25
Applicant signature & date

Small SAT Conference at Center for Space Education, Kennedy Space Center

[Return to Table of Contents](#)



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

Applicant Organization Small SAT Education

Applicant Event Name: Small Sat Conference, Center for Space Education at Kennedy Space Center

	Yes	No	Comment
1. Completed application	X		
2. Copy of IRS Articles of Incorporation – (if applicable)	X		Does not meet the 2-year eligibility requirement
3. Copy of IRS Determination letter – (if applicable)		X	N/A
4. Copy of SunBiz.org (if applicable)	X		
5. Copy of 990 (if applicable)		X	N/A
6. Copy of completed W-9 (March 2024)	X		
7. Income/Expense worksheet (required for all applicants)	X		
8. Copy of the Applicant checklist	X		

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

YES	<input checked="" type="checkbox"/>	NO
-----	-------------------------------------	----

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

 7/2/2025

Peter Cranis, Executive Director

FY 2025-2026 Marketing Support Program application

Response ID:76 Data

2. (untitled)

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



Signature of: Diane Ward

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

SmallSat Education

Organization address

1303 Vision Drive

State

FL

City

Palm Beach Gardens

Zip

33418

Primary contact name

Kevin Simmons

Primary contact phone number

9046263512

Primary contact email

ksimmons@bluecubesat.org

Secondary contact name

Diane Ward

Secondary contact phone number

7164817181

Secondary contact email

dwardbartelo@gmail.com

Organization website address

smallsateducation.org

5. (untitled)

4. Which best describes your organization?

501(C)(3)

6. (untitled)

5. What is your Federal Employee ID number?

99-1855171

7. (untitled)

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

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

8. (untitled)

7. EVENT INFORMATION - #1

Name of event

SmallSat Education Conference

Event website address (if different from organization website)

smallsateducation.org

Event location

Center for Space Education, Kennedy Space Center

9. (untitled)

8. What is the first date of your event?

10/24/2025

10. (untitled)

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

3

11. (untitled)

10. Do you have a second event?

No

12. (untitled)

1. **EVENT INFORMATION - #2**

Name of event

Event website address (if different from organization website)

Event location

13. (untitled)

What is the first date of your event?

14. (untitled)

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

15. (untitled)

Do you have a third event?

16. (untitled)

5. **EVENT INFORMATION - #3**

Name of event

Event website address (if different from organization website)

Event location

17. (untitled)

What is the first date of your event?

18. (untitled)

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

19. (untitled)

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

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

20. (untitled)

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

21. (untitled)

12. What are your social media handles?

- Facebook : SmallSat Education Conference
- YouTube : Aerospace Innovation Academy

22. (untitled)

13. What hashtags do you currently use?

- #NextGenSTEM #SmallSatEducation

23. (untitled)

14. Upload a copy of your organization's IRS Determination letter.

[SSEC_Art-of-Incorp.pdf](#)

24. (untitled)

15. Upload a copy of your organization's 990 form.

[990_SSEC.pdf](#)

25. (untitled)

Upload a copy of your organization's Articles of Incorporation.

26. (untitled)

16. If you are a Florida organization, please upload a copy of your SunBiz.com account associated with your organization.

[SSEC,Inc._SunBiz.pdf](#)

27. (untitled)

17. Upload your completed W-9 form.

[W9_SSEC.pdf](#)

28. (untitled)

18. Upload your completed Event Income/Expense report.

[SmallSat_Education_Conference_Marketing_report.pdf](#)

29. (untitled)

19. Upload your completed Checklist.

[MSP_applicant_checklist_4.30.2025_\(1\).pdf](#)

30. (untitled)

20.

ATTESTATION

I attest that all information in this questionnaire is true and correct. I further attest that will comply with the requirements set forth, if awarded support.



Signature of: Diane Ward

31. Thank You!

New Send Email

Jun 08, 2025 14:58:52 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com;
Terrence.Parks@VisitSpaceCoast.com

**Electronic Articles of Incorporation
For**

N24000000663
FILED
January 16, 2024
Sec. Of State
tscott

SMALLSAT EDUCATION, INC.

The undersigned incorporator, for the purpose of forming a Florida not-for-profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

SMALLSAT EDUCATION, INC.

Article II

The principal place of business address:

1303 VISION DRIVE
PALM BEACH GARDENS, FL. UN 33418

The mailing address of the corporation is:

1303 VISION DRIVE
PALM BEACH GARDENS, FL. UN 33418

Article III

The specific purpose for which this corporation is organized is:

TO ORGANIZE AND CONDUCT THE SMALLSAT EDUCATION CONFERENCE;
TO CONDUCT AEROSPACE EDUCATION AND OUTREACH.

Article IV

The manner in which directors are elected or appointed is:

DIRECTORS WILL BE ELECTED VIA THE BYLAWS IN JAN.

Article V

The name and Florida street address of the registered agent is:

KEVIN SIMMONS
1303 VISION DRIVE
PALM BEACH GARDENS, FL. 33418

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: KEVIN L. SIMMONS

N24000000663
FILED
January 16, 2024
Sec. Of State
tscott

Article VI

The name and address of the incorporator is:

KEVIN L SIMMONS
1303 VISION DRIVE

PALM BEACH GARDENS FL 33418

Electronic Signature of Incorporator: KEVIN L SIMMONS

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
KEVIN SIMMONS
1303 VISION DRIVE
PALM BEACH GARDENS, FL. 33418 UN

Title: VP
JASMIN SCHAUER
1390 WAYNE AVE.
MARCO ISLAND, FL. 34145 UN

Title: SEC
SHAWNA CHRISTENSON
1303 VISION DRIVE
PALM BEACH GARDENS, FL. 33418 UN

Article VIII

The effective date for this corporation shall be:

01/21/2024



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Not For Profit Corporation
SMALLSAT EDUCATION, INC.

Filing Information

Document Number N24000000663
FEI/EIN Number 99-1855171
Date Filed 01/16/2024
Effective Date 01/21/2024
State FL
Status ACTIVE

Principal Address

1303 VISION DRIVE
PALM BEACH GARDENS, FL 33418 UN

Mailing Address

1303 VISION DRIVE
PALM BEACH GARDENS, FL 33418 UN

Registered Agent Name & Address

SIMMONS, KEVIN
1303 VISION DRIVE
PALM BEACH GARDENS, FL 33418

Officer/Director Detail

Name & Address

Title P

SIMMONS, KEVIN
1303 VISION DRIVE
PALM BEACH GARDENS, FL 33418 UN

Title Vice Chair

Johnson, Kevin
1420 Cable Sable Road
Melbourne, FL 32940

Title Secretary

Ward, Diane
222 Pierce Avenue
Hanburg, NY 14075 UN

Title Treasurer

Kang, Jin
1603 McGuckian Street
Annapolis, MD 21401

Annual Reports

Report Year	Filed Date
2025	02/24/2025

Document Images

[02/24/2025 -- ANNUAL REPORT](#) [View image in PDF format](#)

[01/16/2024 -- Domestic Non-Profit](#) [View image in PDF format](#)

Marketing Support Program - SMALLSAT EDUCATION, INC							
FY 2025-2026							
Event Income/Expense Report							
Expenses	2025-2026 projection	2024-2025 actuals	VAR+10% Increase	Income	2025-2026 projection	2024-2025 actuals	VAR
Location rental	\$13,000.00	\$13,000.00	\$0.00	Sponsors	\$16,000.00	\$17,500.00	-\$1,500.00
Lanyards signage badges supplies	\$1,000.00	\$700.00	\$300.00	Tickets	\$15,000.00	\$13,219.00	\$1,781.00
Pizza lunch (Zarrellas)	\$4,000.00	\$3,000.00	\$1,000.00				
Swag bags for attendees	\$800.00	\$600.00	\$200.00				
Swag Items	\$800.00	\$500.00	\$300.00				
Subtotal Expense	\$19,600.00	\$17,800.00	\$1,800.00				
Other Expenses							
Coffee from Scullys Café	\$1,800.00	\$1,600.00	\$200.00				
pens stickers	\$500.00	\$300.00	\$200.00				
Robot kits stamps	\$500.00	\$300.00	\$200.00	Subtotal Income	\$31,000.00	\$30,219.00	\$281.00
\$5000 award for teachers	\$5,000.00	0		Income Sponsors			
\$500 award for students	\$500.00			Cash in Bank to start	\$9,000.00	\$4,000.00	\$5,000.00
				TDC grant funding	\$0.00	\$0.00	\$0.00
				Total Income	\$40,000.00	\$34,219.00	\$5,781.00
				Total Expenses Paid	\$19,700.00	\$19,300.00	\$400.00
Subtotal Other Expenses	\$8,300.00	\$300.00	\$600.00	Profit/Loss	\$20,300.00	\$14,919.00	
Marketing - please specify Brevard/Out-of-County							
Orlando Family mag ad	\$800.00	\$600.00	\$200.00				
Marketing FB X Google ads	\$1,000.00	\$600.00	\$400.00				
Subtotal Marketing	\$1,800.00	\$1,200.00	\$600.00				
Marketing Expense							
Total Expenses 2025-2026	\$19,700.00	\$19,300.00					



**Tourism Development Office
FY 2025-2026 Marketing Support Program
Applicant checklist**

Applicant organization name: SmallSat Education Conference

Applicant event name: Diane Ward

Applicant name completing this form: Diane Ward

Applicant- Use this checklist to confirm that you have completed all elements of the application prior to submitting. Initial next to each item. Items (2-9) must be uploaded within the application.

		Applicant initial	TDO staff initial	TDO staff comments
1.	Application –	DW	<i>[Signature]</i>	
2.	Copy of IRS Articles of Incorporation – (submit if for-profit)	DW	<i>[Signature]</i>	N/A
3.	Copy of IRS Determination Letter – (submit if 501(c)(3))	DW	<i>[Signature]</i>	* did not meet eligibility for 2 YRS as 501(c)(3)
4.	Copy of SunBiz.com - (if applicable, see application for details)	DW	<i>[Signature]</i>	
5.	Copy of 990 form (if applicable, see application)	DW	<i>[Signature]</i>	did not submit document
6.	Copy of completed W-9 form (March 2024)	DW	<i>[Signature]</i>	
7.	Income/Expense worksheet (required for all applicants)	DW	<i>[Signature]</i>	
8.	Copy of this checklist – (completed, initialed, and signed by applicant)	DW	<i>[Signature]</i>	

I, consent that all above documents have been submitted completely by uploading within the application packet.

Diane Ward

Applicant signature & date

Marketing Support Program – FY 2025-26

Table of Contents- click on an item below to be redirected to the first page in the packet for that item.

Sports Events

- Cocoa Beach Spring Training
- Space Coast Spring Games Softball
- Space Coast Cup/Soccer
- Florida Marathon
- Cocoa Beach Half Marathon
- Space Coast Clash/Soccer
- Cocoa Beach Triathlon
- Central Brevard Soccer/Winter Classic
- Central Brevard Soccer/Hurricane
- Classic NKF Surf
- University of Louisville/Moon Golf

Cocoa Beach Spring Training

[Return to Table of Contents](#)



**Tourism Development Office
 FY 2025-2026 Marketing Support Program
 Application Packet checklist**

Applicant Organization Name: Brevard Production, Inc

Applicant Event Name: Cocoa Beach Spring Training

	Yes	No	Comment
1. Completed application	✘		
2. Copy of IRS Articles of Incorporation – (if applicable)	✘		
3. Copy of IRS Determination letter – (if applicable)		✘	N/A
4. Copy of SunBiz.org (if applicable)	✘		
5. Copy of 990 (if applicable)		✘	N/A
6. Copy of completed W-9 (March 2024)	✘		
7. Income/Expense worksheet (required for all applicants)	✘		
8. Copy of the Applicant checklist	✘		

This application meets the minimum requirement of 5,001 out-of-county attendees (Cultural) or 250 room nights (Sports).

YES	NO
-----	----

All documents have been submitted, reviewed and/or addressed in the comments.

Peter Cranis 7/3/2025

Peter Cranis, Executive Director

FY 2025-2026 Marketing Support Program application

Response ID:40 Data

2. (untitled)

1. I have read and understand the policies/procedures within the FY 2025-2026 Marketing Support Program Criteria.



Signature of: Giles Malone

3. (untitled)

2. Which best describes your event/year-round programming?

Sports

4. (untitled)

3. ORGANIZATION INFORMATION

Name of organization hosting event/year-round programming

Giles Malone

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

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?

20-4569017

7. (untitled)

6. Are you completing this application for an event or year-round programming?

Event - single or multi-day festival, surfing contest, running race, Main Street organizations, etc.

8. (untitled)

7. EVENT INFORMATION - #1

Name of event

Cocoa Beach Spring Training

Event website address (if different from organization website)

www.CocoaBeachSpringTraining.com

Event location

Mitchell Ellington Park, Cone Road, Merritt Island, Florida

9. (untitled)

8. What is the first date of your event?

02/14/2026

10. (untitled)

9. In total, how many days will your event be held?

21+

11. (untitled)

10. Do you have a second event?

No

12. (untitled)

1. **EVENT INFORMATION - #2**

Name of event

Event website address (if different from organization website)

Event location

13. (untitled)

What is the first date of your event?

14. (untitled)

In total, how many days will your event be held?

15. (untitled)

Do you have a third event?

16. (untitled)

5. **EVENT INFORMATION - #3**

Name of event

Event website address (if different from organization website)

Event location

17. (untitled)

What is the first date of your event?

18. (untitled)

In total, how many days will your event be held?

19. (untitled)

11. What types of marketing do you plan to do for this event?

Digital advertising (banner ads, etc.)

Direct mail

Search advertising (pay-per-click, etc.)

Social media (Facebook, Instagram, YouTube, etc.)

Other - Please be specific.....: email blasts, conventions

20. (untitled)

What types of marketing do you plan to do for your year-round programming?

21. (untitled)

12. What are your social media handles?

Facebook : <https://www.facebook.com/cocoabeachbaseballspringtraining>

Instagram : https://www.instagram.com/p/DHwE3r9J43g/?utm_source=ig_web_copy_link&igsh=MzRIODBiNWFIZA==

YouTube : https://www.youtube.com/@space_coast_daily

22. (untitled)

13. What hashtags do you currently use?

#cocoabeachbaseball

23. (untitled)

Upload a copy of your organization's IRS Determination letter.

24. (untitled)

Upload a copy of your organization's 990 form.

25. (untitled)

14. Upload a copy of your organization's Articles of Incorporation.

[BPI_Articles_of_Incorporation.pdf](#)

26. (untitled)

15. If you are a Florida organization, please upload a copy of your SunBiz.com account associated with your organization.

[SunBiz_Annual_Report.pdf](#)

27. (untitled)

16. Upload your completed W-9 form.

[Brevard_Productions_W9.pdf](#)

28. (untitled)

17. Upload your completed Event Income/Expense report.

[_TDC_Grant_request_Income_and_Expenses_Spring_Training_-_Sheet1.pdf](#)

29. (untitled)

18. Upload your completed Checklist.

[TDC_Checklist.pdf](#)

30. (untitled)

19.

ATTESTATION

I attest that all information in this questionnaire is true and correct. I further attest that will comply with the requirements set forth, if awarded support.

A handwritten signature in black ink, appearing to read "Giles Malone". The signature is fluid and cursive, with a large initial "G" and a long horizontal stroke at the end.

Signature of: Giles Malone

31. Thank You!

New Send Email

Jun 01, 2025 22:02:49 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com;
Terrence.Parks@VisitSpaceCoast.com

**Electronic Articles of Incorporation
For**

P05000165265
FILED
December 20, 2005
Sec. Of State
shawkes

BREVARD PRODUCTION, INC.

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

BREVARD PRODUCTION, INC.

Article II

The principal place of business address:

750 AVOCADO DR.
MERRITT ISLAND, FL. 32953

The mailing address of the corporation is:

750 AVOCADO DR.
MERRITT ISLAND, FL. 32953

Article III

The purpose for which this corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The number of shares the corporation is authorized to issue is:

100

Article V

The name and Florida street address of the registered agent is:

THOMAS J PALERMO
750 AVOCADO DR.
MERRITT ISLAND, FL. 32953

I certify that I am familiar with and accept the responsibilities of registered agent.

P05000165265
FILED
December 20, 2005
Sec. Of State
shawkes

Registered Agent Signature: THOMAS J. PALERMO

Article VI

The name and address of the incorporator is:

THOMAS J. PALERMO
750 AVOCADO DR.
MERRITT ISLAND
32953

Incorporator Signature: THOMAS J. PALERMO

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P
THOMAS J PALERMO
750 AVOCADO DR.
MERRITT ISLAND, FL. 32953

Article VIII

The effective date for this corporation shall be:

12/20/2005



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Profit Corporation
BREVARD PRODUCTION, INC.

Filing Information

Document Number	P05000165265
FEI/EIN Number	20-4569017
Date Filed	12/20/2005
Effective Date	12/20/2005
State	FL
Status	ACTIVE
Last Event	REINSTATEMENT
Event Date Filed	10/03/2013

Principal Address

750 AVOCADO DR.
MERRITT ISLAND, FL 32953

Mailing Address

750 AVOCADO DR.
MERRITT ISLAND, FL 32953

Registered Agent Name & Address

PALERMO, THOMAS J
750 AVOCADO DR.
MERRITT ISLAND, FL 32953

Officer/Director Detail

Name & Address

Title P

PALERMO, THOMAS J
750 AVOCADO DR.
MERRITT ISLAND, FL 32953

Title D

MALONE, GILES
2230 SYKES CREEK DR.
MERRITT ISLAND, FL 32953

Annual Reports

Report Year	Filed Date
2023	04/13/2023
2024	04/29/2024
2025	04/29/2025

Document Images

04/29/2025 -- ANNUAL REPORT	View image in PDF format
04/29/2024 -- ANNUAL REPORT	View image in PDF format
04/13/2023 -- ANNUAL REPORT	View image in PDF format
04/10/2022 -- ANNUAL REPORT	View image in PDF format
04/22/2021 -- ANNUAL REPORT	View image in PDF format
06/26/2020 -- ANNUAL REPORT	View image in PDF format
04/17/2019 -- ANNUAL REPORT	View image in PDF format
04/24/2018 -- ANNUAL REPORT	View image in PDF format
04/30/2017 -- ANNUAL REPORT	View image in PDF format
08/31/2016 -- 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
10/03/2013 -- REINSTATEMENT	View image in PDF format
05/01/2012 -- ANNUAL REPORT	View image in PDF format
10/07/2011 -- REINSTATEMENT	View image in PDF format
10/02/2010 -- REINSTATEMENT	View image in PDF format
10/12/2009 -- REINSTATEMENT	View image in PDF format
06/16/2008 -- ANNUAL REPORT	View image in PDF format
08/26/2007 -- ANNUAL REPORT	View image in PDF format
07/23/2006 -- ANNUAL REPORT	View image in PDF format
12/20/2005 -- Domestic Profit	View image in PDF format

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000165265

Entity Name: BREVARD PRODUCTION, INC.

Current Principal Place of Business:

750 AVOCADO DR.
MERRITT ISLAND, FL 32953

Current Mailing Address:

750 AVOCADO DR.
MERRITT ISLAND, FL 32953

FEI Number: 20-4569017

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PALERMO, THOMAS J
750 AVOCADO DR.
MERRITT ISLAND, FL 32953 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name PALERMO, THOMAS J
Address 750 AVOCADO DR.
City-State-Zip: MERRITT ISLAND FL 32953

Title D
Name MALONE, GILES
Address 2230 SYKES CREEK DR.
City-State-Zip: MERRITT ISLAND FL 32953

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS J PALERMO

P

04/29/2025

Electronic Signature of Signing Officer/Director Detail

Date

**Request for Taxpayer
 Identification Number and Certification**
 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.) Brevard Production
	2	Business name/disregarded entity name, if different from above.
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions)
	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. <input type="checkbox"/>
	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.)
	5	Address (number, street, and apt. or suite no.). See instructions. 2230 Sykes Creek Dr.
	6	City, state, and ZIP code Merritt Island, FL 32953
	7	List account number(s) here (optional)
		Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number
[] [] [] - [] [] - [] [] [] []
or
Employer identification number
20 - 4569017

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person Hiles Malone	Date 1/1/2025
------------------	--	----------------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Space Coast FLORIDA

**Tourism Development Office
FY 2025-2026 Marketing Support Program
Applicant checklist**

Applicant organization name: Brevard Production Inc

Applicant event name: Cocoa Beach Spring Training

Applicant name completing this form: Giles Malone

Applicant- Use this checklist to confirm that you have completed all elements of the application prior to submitting. Initial next to each item. Items (2-9) must be uploaded within the application.

		Applicant initial	TDO staff initial	TDO staff comments
1.	Application -	GM	TP	
2.	Copy of IRS Articles of Incorporation - (submit if for-profit)	GM	TP	
3.	Copy of IRS Determination Letter - (submit if 501(c)(3))	NA	TP	N/A
4.	Copy of SunBiz.com - (if applicable, see application for details)	GM	TP	
5.	Copy of 990 form (if applicable, see application)	NA	TP	N/A
6.	Copy of completed W-9 form (March 2024)	GM	TP	
7.	Income/Expense worksheet (required for all applicants)	GM	TP	
8.	Copy of this checklist - (completed, initialed, and signed by applicant)	GM	TP	

I, consent that all above documents have been submitted completely by uploading within the application packet.

Giles Malone June 1, 2025

Space Coast Spring Games Softball

[Return to Table of Contents](#)



**Tourism Development Office
 FY 2025-2026 Marketing Support Program
 Application Packet checklist**

Applicant Organization Name: Canales Legacy Unlimited, LLC

Applicant Event Name: Space Coast Spring Games

	Yes	No	Comment
1. Completed application	✘		
2. Copy of IRS Articles of Incorporation – (if applicable)	✘		
3. Copy of IRS Determination letter – (if applicable)		✘	N/A
4. Copy of SunBiz.org (if applicable)		✘	N/A
5. Copy of 990 (if applicable)		✘	N/A
6. Copy of completed W-9 (March 2024)	✘		
7. Income/Expense worksheet (required for all applicants)	✘		
8. Copy of the Applicant checklist	✘		

This application meets the minimum requirement of 5,001 out-of-county attendees (Cultural) or 250 room nights (Sports).

YES **NO**

All documents have been submitted, reviewed and/or addressed in the comments.

Peter Cranis 7/3/2025

Peter Cranis, Executive Director

FY 2025-2026 Marketing Support Program application

Response ID:71 Data

2. (untitled)

1. I have read and understand the policies/procedures within the FY 2025-2026 Marketing Support Program Criteria.



Signature of: Victorio 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

2607011400

Primary contact email

victor@canaleslegacyunlimited.com

Secondary contact name

Stephanie Canales

Secondary contact phone number

2603073412

Secondary contact email

steph@canaleslegacyunlimited.com

Organization website address

www.spacecoastspringgames

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 application for an event or year-round programming?

Event - single or multi-day festival, surfing contest, running race, Main Street organizations, etc.

8. (untitled)

7. EVENT INFORMATION - #1

Name of event

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?

02/23/2026

10. (untitled)

9. In total, how many days will your event be held?

21+

11. (untitled)

10. Do you have a second event?

Yes

12. (untitled)

11. **EVENT INFORMATION - #2**

Name of event

Space Coast Spring games

Event website address (if different from organization website)

www.spacecoastspringgames.com

Event location

Viera, Florida

13. (untitled)

12. What is the first date of your event?

03/15/2026

14. (untitled)

13. In total, how many days will your event be held?

14

15. (untitled)

14. Do you have a third event?

No

16. (untitled)

1. EVENT INFORMATION - #3

Name of event

Event website address (if different from organization website)

Event location

17. (untitled)

What is the first date of your event?

18. (untitled)

In total, how many days will your event be held?

19. (untitled)

15. What types of marketing do you plan to do for this event?

Digital advertising (banner ads, etc.)

Social media (Facebook, Instagram, YouTube, etc.)

20. (untitled)

What types of marketing do you plan to do for your year-round programming?

21. (untitled)

16. What are your social media handles?

Facebook : Space Coast Spring Games

Instagram : @spacecoastspringgames

22. (untitled)

17. What hashtags do you currently use?

#spacecoastspringgames, #scspringgames

23. (untitled)

Upload a copy of your organization's IRS Determination letter.

24. (untitled)

Upload a copy of your organization's 990 form.

25. (untitled)

18. Upload a copy of your organization's Articles of Incorporation.

[Canales_LLC_certificate_of_organization.pdf](#)

26. (untitled)

19. If you are a Florida organization, please upload a copy of your SunBiz.com account associated with your organization.

27. (untitled)

20. Upload your completed W-9 form.

[Canales_Legacy_Unlimited_w9_\(2\).pdf](#)

28. (untitled)

21. Upload your completed Event Income/Expense report.

[Space_Coast_Spring_games_softball.pdf](#)

29. (untitled)

22. Upload your completed Checklist.

[MSP_applicant_checklist_5.30.2025.pdf](#)

30. (untitled)

23.

ATTESTATION

I attest that all information in this questionnaire is true and correct. I further attest that will comply with the requirements set forth, if awarded support.

A handwritten signature in black ink, appearing to read 'Victor Canales', is positioned in the upper left quadrant of the page.

Signature of: Victor Canales

31. Thank You!

New Send Email

Jun 07, 2025 14:58:38 Success: Email Sent to: Deborah.Webster@VisitSpaceCoast.com;
Terrence.Parks@VisitSpaceCoast.com

State of Indiana
Office of the Secretary of State

Certificate of Organization
of
CANALES LEGACY UNLIMITED, LLC

I, DIEGO MORALES, Secretary of State, hereby certify that Articles of Organization of the above Domestic Limited Liability Company have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Code.

NOW, THEREFORE, with this document I certify that said transaction will become effective Friday, August 04, 2023.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, August 04, 2023.

Diego Morales

DIEGO MORALES
SECRETARY OF STATE

202308041713510 / 9970329

To ensure the certificate's validity, go to <https://bsd.sos.in.gov/PublicBusinessSearch>

1021456

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See <i>Specific Instructions</i> on page 3.	<p>1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)</p> <p>Victorio Canales</p> <p>2 Business name/disregarded entity name, if different from above.</p> <p>Canales Legacy Unlimited, LLC</p> <p>3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input checked="" type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)</p> <p>Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) _____</p> <p>3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/></p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p style="text-align: right;"><i>(Applies to accounts maintained outside the United States.)</i></p>
	<p>5 Address (number, street, and apt. or suite no.). See instructions.</p> <p>521 Eastbrook Drive</p> <p>6 City, state, and ZIP code</p> <p>Decatur, IN 46733</p> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

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									
9	3		2	9	4	0	1	2	9

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date 4/1/25
------------------	--------------------------	--------------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

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

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).

Marketing Support Program	Space Coast Spring Games						
FY 2025-2026							
Event Income/Expense Report							
Expenses	2025-2026 projection	2024-2025 actuals	VAR+10% increase	Income	2025-2026 projection	2024-2025 actuals	VAR
Officials	\$176,000.00	\$108,000.00	\$68,000.00	Team payments	\$242,000.00	\$120,120.00	\$121,880.00
Hotels for officials	\$42,000.00	\$37,500.00	\$4,500.00	Souvenir	\$17,000.00	\$18,000.00	-\$1,000.00
Food for officials	\$7,500.00	\$4,500.00	\$3,000.00	USSSA gate reimbursement	\$22,000.00	\$19,500.00	\$2,500.00
Broadcasting	\$7,500.00	\$7,500.00	\$0.00	Sponsorship	\$25,000.00	\$14,500.00	\$10,500.00
Pro softball player appearance	\$0.00	\$1,825.00	-\$1,825.00	Rebate from housing	\$12,000.00	\$10,000.00	\$2,000.00
Assignor fee	\$15,000.00	\$22,000.00	-\$7,000.00				\$0.00
			\$0.00				\$0.00
			\$0.00				\$0.00
Expenses Subtotal	\$248,000.00	\$181,325.00	\$66,675.00				\$0.00
Other Expenses							\$0.00
			\$0.00				\$0.00
			\$0.00				\$0.00
			\$0.00	Income Subtotal	\$318,000.00	\$182,120.00	\$135,880.00
			\$0.00				
			\$0.00	Cash in Bank to start	\$0.00	\$15,000.00	-\$15,000.00
			\$0.00	Other Income			
			\$0.00	TDC grant funding	\$25,000.00	\$25,000.00	\$0.00
			\$0.00				
			\$0.00				
			\$0.00				
			\$0.00				
			\$0.00	Other Income Subtotal	\$25,000.00	\$25,000.00	\$0.00
Other Expenses Subtotal	\$0.00	\$0.00	\$0.00	Total Income	\$343,000.00	\$207,120.00	\$135,880.00
Marketing - please specify Brevard/Out-of-County							
Electronic out of county	\$2,500.00	\$0.00	\$2,500.00	Total Expenses Paid	\$250,500.00	\$181,325.00	\$69,175.00
			\$0.00				
			\$0.00	Profit/Loss	\$92,500.00	\$25,795.00	\$66,705.00
			\$0.00				
			\$0.00				
			\$0.00				
			\$0.00				
Marketing Subtotal	\$2,500.00	\$0.00	\$2,500.00				
Total Expenses 2025-2026	\$250,500.00	\$181,325.00	\$69,175.00				